

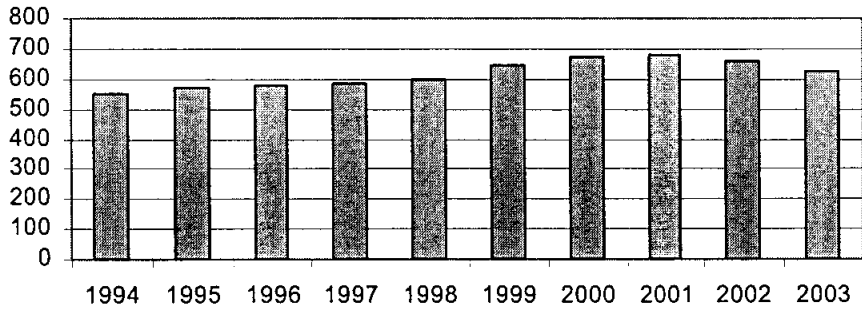
Appendix #4

**Department of Social Services' Report on Trends
Distribution of ALF's and Client Capacity in Virginia by City
Distribution of Nursing Homes and Capacity in Virginia by City**

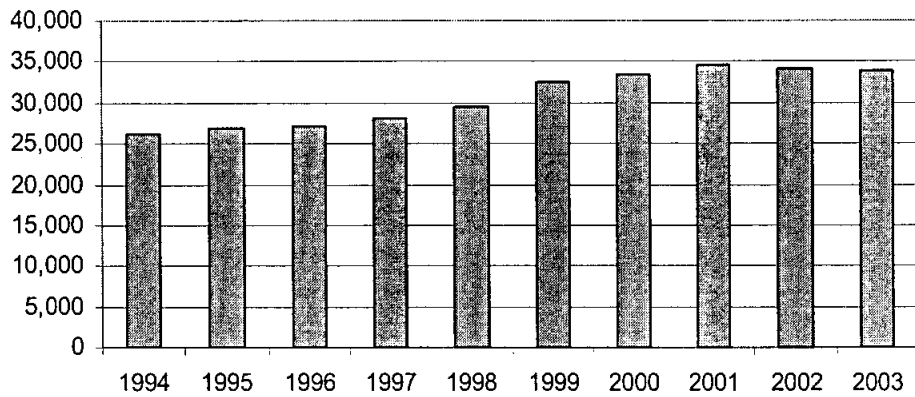
Licensing Programs

Assisted Living Facilities

Number of Assisted Living Facilities



Capacity of Assisted Living Facilities



Assisted Living Facilities		
As of June 30	Number	Capacity
1994	554	26,209
1995	572	26,801
1996	578	27,217
1997	584	28,186
1998	599	29,398
1999	648	32,614
2000	673	33,505
2001	679	34,696
2002	657	34,177
2003*	627	33,974
10 Year Growth	16%	31%

* As of October 31, 2003

Distribution of ALF's and Client Capacity in Virginia by City

City	# ALF's (%)	Capacity(%) (range, median)
ABINGDON	9 (1.4)	450 (1.3) (15 - 130, 28)
ALEXANDRIA	14 (2.2)	1,274 (3.6) (7 - 250, 75)
ALTAVISTA	1 (0.2)	16 (0.05)
AMELIA	2 (0.3)	13 (0.04) (3 - 10)
AMHERST	1 (0.2)	86 (0.25)
ANNANDALE	4 (0.6)	114 (3.3) (6 - 60, 24)
APPOMATTOX	1(0.2)	33 (.10)
ARLINGTON	7 (1.1)	696 (2.0) (7 - 250, 75)
ARVONIA	1 (0.2)	4 (0.01)
ASHLAND	2 (0.3)	80 (0.23) (34 - 46)
ATKINS	1 (0.2)	8 (0.02)
AXTON	2 (0.3)	25 (0.07) (5 - 20)
BASSETT	1 (0.2)	50 (0.14)
BEALTON	1 (0.2)	36 (0.10)
BEDFORD	6 (1.0)	573 (1.65) (19 - 230, 62)
BENTONVILLE	1 (0.2)	14 (0.04)
BERRYVILLE	2 (0.3)	62 (22 - 62)
BIG STONE GAP	1 (0.2)	19 (0.05)
BLACKSBURG	3 (0.5)	90 (40 - 90, 60)
BLACKSTONE	3 (0.5)	95 (8 - 75, 12)
BLUEFIELD	1 (0.2)	25 (0.07)
BOSTON	1 (0.2)	6 (0.02)
BOSWELLS TAVERN	1 (0.2)	19 (0.05)
BOYDTON	1 (0.2)	32 (0.09)
BRIDGEWATER	1 (0.2)	91(0.26)
BRISTOL	3 (0.5)	177 (0.51) (8 - 125, 44)
BURKE	1 (0.2)	150 (0.43)
BURKESVILLE	1 (0.2)	75 (0.22)
CANA	1 (0.2)	24 (0.07)
CASTLEWOOD	5 (0.8)	117 (0.34) (13 - 34, 16)
CEDAR BLUFF	1 (0.2)	51 (0.15)
CHARLOTTE C.H.	1 (0.2)	40 (0.12)
CHARLOTTESVILLE	11 (1.7)	1068 (8 - 465, 44)
CHATHAM	1 (0.2)	67 (0.19)
CHESAPEAKE	22 (3.5)	1099 (3.16) (5 - 153, 44)
CHESTER	2 (0.3)	221 (0.64) (96-125)
CHESTERFIELD	2 (0.3)	89 (0.26) (15 - 74)
CHILHOWIE	1 (0.2)	27 (0.08)
CHRISTIANSBURG	2 (0.3)	126 (0.36) (60 - 66)
CLIFTON FORGE	1 (0.2)	30 (0.09)
COEBURN	2 (0.3)	25 (0.07) (6 - 19)
COLONIAL HEIGHTS	1 (0.2)	82 (0.24)
COVINGTON	3 (0.5)	130 (0.37) (6 - 89, 35)
CREWE	1 (0.2)	8 (0.02)
CROZET	3 (0.5)	164 (0.47) (5- 117, 42)
CULPEPER	3 (0.5)	249 (0.72) (10 - 212, 27)
CUMBERLAND	1 (0.2)	19 (0.05)
DANVILLE	10 (1.6)	421 (1.21) (7 - 120, 32)
DEWITT	1 (0.2)	24 (0.07)

City	Number of ALF's (%)	Capacity (%) (range, median)
DOSWELL	1 (0.2)	7 (0.02)
DRYDEN	1 (0.2)	85 (0.25)
DUBLIN	1 (0.2)	66 (0.19)
DUFFIELD	1 (0.2)	83 (0.24)
EDINBURG	1 (0.2)	23 (0.07)
ELKTON	2 (0.3)	41 (0.12) (16 - 25)
EMPORIA	1 (0.2)	65 (0.19)
FAIFAX	19 (3.0)	878 (2.5) (5 - 350, 6)
FALLS CHURCH	4 (0.6)	591 (1.70) (8 - 500, 8)
FARMVILLE	4 (0.6)	165 (0.48) (8 - 120, 19)
FARNHAM	1 (0.2)	89 (0.26)
FINCASTLE	1 (0.2)	10 (0.03)
FISHERSVILLE	1 (0.2)	31 (.09)
FOREST	1 (0.2)	56 (0.16)
FORT BELVOIR	1 (0.2)	55 (0.16)
FRANKLIN	2 (0.3)	82 (0.24) (32 - 50)
FREDERICKSBURG	8 (1.3)	650 (1.87) (32 - 195, 63)
FRONT ROYAL	4 (0.6)	245 (0.71) (24 - 126, 48)
GLEN ALLEN	1 (0.2)	60 (0.17)
GLOUCESTER	3 (0.5)	148 (0.43) (43 - 60, 45)
GOOCHLAND	1 (0.2)	24 (0.07)
GORDONSVILLE	2 (0.3)	72 (0.21) (36 - 36)
GREAT FALLS	1 (0.2)	8 (0.02)
HALIFAX	4 (0.6)	45 (0.13) (4 - 15)
HAMPTON	9 (1.4)	447 (1.29) (6 - 100, 54)
HANOVER	1 (0.2)	15 (0.04)
HARRISONBURG	4 (0.6)	427 (1.23) (40 - 167, 57)
HAYES	2 (0.3)	22 (0.06) (10 - 12)
HENRY	1 (0.2)	8 (0.02)
HILLSVILLE	2 (0.3)	86 (0.25) (11 - 75)
HONAKER	1 (0.2)	11 (0.03)
HOPEWELL	1 (0.2)	100 (0.29)
INDEPENDENCE	2 (0.3)	29 (0.8) (10 - 19)
IRVINGTON	1 (0.2)	142 (0.41)
KENBRIDGE	2 (0.3)	30 (0.09) (5 - 25)
KENT'S STORE	1 (0.2)	8 (0.02)
KEYSVILLE	1 (0.2)	46 (0.13)
KILMARNOCK	1 (0.2)	65 (0.19)
LACROSSE	1 (0.2)	16 (0.05)
LAKE RIDGE	1 (0.2)	326 (0.94)
LAWRENCEVILLE	1 (0.2)	13 (0.04)
LEBANON	5 (0.8)	144 (0.44) (19 - 144, 25)
LEESBURG	3 (0.5)	159 (0.46) (40 - 77, 42)
LEXINGTON	3 (0.5)	77 (0.22)
LIGNUM	1 (0.2)	8 (0.02)
LORTON	1 (0.2)	67 (0.19)
LOUISA	2 (0.3)	39 (0.10) (12 - 27)
LOVETTSVILLE	1 (0.2)	17 (0.05)
LOVINGSTON	1 (0.2)	36 (0.10)
LURAY	3 (0.5)	138 (0.40)

City	Number of ALF's (%)	Capacity (%) (range, median)
LYNCHBURG	12 (1.9)	1051 (3.02) (4 - 430, 63)
MADISON	1 (0.2)	16 (0.05)
MANASSAS	6 (1.0)	428 (1.23) (8 - 125, 74)
MARION	4 (0.6)	271 (0.78) (12 - 120, 70)
MARSHALL	1 (0.2)	85 (0.24)
MARTINSVILLE	6 (1.0)	209 (0.60) (7 - 85, 25)
MAUERTOWN	1 (0.2)	52 (0.15)
MCKENNEY	1 (0.2)	36 (0.10)
MCLEAN	7 (1.1)	512 (1.47) (8 - 300, 32)
MEADOWVIEW	6 (1.0)	130 (0.37) (10 - 32, 20)
MECHANICSVILLE	5 (0.8)	179 (0.52) (8 - 64, 41)
MEREDITHVILLE	1 (0.2)	18 (0.05)
MIDLOTHIAN	3 (0.5)	321 (0.92) (91 - 130, 100)
MONTROSS	1 (0.2)	18 (0.05)
MOSLEY	1 (0.2)	8 (0.02)
MT. JACKSON	1 (0.2)	6 (0.02)
NATURAL BRIDGE	1 (0.2)	60 (0.17)
NELSONIA	1 (0.2)	42 (0.12)
NEW MARKET	1 (0.2)	40 (0.12)
NEWPORT NEWS	21 (3.3)	1084 (3.12) (5 - 234, 27)
NICKELSVILLE	1 (0.2)	19 (0.05)
NORFOLK	15 (2.4)	700 (2.02) (4 - 97, 42)
NORTH GARDEN	2 (0.3)	14 (0.04) (6 - 8)
OAKTON	2 (0.3)	155 (0.45) (55 - 100)
ONANCOCK	3 (0.5)	190 (0.55) (52 - 138)
ORANGE	3 (0.5)	133 (0.38) (27 - 72, 34)
PENN LAIRD	1 (0.2)	50 (0.14)
PENNINGTON GAP	3 (0.5)	61 (0.18) (5 - 51, 5)
PETERSBURG	13 (2.1)	417 (1.20) (8 - 90, 22)
POQUOSON	1 (0.2)	48 (0.14)
PORTSMOUTH	8 (1.3)	327 (0.94) (5 - 78, 36)
POTOMAC FALLS	1 (0.2)	29 (0.08)
POWHATAN	2 (0.3)	31 (0.09) (5 - 26)
PRATTS	1 (0.2)	19 (0.05)
PROSPECT	1 (0.2)	5 (0.01)
PULASKI	1 (0.2)	52 (0.15)
PURCELLVILLE	1 (0.2)	19 (0.5)
RADFORD	1 (0.2)	75 (0.22)
RAPHINE	1 (0.2)	20 (0.06)
RAPIDAN	1 (0.2)	6 (0.02)
RESTON	4 (0.6)	362 (1.04) (6 - 165, 91)
REVA	1 (0.2)	34 (0.10)
RICHMOND	79 (12.6)	4806 (13.84) (4 - 472, 21)
ROANOKE	21 (3.3)	1428 (4.11) (12 - 191, 56)
ROCKY MOUNT	2 (0.3)	90 (.26) (40 - 90)
ROSEDALE	1 (0.2)	19 (0.05)
ROSELAND	1 (0.2)	32 (0.09)
SALEM	4 (0.6)	323 (0.93) (55 - 96, 86)
SHENANDOAH	1 (0.2)	11 (0.03)
SMITHFIELD	2 (0.3)	79 (0.23) (19 - 60)
SOUTH BOSTON	5 (0.8)	132 (0.38) (5 - 50, 19)

City	Number of ALF's (%)	Capacity (%) (range, median)
SOUTH HILL	3 (0.5)	124 (0.36) (19 - 60, 45)
SPOUT SPRING	1 (0.2)	27 (0.08)
SPRINGFIELD	4 (0.6)	268 (0.77) (8 - 100, 80)
STAFFORD	3 (0.6)	84 (0.24) (15 - 39, 30)
STANARDSVILLE	2 (0.3)	89 (0.26) (25 - 64)
STAUNTON	7 (1.1)	360 (1.04) (16 - 144, 37)
STEPHENS CITY	2 (0.3)	81 (0.23) (40 - 41)
STERLING	2 (0.3)	210 (0.60) (80 - 130)
STRASBURG	1 (0.2)	36 (0.10)
STUART	1 (0.2)	75 (0.22)
STUARTS DRAFT	2 (0.3)	88 (0.25) (22 - 66)
SUFFOLK	5 (0.8)	230 (0.66) (7 - 120, 34)
TAPPAHANNOCK	2 (0.3)	88 (0.25) (20 - 68)
TAZEWELL	1 (0.2)	97 (0.28)
TIMBERVILLE	4 (0.6)	99 (0.29) (11 - 40, 24)
TROUTVILLE	1 (0.2)	50 (0.14)
VICTORIA	1 (0.2)	5 (0.01)
VIENNA	1 (0.2)	10 (0.03)
VIRGINIA BEACH	17 (2.7)	1723 (4.96) (8 - 595, 70)
WARFIELD	1 (0.2)	7 (0.02)
WARRENTON	2 (0.3)	48 (0.14) (41 - 48)
WARSAW	1 (0.2)	60 (0.17)
WAYNESBORO	6 (1.0)	162 (0.47) (8 - 40, 29)
WEBER CITY	1 (0.2)	16 (0.05)
WEST POINT	2 (0.3)	51 (0.16) (20 - 31)
WILLIAMSBURG	7 (1.1)	650 (1.87) (8 - 262, 70)
WINCHESTER	6 (1.0)	504 (1.45) (18 - 241, 68)
WOODBIDGE	4 (0.6)	225 (0.65) (6 - 107, 56)
WOODSTOCK	5 (0.8)	164 (0.47) (19 - 50, 30)
WYTHEVILLE	2 (0.3)	146 (0.42) (32 - 114)
YORKTOWN	1 (0.2)	12 (0.03)
ZUNI	2 (0.3)	32 (0.09) (5 - 27)
TOTAL	629	34, 725 (100) (3 - 595, 36)

Distribution of Nursing Homes and Client Capacity in Virginia by City

City	# NH (%)	Capacity (%) (range, median)
ABINGDON	1 (4)	120 (0.41)
ALEXANDRIA	6 (2.3)	715 (2.5) (68- 266, 94)
ALTAVISTA	1 (0.4)	111 (0.05)
AMELIA	1 (0.4)	100 (0.35)
AMHERST	1 (0.4)	120 (0.41)
ANNANDALE	2 (0.8)	354 (1.22) (132 – 222)
APPOMATTOX	1(0.4)	60 (.21)
ARLINGTON	4 (1.5)	663 (2.28) (12 – 240 155)
ARODA*	1 (0.4)	40 (0.14)
ARVONIA	--	--
ASHLAND	1 (0.4)	190 (0.65)
ATKINS	--	--
AXTON	--	--
BASSETT	--	--
BASTIAN*	1 (0.4)	57 (0.20)
BEALTON	--	--
BEDFORD	2 (0.8)	167 (0.57) (56 - 111)
BENTONVILLE	--	--
BERRYVILLE	1 (0.4)	120 (0.41)
BIG STONE GAP	1 (0.4)	180 (0.62)
BLACKSBURG	3 (1.1)	265 (0.92) (11 - 194, 60)
BLACKSTONE	1 (0.4)	180 (0.62)
BLUEFIELD	1 (0.2)	65 (0.22)
BOSTON	--	--
BOSWELLS TAVERN	--	--
BOWLING GREEN*	1 (0.4)	120 (0.41)
BOYDTON	--	--
BRIDGEWATER	1 (0.4)	139(0.48)
BRISTOL	1 (0.4)	90 (0.31)
BROOKNEAL *	1 (0.4)	60 (0.21)
BUENA VISTA*	1 (0.4)	93 (0.32)
BURKE	1 (0.2)	120 (0.41)
BURKESVILLE	--	--
CANA	--	--
CASTLEWOOD	--	--
CEDAR BLUFF	--	--
CHARLOTTE C.H.	--	--
CHARLOTTESVILLE	6 (2.3)	513 (1.77) (20 - 180, 75)
CHATHAM	--	--
CHESAPEAKE	4 (1.5)	535 (1.84) (55 - 240, 120)
CHESTER	--	--
CHESTERFIELD	1 (0.3)	240 (0.83)
CHILHOWIE	--	--
CHRISTIANSBURG	--	--
CLARKSVILLE*	1 (0.4)	120 (0.41)
CLIFTON FORGE	2 (0.8)	187 (0.64) (60 –127)
CLINTWOOD*	1 (0.4)	100 (0.34)
COEBURN	--	--
COLONIAL BEACH*	1 (0.4)	60 (.21)

City	# NH (%)	Capacity (%) (range, median)
COLONIAL HEIGHTS	1 (0.4)	196 (0.68)
COURTLAND*	1 (0.4)	90 (0.31)
COVINGTON	--	--
CREWE	--	--
CROZET	--	--
CULPEPER	1 (0.4)	47 (0.16)
CUMBERLAND	--	--
DANVILLE	4 (1.5)	672 (2.3) (60 - 312, 150)
DEWITT	--	--
DILLWYN*	1 (0.4)	60 (0.21)
DOSWELL	--	--
DRYDEN	--	--
DUBLIN	1 (0.4)	132 (0.45)
DUFFIELD	1 (0.2)	120 (0.41)
DUNN LORING*	1 (0.2)	130 (0.45)
EAST LEXINGTON*	1 (0.2)	60 (0.21)
EMPORIA	1 (0.2)	185 (0.64)
EDINBURG	--	--
ELKTON	--	--
FAIFAX	4 (1.5)	466 (1.6) (39 - 145, 141)
FALLS CHURCH	1 (0.4)	73 (0.25)
FARMVILLE	2 (0.8)	150 (0.52) (30 - 120)
FARNHAM	--	--
FINCASTLE	1 (0.4)	60 (0.21)
FISHERSVILLE	3 (1.1)	201 (0.69) (29 - 112, 60)
FLOYD	1 (0.4)	90 (0.31)
FORK UNION	1 (0.4)	60 (0.21)
FOREST	--	--
FORT BELVOIR	1 (0.4)	60 (0.21)
FRANKLIN	1 (0.4)	131 (0.45)
FREDERICKSBURG	3 (1.1)	447 (1.54) (120 - 177, 150)
FRONT ROYAL	2 (0.8)	166 (0.57) (60 - 106)
GALAX*	2 (0.8)	255 (0.88) (120 - 135)
GLEN ALLEN	1 (0.4)	191 (0.66)
GLOUCESTER	1 (0.4)	60 (0.21)
GOOCHLAND	1 (0.4)	24 (0.07)
GORDONSVILLE	--	--
GRAFTON*	1 (0.4)	60 (0.21)
GREAT FALLS	--	--
GRETNA*	1 (0.4)	90 (0.31)
GRUNDY*	1 (0.4)	120 (0.41)
HALIFAX	--	--
HAMPTON	4 (1.5)	370 (1.27) (10 - 180, 90)
HANOVER	--	--
HARRISONBURG	4 (1.5)	501 (1.73) (84 - 180, 119)
HAYES	--	--
HENRY	--	--
HERNDON	1 (0.4)	179 (0.62)
HIGHLAND SPRINGS	1 (0.4)	120 (0.41)
HILLSVILLE	--	--
HONAKER	--	--

City	# NH (%)	Capacity (%) (range, median)
HOPEWELL	2 (0.8)	254 (0.87)(124 - 130)
HOT SPRINGS*	1 (0.4)	60 (0.21)
INDEPENDENCE	1 (0.4)	120 (0.41)
IRVINGTON	1 (0.4)	42 (0.15)
KENBRIDGE	--	--
KENT'S STORE	--	--
KEYSVILLE	1 (0.4)	60 (0.21)
KILMARNOCK	1 (0.4)	120 (0.41)
KING GEORGE	1 (0.4)	130 (0.48)
LACROSSE	--	--
LAKE RIDGE	1 (0.4)	48 (0.17)
LAUREL FORK	1 (0.4)	60 (0.21)
LAWRENCEVILLE	1 (0.4)	77 (0.27)
LEBANON	1 (0.4)	60 (0.21)
LEESBURG	2 (0.8)	264 (0.91) (100 - 164)
LEXINGTON	1 (0.4)	60 (0.21)
LIGNUM	--	--
LORTON	--	--
LOCUST HILL	1 (0.4)	64 (0.22)
LOUISA	1 (0.4)	90 (0.31)
LOVETTSVILLE	--	--
LOVINGSTON	1 (0.4)	60 (0.21)
LOWMOOR*	1 (0.4)	60 (0.21)
LURAY	1 (0.4)	120 (0.41)
LYNCHBURG	6 (2.3)	625 (2.15) (44 - 180, 100)
MADISON	1 (0.4)	44 (0.15)
MANASSAS	2 (0.8)	425 (1.46) (180 - 245)
MARION	3 (1.1)	150 (0.51) (16 - 109, 25)
MARSHALL	--	--
MARTINSVILLE	3 (1.1)	474 (1.63) (32- 300, 142)
MATHEWS*	1 (0.4)	60 (0.21)
MAUERTOWN	--	--
MCKENNEY	--	--
MCLEAN	--	--
MEADOWVIEW	--	--
MECHANICSVILLE	2 (0.8)	80 (0.28) (20 - 60)
MEREDITHVILLE	--	--
MIDLOTHIAN	2 (0.8)	180 (0.62) (60 - 120)
MONTROSS	--	--
MOSLEY	--	--
MT. JACKSON	--	--
NASSAWADOX	2 (0.8)	158 (0.54) (13 -145)
NATURAL BRIDGE	--	--
NELSONIA	1 (0.4)	60 (0.21)
NEW MARKET	1 (0.4)	118 (0.41)
NEWPORT NEWS	6 (2.3)	871 (3.00) (49 - 364, 77)
NICKELSVILLE	--	--
NORFOLK	8 (3.0)	993 (2.02) (24 - 223, 176)
NORTH GARDEN	--	--
OAKTON	--	--
ONANCOCK	--	--

City	# NH (%)	Capacity (%) (range, median)
ORANGE	1 (0.4)	134 (0.46)
PARKSLEY*	1 (0.21)	136 (0.47)
PENN LAIRD	--	--
PEARISBURG	1 (0.4)	21 (0.07)
PENINGTON GAP	1 (0.4)	90 (0.31)
PETERSBURG	4 (1.5)	330 (1.20) (20 - 120, 95)
POQUOSON	1 (0.4)	60 (0.21)
PORTSMOUTH	3 (1.1)	360 (1.24) (60 - 132, 114)
POTOMAC FALLS	--	--
POWHATAN	--	--
PRATTS	--	--
PROSPECT	--	--
PULASKI	2 (0.8)	102 (0.35) (12 - 90)
PURCELLVILLE	--	--
RADFORD	1 (0.4)	90 (0.31)
RAPHINE	--	--
RAPIDAN	--	--
RESTON	--	--
REVA	--	--
RICHLANDS	1 (0.4)	14 (0.05)
RICHMOND	15 (5.6)	1991 (6.86) (22 - 225,136)
ROANOKE	8 (3.0)	1140 (3.92) (62 - 373, 112)
ROCKY MOUNT	1 (0.4)	120 (.41)
ROSEDALE	--	--
ROSELAND	--	--
SALEM	3 (1.1)	612 (2.12)
SALUDA	1 (0.4)	60 (0.21)
SHENANDOAH	--	--
SMITHFIELD	1 (0.4)	95 (0.32)
SOUTH BOSTON	3 (1.1)	132 (0.38) (19 - 120, 54)
SOUTH HILL	2 (0.8)	301 (1.04) (140- 161)
SPOUT SPRING	--	--
SPRINGFIELD	1 (0.4)	92 (0.32)
STAFFORD	1 (0.4)	34 (0.12)
STANARDSVILLE	1 (0.4)	60 (0.21)
STAUNTON	2 (0.8)	287 (0.99) (120 - 170)
STEPHENS CITY	--	--
STERLING	1 (0.4)	13 (0.05)
STRASBURG	--	--
STUART	2 (0.8)	215 (0.74) (25 - 190)
STUARTS DRAFT	--	--
SUFFOLK	4 (1.5)	440 (1.52) (40 - 160, 120)
TAPPAHANNOCK	2 (0.8)	85 (0.29) (60 - 180)
TAZEWELL	1 (0.4)	180 (0.62)
TIMBERVILLE	--	--
TROUTVILLE	--	--
VICTORIA	--	--
VIENNA	--	--
VINTON	1 (0.4)	180 (0.62)
VIRGINIA BEACH	12 (4.5)	1168 (4.02) (18 - 242, 90)
WARFIELD	--	--

City	# NH (%)	Capacity(%) (range, median)
WARRENTON	2 (0.8)	241 (0.83) (111 – 130)
WARSAW	2 (0.8)	244 (0.77) (44 – 180)
WAVERLY	1 (0.8)	120 (0.41)
WAYNESBORO	2 (0.8)	127 (0.44) (18 – 109)
WEBER CITY	1 (0.4)	60 (0.21)
WEST POINT	1 (0.4)	60 (0.21)
WILLIAMSBURG	5 (1.9)	652 (2.25) (15 - 330, 124)
WINCHESTER	3 (1.1)	276 (0.95) (60 – 176)
WINDSOR	1 (0.4)	114 (0.39)
WISE	1 (0.4)	97 (0.33)
WOODBIDGE	1 (0.4)	120 (0.41)
WOODSTOCK	2 (0.8)	158 (0.54) (70 – 88)
WYTHEVILLE	3 (1.1)	205 (0.71) (8 – 137)
YORKTOWN	1 (0.4)	60 (0.21)
ZUNI	--	--
TOTAL	265	29,030 (100) (8 - 373, 109)

Appendix #5

Virginia Uniform Assessment Instrument

VIRGINIA UNIFORM ASSESSMENT INSTRUMENT

Dates:Screen: / / Assessment: / / Reassessment: / /

IDENTIFICATION/BACKGROUND

Name & Vital Information

Client Name: _____ Client SSN: _____
(Last) (First) (Middle Initial)
Address: _____
(Street) (City) (State) (Zip Code)
Phone: _____ City/County Code: _____
Directions to House: _____ Pets? _____

Demographics

Birthdate: / / Age: _____ Sex: _____ Male ₀ _____ Female ₁
(Month) (Day) (Year)
Marital Status: _____ Married ₀ _____ Widowed ₁ _____ Separated ₂ _____ Divorced ₃ _____ Single ₄ _____ Unknown ₉
Race: _____ Education: _____ Communication of Needs: _____
_____ White ₀ _____ Less than High School ₀ _____ Verbally, English ₀
_____ Black/African American ₁ _____ Some High School ₁ _____ Verbally, Other Language ₁
_____ American Indian ₂ _____ High School Graduate ₂ _____ Specify: _____
_____ Oriental/Asian ₃ _____ Some College ₃ _____ Sign Language/Gestures/Device ₂
_____ Alaskan Native ₄ _____ College Graduate ₄ _____ Does Not Communicate ₃
_____ Unknown ₉ _____ Unknown ₉ _____ Hearing Impaired? _____
Ethnic Origin: _____ Specify: _____

Primary Caregiver/Emergency Contact/Primary Physician

Name: _____ Relationships: _____
Address: _____ Phone: _____ (H) _____ (W) _____
Name: _____ Relationship: _____
Address: _____ Phone: _____ (H) _____ (W) _____
Name of Primary Physician: _____ Phone: _____
Address: _____

Initial Contact

Who called: _____
(Name) (Relation to Client) (Phone)
Presenting Problem/Diagnosis: _____

Client Name: _____

Client SSN: _____

Current Formal Services

Do you currently use any of the following types of services?

No ₀	Yes ₁	(Check All Services That Apply)	Provider/Frequency:
_____	_____	Adult Day Care	_____
_____	_____	Adult Protective	_____
_____	_____	Case Management	_____
_____	_____	Chore/Companion/Homemaker	_____
_____	_____	Congregate Meals/Senior Center	_____
_____	_____	Financial Management/Counseling	_____
_____	_____	Friendly Visitor/Telephone Reassurance	_____
_____	_____	Habilitation/Supported Employee	_____
_____	_____	Home Delivered Meals	_____
_____	_____	Home Health/Rehabilitation	_____
_____	_____	Home Repairs/Weatherization	_____
_____	_____	Housing	_____
_____	_____	Legal	_____
_____	_____	Mental Health (Inpatient/Outpatient)	_____
_____	_____	Mental Retardation	_____
_____	_____	Personal Care	_____
_____	_____	Respite	_____
_____	_____	Substance Abuse	_____
_____	_____	Transportation	_____
_____	_____	Vocational Rehab/Job Counseling	_____
_____	_____	Other:	_____

Financial Resources

Where are you on the scale for annual (monthly) family income before taxes?

_____	\$20,000 or More	(\$1,667 or more) ₀
_____	\$15,000 - 19,999	(\$1,250 - \$1,666) ₁
_____	\$11,000 - 14,999	(\$ 917 - \$1,249) ₂
_____	\$ 9,500 - 10,999	(\$ 792 - \$ 916) ₃
_____	\$ 7,000 - 9,499	(\$ 583 - \$ 791) ₄
_____	\$ 5,500 - 6,999	(\$ 458 - \$ 582) ₅
_____	\$ 5,499 or Less	(\$ 457 or Less) ₆
_____	Unknown	₉

Number in Family unit: _____

Optional: Total monthly family income: _____

Do you currently receive income from...?

No ₀	Yes ₁	Optional: Amount
_____	_____	Black Lung _____
_____	_____	Pension _____
_____	_____	Social Security _____
_____	_____	SSI/SSDI _____
_____	_____	VA Benefits _____
_____	_____	Wages/Salary _____
_____	_____	Other _____

Does anyone cash your check, pay your bills or manage your business?

No ₀	Yes ₁	Names
_____	_____	Legal Guardian _____
_____	_____	Power of Attorney _____
_____	_____	Representative Payee _____
_____	_____	Other _____

Do you receive any benefits or entitlements?

No ₀	Yes ₁	
_____	_____	Auxiliary Grant
_____	_____	Food Stamps
_____	_____	Fuel Assistance
_____	_____	General Relief
_____	_____	State and Local Hospitalization
_____	_____	Subsidized Housing
_____	_____	Tax Relief

What types of health insurance do you have?

No ₀	Yes ₁	
_____	_____	Medicare, # _____
_____	_____	Medicaid, # _____
_____	_____	Pending: _____ No ₀ _____ Yes ₁
_____	_____	QMB/SLMB: _____ No ₀ _____ Yes ₁
_____	_____	All Other Public/Private: _____

Client Name:

Client SSN:

Physical Environment

Where do you usually live? Does anyone live with you?

	Alone ₁	Spouse ₂	Other ₃	Names of Persons in Household	
<input type="checkbox"/> House: Own ₀					
<input type="checkbox"/> House: Rent ₁					
<input type="checkbox"/> House: Other ₂					
<input type="checkbox"/> Apartment ₃					
<input type="checkbox"/> Rented Room ₄					
	Name of Provider (Place)			Admission Date	Provider Number (If Applicable)
<input type="checkbox"/> Adult Care Residence ₅₀					
<input type="checkbox"/> Adult Foster ₆₀					
<input type="checkbox"/> Nursing Facility ₇₀					
<input type="checkbox"/> Mental Health/Retardation Facility ₈₀					
<input type="checkbox"/> Other ₉₀					

Where you usually live are there any problems?

No ₀	Yes ₁	(Check All Problems That Apply)	Describe Problems:
<input type="checkbox"/>	<input type="checkbox"/>	Barriers to Access	
<input type="checkbox"/>	<input type="checkbox"/>	Electric Hazards	
<input type="checkbox"/>	<input type="checkbox"/>	Fire Hazards/No Smoke Alarm	
<input type="checkbox"/>	<input type="checkbox"/>	Insufficient Heat/Air Conditioning	
<input type="checkbox"/>	<input type="checkbox"/>	Insufficient Hot Water/Water	
<input type="checkbox"/>	<input type="checkbox"/>	Lack of/Poor Toilet Facilities (Inside/Outside)	
<input type="checkbox"/>	<input type="checkbox"/>	Lack of/Defective Stove, Refrigerator, Freezer	
<input type="checkbox"/>	<input type="checkbox"/>	Lack of/Defective Washer/Dryer	
<input type="checkbox"/>	<input type="checkbox"/>	Lack of/Poor Bathing Facilities	
<input type="checkbox"/>	<input type="checkbox"/>	Structural Problems	
<input type="checkbox"/>	<input type="checkbox"/>	Telephone Not Accessible	
<input type="checkbox"/>	<input type="checkbox"/>	Unsafe Neighborhood	
<input type="checkbox"/>	<input type="checkbox"/>	Unsafe/Poor Lighting	
<input type="checkbox"/>	<input type="checkbox"/>	Unsanitary Conditions	
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	

Client Name: _____

Client SSN: _____

2 **FUNCTIONAL STATUS** (Check only one block for each level of functioning.)

ADLS	Needs Help?	
	No ⁰⁰	Yes
Bathing		
Dressing		
Toileting		
Transferring		
Eating/Feeding		

MH Only 10 Mechanical Help	HH Only 2 D Human Help		MH & HH 3 D		Performed D by Others 40			Is Not D Performed 50
	Supervision 1	Physical Assistance 2	Supervision 1	Physical Assistance 2	Spoon Fed 1	Syringe/Tube Fed 2	Fed by IV 3	

Continence	Needs Help?	
	No ⁰⁰	Yes
Bowel		
Bladder		

Incontinent Less than Weekly 1	Ext. Device/ Indwelling/ Ostomy Self Care 2	Incontinent D Weekly or More 3	External Device Not Self Care 4	Indwelling D Catheter Not Self Care 5	Ostomy D Not Self Care 6

Ambulation	Needs Help?	
	No ⁰⁰	Yes
Walking		
Wheeling		
Stairclimbing		
Mobility		

MH Only 10 Mechanical Help	HH Only 2 D Human Help		MH & HH 3 D		Performed D by Others 40	Is Not D Performed 50
	Supervision 1	Physical Assistance 2	Supervision 1	Physical Assistance 2		
					Confined Moves About	Confined Does Not Move About

IADLS	Needs Help?	
	No ⁰	Yes ¹
Meal Preparation		
Housekeeping		
Laundry		
Money Mgmt.		
Transportation		
Shopping		
Using Phone		
Home Maintenance		

Comments:

Outcome: Is this a short assessment?

_____ No, Continue with Section 3 (0) _____ Yes, Service Referrals (1) _____ Yes, No Service Referrals (2)

Screener: _____

Agency: _____

Client Name: _____ Client SSN: _____

Sensory Functions

How is your vision, hearing, and speech?

	No Impairment ₀	Impairment		Complete Loss ₃	Date of Last Exam
		Record Date of Onset/Type of Impairment			
		Compensation ₁	No Compensation ₂		
Vision					
Hearing					
Speech					

Physical Status

Joint Motion: How is your ability to move your arms, fingers, and legs?

- _____ Within normal limits or instability corrected ₀
 _____ Limited motion ₁
 _____ Instability uncorrected or immobile ₂

Have you ever broken or dislocated any bones ... Ever had an amputation or lost any limbs ... Lost voluntary movement of any part of your body?

Fractures/Dislocations	Missing Limbs	Paralysis/Paresis
_____ None 000 _____ Hip Fracture 1 _____ Other Broken Bone(s) 2 _____ Dislocation(s) 3 _____ Combination 4 _____ Previous Rehab Program? _____ No/Not Completed 1 _____ Yes 2 _____ Date of Fracture/Dislocation? _____ 1 Year or Less 1 _____ More than 1 Year 2	_____ None 000 _____ Finger(s)/Toe(s) 1 _____ Arm(s) 2 _____ Leg(s) 3 _____ Combination 4 _____ Previous Rehab Program? _____ No/Not Completed 1 _____ Yes 2 _____ Date of Amputation? _____ 1 Year or Less 1 _____ More than 1 Year 2	_____ None 000 _____ Partial 1 _____ Total 2 Describe: _____ _____ Previous Rehab Program? _____ No/Not Completed 1 _____ Yes 2 _____ Onset of Paralysis? _____ 1 Year or Less 1 _____ More than 1 Year 2

Nutrition

Height: _____ Weight: _____ Recent Weight Gain/Loss: _____ No ₀ _____ Yes ₁
 (Inches) (lbs.) Describe: _____

Are you on any special diet(s) for medical reasons?	Do you have any problems that make it hard to eat?
_____ None 0 _____ Low Fat/Cholesterol 1 _____ No/Low Salt 2 _____ No/Low Sugar 3 _____ Combination/Other 4	No ₀ Yes ₁ _____ Food Allergies _____ Inadequate Food/Fluid Intake _____ Nausea/Vomiting/Diarrhea _____ Problems Eating Certain Foods _____ Problems Following Special Diets _____ Problems Swallowing _____ Taste Problems _____ Tooth or Mouth Problems _____ Other: _____
Do you take dietary supplements? _____ None 0 _____ Occasionally 1 _____ Daily, Not Primary Source 2 _____ Daily, Primary Source 3 _____ Daily, Sole Source 4	

Client Name: _____

Client SSN: _____

Current Medical Services

Rehabilitation Therapies: Do you get any therapy prescribed by a doctor, such as...?

No ₀	Yes ₁	Frequency
_____	_____	Occupational _____
_____	_____	Physical _____
_____	_____	Reality/Remotivation _____
_____	_____	Respiratory _____
_____	_____	Speech _____
_____	_____	Other _____

Special Medical Procedures: Do you receive any special nursing care, such as ...?

No ₀	Yes ₁	Site, Type, Frequency
_____	_____	Bowel/Bladder Training _____
_____	_____	Dialysis _____
_____	_____	Dressing/Wound Care _____
_____	_____	Eye care _____
_____	_____	Glucose/Blood Sugar _____
_____	_____	Infections/IV Therapy _____
_____	_____	Oxygen _____
_____	_____	Radiation/Chemotherapy _____
_____	_____	Restraints (Physical/Chemical) _____
_____	_____	ROM Exercise _____
_____	_____	Trach Care/Suctioning _____
_____	_____	Ventilator _____
_____	_____	Other: _____

Do you have pressure ulcers?

_____	None ₀	Location/Size
_____	Stage I ₁	_____
_____	Stage II ₂	_____
_____	Stage III ₃	_____
_____	Stage IV ₄	_____

Medical/Nursing Needs

Based on client's overall condition, assessor should evaluate medical and/or nursing needs.

Are there ongoing medical/nursing needs? _____ No ₀ _____ Yes ₁

If yes, describe ongoing medical/nursing needs:

1. Evidence of medical instability.
2. Need for observation/assessment to prevent destabilization.
3. Complexity created by multiple medical conditions.
4. Why client's condition requires a physician, RN, or trained nurse's aide to oversee care on a daily basis.

Comments:

Optional: Physician's Signature: _____ Date: _____

Others: _____ Date: _____

(Signature/Title)

Client Name:

Client SSN:

Emotional Status

In the past month, how often did you ...?	Rarely/ Never ₀	Some of the Time ₁	Often ₂	Most of the Time ₃	Unable to Assess ₉
Feel anxious or worry constantly about things?					
Feel irritable, have crying spells or get upset over little things?					
Feel alone and that you don't have anyone to talk to?					
Feel like you didn't want to be around other people?					
Feel afraid that something bad was going to happen to you and/or feel that others were trying to take things from you or trying to harm you?					
Feel sad or hopeless?					
Feel that life is not worth living ... or think of taking your life?					
See or hear things that other people did not see or hear?					
Believe that you have special powers that others do not have?					
Have problems falling or staying asleep?					
Have problems with your appetite ... that is, eat too much or too little?					

Comments:

Social Status

Are there some things that you do that you especially enjoy?

No ₀ Yes ₁

Describe

_____ Solitary Activities, _____

_____ With Friends/Family, _____

_____ With Groups/Clubs, _____

_____ Religious Activities, _____

How often do you talk with your children family or friends either during a visit or over the phone?

Children

Other Family

Friends/ Neighbors

_____ No Children 0

_____ No Other Family 0

_____ No Friends/Neighbors 0

_____ Daily 1

_____ Daily 1

_____ Daily 1

_____ Weekly 2

_____ Weekly 2

_____ Weekly 2

_____ Monthly 3

_____ Monthly 3

_____ Monthly 3

_____ Less than Monthly 4

_____ Less than Monthly 4

_____ Less than Monthly 4

_____ Never 5

_____ Never 5

_____ Never 5

Are you satisfied with how often you see or hear from your children other family and/or friends?

_____ No 0

_____ Yes 1

Client Name: _____ Client SSN: _____

Hospitalization/Alcohol – Drug Use

Have you been hospitalized or received inpatient/outpatient treatment in the last 2 years for nerves emotional/mental health alcohol or substance abuse problems?

_____ No ₀ _____ Yes ₁

Name of Place	Admit Date	Length of stay/Reason

Do (did) you ever drink alcoholic beverages?

_____ Never ₀
 _____ At one time, but no longer ₁
 _____ Currently ₂
 How much: _____
 How often: _____

Do (did) you ever use non-prescription, mood altering substances?

_____ Never ₀
 _____ At one time, but no longer ₁
 _____ Currently ₂
 How much: _____
 How often: _____

If the client has never used alcohol or other non-prescription, mood altering substances, skip to the tobacco question.

Have you, or someone close to you, ever been concerned about your use of alcohol/other mood altering substances?	Do (did) you ever use alcohol/other mood-altering substances with ...	Do (did) you ever use alcohol/other mood-altering substances to help you ...
_____ No ₀ _____ Yes ₁	No ₀ Yes ₁	No ₀ Yes ₁
Describe concerns:	_____ Prescription drugs? _____ OTC medicine? _____ Other substances?	_____ Sleep? _____ Relax? _____ Get more energy? _____ Relieve worries? _____ Relieve physical pain?
	Describe what and how often:	Describe what and how often:

Do (did) you ever smoke or use tobacco products?

_____ Never ₀
 _____ At one time, but no longer ₁
 _____ Currently ₂
 How much: _____
 How often: _____

Is there anything we have not talked about that you would like to discuss?

Client Name:

Client SSN:

5 Assessment Summary

Indicators of Adult Abuse and Neglect: While completing the assessment, if you suspect abuse, neglect or exploitation, you are required by Virginia law, Section 63.1-55.3, to report this to the Department of Social Services, Adult Protective Services.

Caregiver Assessment

Does the client have an informal caregiver?

No 0 (Skip to Section on Preferences) Yes 1

Where does the caregiver live?

With client 0
 Separate residence, close proximity 1
 Separate residence, over 1 hour away 2

Is the caregiver's help ...

Adequate to meet the client's needs? 0
 Not adequate to meet the client's needs? 1

Has providing care to client become a burden for the caregiver?

Not at all 0
 Somewhat 1
 Very much 2

Describe any problems with continued caregiving:

Preferences

Client's preference for receiving needed care:

Family/Representative's preference for client's care:

Physician's comments (if applicable):

Client Name:

Client SSN:

Client Case Summary

[Empty box for Client Case Summary]

Unmet Needs

No ₀ Yes ₁ (Check All That Apply)

- _____ Finances
- _____ Home/Physical Environment
- _____ ADLS
- _____ IADLS

No ₀ Yes ₁ (Check All That Apply)

- _____ Assistive Devices/Medical Equipment
- _____ Medical Care/Health
- _____ Nutrition
- _____ Cognitive/Emotional
- _____ Caregiver Support

Assessment Completed By:

Assessor's Name	Signature	Agency/Provider Name	Provider #	Section(s) Completed

Optional: Case assigned to: _____ Code #: _____

Appendix #6

**Virginia's Regulations Pertaining to
Assisted Living Facility Administrator**

CHAPTER 71 STANDARDS AND REGULATIONS FOR LICENSED ASSISTED LIVING FACILITIES

Editor's Note

The State Board of Social Services adopted emergency regulations amending this chapter heading, part and article headings, and regulatory sections throughout this chapter, effective October 9, 2001, through October 8, 2002. The emergency regulations changed the name of a home for aged, infirm or disabled adults from "adult care residence" to "assisted living facility." These regulations made an allowance for a shared administrator when an assisted living facility and a nursing home are located in the same building. The regulations provide programmatic requirements for secure environments for residents with serious cognitive impairments due to a primary psychiatric diagnosis of dementia. The regulations also reflect review of cost constraints of small facilities in complying with the assisted living facility regulations. See 17:24 V.A.R. 3568-3589 August 13, 2001, for the text of the emergency regulations.

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority for each of the sections was updated in February 2003.

Research and Practice References

24 Am. Jur. Proof of Facts 3d 73, Nursing Home Liability.

United States Supreme Court

Disability discrimination in public services, mental disabilities, right to community-based treatment facilities, undue institutionalization, see *Olmstead v. L.C. ex rel. Zimring*, 1999, 119 S.Ct. 2176, 527 U.S. 581, 144 L.Ed.2d 540.

Attorney General Opinions

A residential home, which is licensed by the Department and which has a certificate of occupancy for ambulatory residents, may accept semimobile residents without a change in its certificate of occupancy if the semimobile residents are able to exit the home with the assistance of a wheelchair, walker, cane, prosthetic device or verbal command, as required by §63.1-174.1. 1987-88 Va. Op. Atty. Gen. 621, 1988 WL 408936, March 31, 1988.

Part I General Provisions

22VAC40-71-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Activities of daily living (ADLs)" means bathing, dressing, toileting, transferring, bowel control, bladder control and eating/feeding. A person's degree of independence in performing these activities is a part of determining appropriate level of care and services.

"Administer medication" means to open a container of medicine or to remove the prescribed dosage and to give it to the resident for whom it is prescribed.

"Administrator" means the licensee or a person designated by the licensee who oversees the day-to-day operation of the facility, including compliance with all regulations for licensed assisted living facilities.

"Ambulatory" means the condition of a resident who is physically and mentally capable of self-preservation by evacuating in response to an emergency to a refuge area as defined by the

3. Without adequate monitoring;
4. Without adequate indications for its use;
5. In the presence of adverse consequences which indicate the dose should be reduced or discontinued; and
6. In a manner that results in a decline in the resident's functional status.

"Community services board" means a citizens' board established pursuant to §37.1-195 of the Code of Virginia that provides mental health, mental retardation and substance abuse programs and services within the political subdivision or political subdivisions participating on the board.

"Conservator" means a person appointed by the court who is responsible for managing the estate and financial affairs of an incapacitated person and, where the context plainly indicates, includes a "limited conservator" or a "temporary conservator." The term includes a local or regional program designated by the Department for the Aging as a public conservator pursuant to Article 2 (§2.2-711 et seq.) of Chapter 7 of Title 2.2 of the Code of Virginia.

"Continuous licensed nursing care" means around-the-clock observation, assessment, monitoring, supervision, or provision of medical treatments provided by a licensed nurse. Residents requiring continuous licensed nursing care may include:

1. Individuals who have a medical instability due to complexities created by multiple, interrelated medical conditions; or
2. Individuals with a health care condition with a high potential for medical instability.

"Department" means the Virginia Department of Social Services.

"Department's representative" means an employee of the Virginia Department of Social Services, acting as the authorized agent in carrying out the duties specified in the Code of Virginia.

"Direct care staff" means supervisors, assistants, aides, or other employees of a facility who assist residents in their daily living activities. Examples are likely to include nursing staff, geriatric assistants and mental health workers but are not likely to include waiters, chauffeurs, and cooks.

"Discharge" means the movement of a resident out of the assisted living facility.

"Emergency" means, as it applies to restraints, a situation which may require the use of a restraint where the resident's behavior is unmanageable to the degree an immediate and serious danger is presented to the health and safety of the resident or others.

"Emergency placement" means the temporary status of an individual in an assisted living facility when the person's health and safety would be jeopardized by not permitting entry into the facility until the requirements for admission have been met.

"Extended license" means a license that is granted for more than one year's duration because the facility demonstrated a pattern of strong compliance with licensing standards.

"Individualized service plan" means the written description of actions to be taken by the licensee to meet the assessed needs of the resident.

"Instrumental activities of daily living (IADLs)" means meal preparation, housekeeping, laundry, and managing money. A person's degree of independence in performing these activities is a part of determining appropriate level of care and services.

"Intermittent intravenous therapy" means therapy provided by a licensed health care professional at medically predictable intervals for a limited period of time on a daily or periodic basis.

"Licensee" means any person, association, partnership or corporation to whom the license is issued.

"Licensed health care professional" means any health care professional currently licensed by the Commonwealth of Virginia to practice within the scope of his profession, such as a clinical social worker, dentist, licensed practical nurse, nurse practitioner, occupational therapist, pharmacist, physical therapist, physician, physician assistant, psychologist, registered nurse, and speech-language pathologist.

NOTE: Responsibilities of physicians contained within this chapter may be implemented by nurse practitioners or physician assistants as assigned by the supervising physician and within the parameters of professional licensing.

"Maintenance or care" means the protection, general supervision and oversight of the physical and mental well-being of the aged, infirm or disabled individual. Assuming responsibility for the well-being of residents, either directly or through contracted agents, is considered "general supervision and oversight."

"Mandated reporter" means any person licensed to practice medicine or any of the healing arts, any hospital resident or intern, any person employed in the nursing profession, any person employed by a public or private agency or facility and working with adults, any person providing full-time or part-time care to adults for pay on a regularly scheduled basis, any person employed as a social worker, any mental health professional and any law-enforcement officer, in his professional or official capacity, who has reason to suspect that an adult is an abused, neglected or exploited adult. This is pursuant to §63.2-1606 of the Code of Virginia.

"Maximum physical assistance" means that an individual has a rating of total dependence in four or more of the seven activities of daily living as documented on the uniform assessment instrument.

NOTE: An individual who can participate in any way with performance of the activity is not considered to be totally dependent.

"Mental impairment" means a disability which reduces an individual's ability to reason or make decisions.

"Minimal assistance" means dependency in only one activity of daily living or dependency in one or more of the instrumental activities of daily living as documented on the uniform assessment instrument.

"Residential living care" means a level of service provided by an assisted living facility for adults who may have physical or mental impairments and require only minimal assistance with the activities of daily living. Included in this level of service are individuals who are dependent in medication administration as documented on the uniform assessment instrument. This definition includes the services provided by independent living facilities that voluntarily become licensed.

"Respite care" means services provided for maintenance and care of aged, infirm or disabled adults for temporary periods of time, regularly or intermittently. Facilities offering this type of care are subject to this chapter.

"Restorative care" means activities designed to assist the resident in reaching or maintaining his level of potential. These activities are not required to be provided by a rehabilitative therapist and may include activities such as range of motion, assistance with ambulation, positioning, assistance and instruction in the activities of daily living, psychosocial skills training, and reorientation and reality orientation.

"Safe, secure environment" means a self-contained special care unit for individuals with serious cognitive impairments due to a primary psychiatric diagnosis of dementia who cannot recognize danger or protect their own safety and welfare. Means of egress that lead to unprotected areas must be monitored or secured through devices that conform to applicable building and fire safety standards, including but not limited to, door alarms, cameras, constant staff oversight, security bracelets that are part of an alarm system, pressure pads at doorways, delayed egress mechanisms, locking devices or perimeter fence gates. There may be one or more self-contained special care units in a facility or the whole facility may be a special care unit. NOTE: Nothing in this definition limits or contravenes the privacy protections set forth in §63.2-1808 of the Code of Virginia.

"Serious cognitive impairment" means severe deficit in mental capability of a chronic, enduring or long term nature that affects areas such as thought processes, problem-solving, judgment, memory, and comprehension and that interferes with such things as reality orientation, ability to care for self, ability to recognize danger to self or others, and impulse control. Such cognitive impairment is not due to acute or episodic conditions, nor conditions arising from treatable metabolic or chemical imbalances or caused by reactions to medication or toxic substances.

"Skilled nursing treatment" means a service ordered by a physician which is provided by and within the scope and practice of a licensed nurse.

"Systems review" means a physical examination of the body to determine if the person is experiencing problems or distress, including cardiovascular system, respiratory system, gastrointestinal system, urinary system, endocrine system, musculoskeletal system, nervous system, sensory system and the skin.

"Transfer" means movement of a resident to a different assigned living area within the same licensed facility.

"Transfer trauma" means feelings or symptoms of stress, emotional shock or disturbance, hopelessness, or confusion resulting from the resident being moved from one residential environment to another.

4. Any housing project for persons 62 years of age or older or the disabled that provides no more than basic coordination of care services and is funded by the U.S. Department of Housing and Urban Development, by the U.S. Department of Agriculture, or by the Virginia Housing Development Authority.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §1.2, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003; Errata, 19:11 VA.R. 1790 February 10, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

Pursuant to the revision authority of the Virginia Code Commission, the cross reference for the Code of Virginia was updated in January 2003.

22VAC40-71-30. Types of facilities and scope of services.

A. An assisted living facility licensed for residential living care as defined in 22VAC40-71-10 shall comply with Parts I through V.

B. An assisted living facility licensed for assisted living care as defined in 22VAC40-71-10 shall comply with Parts I through VI.

NOTE: Within assisted living care there are two payment levels for recipients of an auxiliary grant: Regular assisted living and intensive assisted living as defined in regulations promulgated by the Department of Medical Assistance Services.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §1.3, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

Attorney General Opinions

2. Providing case management or other services or assistance to clients residing in the facility; or

3. Monitoring the care of clients residing in the facility.

Such staff or contractual agents also shall be given reasonable access to other facility residents who have previously requested their services.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Part II Personnel and Staffing Requirements

22VAC40-71-50. Licensee.

A. The licensee shall ensure compliance with all regulations for licensed assisted living facilities and terms of the license issued by the department; with other relevant federal, state or local laws and regulations; and with the facility's own policies.

B. The licensee shall meet the following requirements:

- 1. The licensee shall give evidence of financial responsibility.**
- 2. The licensee shall be of good character and reputation.**
- 3. The licensee shall protect the physical and mental well-being of residents.**
- 4. The licensee shall keep such records and make such reports as required by this chapter for licensed assisted living facilities. Such records and reports may be inspected at any reasonable time in order to determine compliance with this chapter.**
- 5. The licensee shall meet the qualifications of the administrator if he assumes those duties.**

C. An assisted living facility sponsored by a religious organization, a corporation or a voluntary association shall be controlled by a governing board of directors that shall fulfill the duties of the licensee.

D. Upon initial application for an assisted living facility license, any person applying to operate such a facility who has not previously owned or managed or does not currently own or manage a licensed assisted living facility shall be required to undergo training by the commissioner or his designated agents. Such training shall be required of those owners and currently employed administrators of an assisted living facility at the time of initial application for a license.

5. The administrator shall meet the requirements stipulated for all staff in subsection A of 22VAC40-71-70.

6. The administrator shall not be a resident of the facility.

C. Any person meeting the qualifications for a licensed nursing home administrator pursuant to §54.1-3103 of the Code of Virginia may (i) serve as an administrator of an assisted living facility and (ii) serve as the administrator of both an assisted living facility and a licensed nursing home, provided the assisted living facility and licensed nursing home are part of the same building.

D. The administrator shall demonstrate basic respect for the dignity of residents by ensuring compliance with residents' rights.

E. The facility licensee/operator, facility administrator, relatives of the licensee/operator or administrator, or facility employees shall not act as, seek to become, or become the conservator or guardian of any resident unless specifically so appointed by a court of competent jurisdiction pursuant to Chapter 4 (§37.1-134.6 et seq.) of Title 37.1 of the Code of Virginia.

F. Facility owners shall notify the licensing agency of a change in a facility's administrator. The notifications shall be sent to the licensing agency in writing within 10 working days of the change.

G. It shall be the duty of the administrator to oversee the day-to-day operation of the facility. This shall include, but shall not be limited to, responsibility for:

1. Services to residents;
2. Maintenance of buildings and grounds;
3. Supervision of assisted living facility staff.

H. Either the administrator or a designated assistant who meets the qualifications of the administrator shall be awake and on duty on the premises at least 40 hours per week.

I. When an administrator terminates employment, a new administrator shall be hired within 90 days from the date of termination.

J. The administrator shall attend at least 20 hours of training related to management or operation of a residential facility for adults or client specific training needs within each 12-month period. When adults with mental impairments reside in the facility, at least five of the required 20 hours of training shall focus on the resident who is mentally impaired. Documentation of attendance shall be retained at the facility and shall include title of course, location, date and number of hours.

K. Whenever an assisted living facility and a licensed nursing home have a single administrator, there shall be a written management plan that addresses the care and

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

Pursuant to the revision authority of the Virginia Code Commission, the cross reference for the Code of Virginia in subsec. E was updated in January 2003.

22VAC40-71-70. Personnel qualifications.

A. All staff members including the administrator, shall:

- 1. Be of good character;**
- 2. Be physically and mentally capable of carrying out assigned responsibilities;**
- 3. Be considerate and tolerant of aged and disabled persons;**
- 4. Be clean and well-groomed;**
- 5. Meet the requirements specified in the Regulation for Criminal Record Checks for Homes for Adults and Adult Day Care Centers (22VAC40-90-10 et seq.).**

B. All staff shall be able to communicate in English effectively both orally and in writing as applicable to their job responsibilities.

C. All direct care staff shall be at least 18 years of age unless certified as a nurse aide.

D. Direct care staff who are responsible for caring for residents with special health care needs shall only provide services within the scope of their practice and training.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §2.3, eff. February 1, 1996.

Editor's Note

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-80. Staff training and orientation.

A. All employees shall be made aware of:

- 1. The purpose of the facility;**
- 2. The services provided;**
- 3. The daily routines; and**

Historical Notes

Derived from VR615-22-02:1 §2.4, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-90. Staff duties performed by residents.

A. Any resident who performs any staff duties shall meet the personnel and health requirements for that position.

B. There shall be a written agreement between the facility and any resident who performs staff duties.

1. The agreement shall specify duties, hours of work, and compensation.

2. The agreement shall not be a condition for admission or continued residence.

3. The resident shall enter into such an agreement voluntarily.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §2.5, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-100. Volunteers.

A. Any volunteers used shall:

1. Have qualifications appropriate to the services they render; and

2. Be subject to laws and regulations governing confidential treatment of personal information.

B. Duties and responsibilities of all volunteers shall be clearly differentiated from those of persons regularly filling staff positions.

C. Health information required by these standards shall be maintained at the facility for the licensee or administrator or both, each staff member, and each household member who comes in contact with residents.

1. Initial tuberculosis examination and report.

a. Within 30 days before or seven days after employment, each individual shall obtain an evaluation indicating the absence of tuberculosis in a communicable form.

b. When a staff person terminates work at a licensed facility and begins working at another licensed facility with a gap in service of six months or less, the previous statement of tuberculosis screening may be transferred to the second facility.

c. Each individual shall submit documentation that he is free of tuberculosis in a communicable form. This information shall include the results of a Mantoux tuberculin skin test, chest x-ray or bacteriological examination as deemed appropriate by a physician, to rule out tuberculosis in a communicable form. This documentation shall be maintained at the facility and shall include the information contained on the form recommended by the Virginia Department of Health.

2. Subsequent evaluations.

a. Any individual who comes in contact with a known case of infectious tuberculosis shall be screened as deemed appropriate in consultation with the local health department.

b. Any individual who develops respiratory symptoms of three or more weeks duration shall be evaluated immediately for the presence of infectious tuberculosis.

c. Any individual not previously reacting significantly to a Mantoux tuberculin skin test shall be retested annually. Annual chest x-rays are not required.

3. Any individual suspected to have infectious tuberculosis shall not be allowed to return to work or have any contact with the residents and personnel of the facility until tuberculosis is ruled out or determined by a physician to be noninfectious.

4. If a staff member develops an active case of tuberculosis the facility shall report this information to the local health department.

D. At the request of the administrator of the facility or the department, a report of examination by a licensed physician shall be obtained when there are indications that the safety of residents in care may be jeopardized by the physical or mental health of a specific individual.

E. Any individual who, upon examination or as a result of tests, shows indication of a physical or mental condition which may jeopardize the safety of residents in care or which would prevent performance of duties:

1. Shall be removed immediately from contact with residents; and

Editor's Note

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-130. Standards for staffing.

A. The assisted living facility shall have staff adequate in knowledge, skills, and abilities and sufficient in numbers to provide services to attain and maintain the physical, mental and psychosocial well-being of each resident as determined by resident assessments and individualized service plans, and to assure compliance with this chapter.

B. There shall be sufficient staff on the premises at all times to implement the approved fire plan.

C. There shall be at least one staff member awake and on duty at all times in each building when at least one resident is present.

EXCEPTION: In buildings that house 19 or fewer residents, the staff member on duty does not have to be awake during the night if none of the residents requires a staff member awake and on duty at night.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §2.9, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 V.A.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-140. Communication among staff.

A method of written communication shall be utilized as a means of keeping staff on all shifts informed of significant happenings or problems experienced by residents, including physical and mental complaints or injuries.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §2.10, eff. February 1, 1996.

Editor's Note

4. Airborne infectious disease in a communicable state that requires isolation of the individual or requires special precautions by the caretaker to prevent transmission of the disease, including diseases such as tuberculosis and excluding infections such as the common cold;

5. Psychotropic medications without appropriate diagnosis and treatment plans;

6. Nasogastric tubes;

7. Gastric tubes except when the individual is capable of independently feeding himself and caring for the tube or as permitted in subsection I of this section;

8. Individuals presenting an imminent physical threat or danger to self or others;

9. Individuals requiring continuous licensed nursing care;

10. Individuals whose physician certifies that placement is no longer appropriate;

11. Unless the individual's independent physician determines otherwise, individuals who require maximum physical assistance as documented by the UAI and meet Medicaid nursing facility level of care criteria as defined in the State Plan for Medical Assistance (12VAC30-10);

12. Individuals whose health care needs cannot be met in the specific assisted living facility as determined by the facility.

G. When a resident has a stage III dermal ulcer that has been determined by an independent physician to be healing, periodic observation and any necessary dressing changes shall be performed by a licensed health care professional under a physician's treatment plan.

H. Intermittent intravenous therapy may be provided to a resident for a limited period of time on a daily or periodic basis by a licensed health care professional under a physician's treatment plan. When a course of treatment is expected to be ongoing and extends beyond a two-week period, evaluation is required at two-week intervals by the licensed health care professional.

I. At the request of the resident, care for the conditions or care needs specified in subdivisions F 3 and F 7 of this section may be provided to a resident in an assisted living facility by a physician licensed in Virginia, a nurse licensed in Virginia under a physician's treatment plan or by a home care organization licensed in Virginia when the resident's independent physician determines that such care is appropriate for the resident. This standard does not apply to recipients of auxiliary grants.

J. When care for a resident's special medical needs is provided by licensed staff of a home care agency, the assisted living facility staff may receive training from the home care agency staff in appropriate treatment monitoring techniques regarding safety precautions and actions to take in case of emergency.

2. Any resident who develops respiratory symptoms of three or more weeks duration shall be evaluated immediately for the presence of infectious tuberculosis.

3. If a resident develops an active case of tuberculosis, the facility shall report this information to the local health department.

O. The department, at any time, may request a report of a current psychiatric or physical examination, giving the diagnoses or evaluation or both, for the purpose of determining whether the resident's needs may continue to be met in an assisted living facility. When requested, this report shall be in the form specified by the department.

P. An assisted living facility shall only admit or retain residents as permitted by its use group classification and certificate of occupancy. The ambulatory/nonambulatory status of an individual is based upon:

1. Information contained in the physical examination report; and

2. Information contained in the most recent UAI.

Q. An emergency placement shall occur only when the emergency is documented and approved by a Virginia adult protective services worker or case manager for public pay individuals or an independent physician or a Virginia adult protective services worker for private pay individuals.

R. When an emergency placement occurs, the person shall remain in the assisted living facility no longer than seven working days unless all the requirements for admission have been met and the person has been admitted.

S. Prior to or at the time of admission to an assisted living facility, the following personal and social data on a person shall be maintained in the individual's record:

1. Name;

2. Last home address, and address from which resident was received, if different;

3. Date of admission;

4. Social security number;

5. Birthdate (if unknown, estimated age);

6. Birthplace, if known;

7. Marital status, if known;

8. Name, address and telephone number of personal representative, or other person responsible;

9. Name, address and telephone number of next of kin, if known (two preferred);

3. Acknowledgment that the resident has been informed of the policy regarding the amount of notice required when a resident wishes to move from the facility.

4. Acknowledgment that the resident has been informed of the policy required by 22VAC40-71-490 J regarding weapons.

5. Those actions, circumstances, or conditions which would result or might result in the resident's discharge from the facility.

6. Acknowledgment that the resident has reviewed a copy of §63.2-1808 of the Code of Virginia, Rights and Responsibilities of Residents of Assisted Living Facilities, and that the provisions of this statute have been explained to him.

7. Acknowledgment that the resident or his personal representative has reviewed and had explained to him the facility's policies and procedures for implementing §63.2-1808 of the Code of Virginia, including the grievance policy and the transfer/discharge policy.

8. Acknowledgment that the resident has been informed of the bed hold policy in case of temporary transfer, if the facility has such a policy.

U. Copies of the signed agreement/acknowledgment of notification shall be provided to the resident and any personal representative and shall be retained in the resident's record.

V. A new agreement shall be signed or the original agreement shall be updated and signed by the licensee or administrator when there are changes in financial arrangements, services, or requirements governing the resident's conduct. If the original agreement provides for specific changes in financial arrangements, services, or requirements, this standard does not apply.

W. Upon admission and upon request, the assisted living facility shall provide in writing a description of the types of staff working in the facility and the services provided, including the hours such services are available.

X. An assisted living facility shall establish a process to ensure that any resident temporarily detained in an inpatient facility pursuant to §37.1-67.1 of the Code of Virginia is accepted back in the assisted living facility if the resident is not involuntarily committed pursuant to §37.1-67.3 of the Code of Virginia.

Y. If an assisted living facility allows for temporary movement of a resident with agreement to hold a bed, it shall develop and follow a written bed hold policy, which includes, but is not limited to, the conditions for which a bed will be held, any time frames, terms of payment, and circumstances under which the bed will no longer be held.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §3.1, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

b. The reason or reasons for the discharge;

c. The actions taken by the facility to assist the resident in the discharge and relocation process; and

d. The date of the actual discharge from the facility and the resident's destination;

2. When the termination of care is due to emergency conditions, the dated statement shall contain the above information as appropriate and shall be provided or mailed to the resident or his personal representative as soon as practicable and within 48 hours from the time of the decision to discharge.

H. A copy of the written statement required by subsection G of this section shall be retained in the resident's record.

I. When the resident is discharged and moves to another caregiving facility, the assisted living facility shall provide to the receiving facility such information related to the resident as is necessary to ensure continuity of care and services. Original information pertaining to the resident shall be maintained by the assisted living facility from which the resident was discharged. The assisted living facility shall maintain a listing of all information shared with the receiving facility.

J. Within 60 days of the date of discharge, each resident or his appropriate personal representative shall be given a final statement of account, any refunds due, and return of any money, property or things of value held in trust or custody by the facility.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §3.2, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

Part IV
Resident Accommodations, Care and Related Services

22VAC40-71-170. Assessment and individualized service plans.

A. Uniform assessment instrument (UAI).

If a resident lives in a building housing 19 or fewer residents, the service plan shall include a statement that specifies whether the person does need or does not need to have a staff member awake and on duty at night.

The master service plan shall be filed in the resident's record; extracts from the plan may be filed in locations specifically identified for their retention, e.g., dietary plan in kitchen.

D. The individualized service 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.

E. Uniform assessment instruments shall be completed at least once every 12 months on residents of assisted living facilities. Uniform assessment instruments shall be completed as needed as the condition of the resident changes and whenever there is a change in the resident's condition that appears to warrant a change in the resident's approved level of care. All UAIs shall be completed as prescribed in subsections A and B of this section.

F. At the request of the assisted living facility, the resident's representative, the resident's physician, the department, or the local department, an independent assessment using the UAI shall be completed to determine whether the resident's care needs are being met in the assisted living facility. The assisted living facility shall assist the resident in obtaining the independent assessment as requested.

G. For private pay residents, the assisted living facility shall be responsible for coordinating with an independent physician, a case manager or other qualified assessor as necessary to ensure that UAIs are completed as required.

H. Individualized service plans shall be reviewed and updated at least once every 12 months. Individualized service plans shall be reevaluated as needed as the condition of the resident changes.

I. The licensee shall designate a staff person to review, monitor, implement and make appropriate modifications to the individualized service plan. This person shall also keep the resident's case manager, if applicable, informed of significant changes in the resident's condition.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.1, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

A. The resident or the appropriate personal representative has the right to release information from the resident's record to persons or agencies outside the facility.

B. The licensee is responsible for making available to residents a form which residents may use to grant their written permission to release information to persons or agencies outside the facility.

A model form, which may be copied, may be obtained from the department.

C. Only under the following circumstances is a facility permitted to release information from the resident's records or information regarding the resident's personal affairs without the written permission of the resident or his personal representative, where appropriate:

1. When records have been properly subpoenaed;
2. When the resident is in need of emergency medical care and is unable or unwilling to grant permission to release information or his personal representative is not available to grant permission;
3. When the resident moves to another caregiving facility;
4. To representatives of the department; or
5. As otherwise required by law.

Statutory Authority

§§~~63.2-217~~, ~~63.2-1732~~, ~~63.2-1802~~, ~~63.2-1803~~ and ~~63.2-1805~~ of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.3, eff. February 1, 1996.

Editor's Note

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-200. Personal possessions.

Each resident shall be permitted to keep reasonable personal property in his possession at a facility in order to maintain individuality and personal dignity. These possessions may include, but are not limited to:

1. Clothing. A facility shall ensure that each resident has his own clothing.
 - a. The use of a common clothing pool is prohibited.
 - b. If necessary, resident's clothing shall be inconspicuously marked with his name to avoid getting mixed with others.

1. Sheets;
2. Pillowcases;
3. Blankets;
4. Bedspreads;
5. Towels;
6. Washcloths; and
7. Waterproof mattress covers when needed.

Statutory Authority

§§~~63.2-217~~, ~~63.2-1732~~, ~~63.2-1802~~, ~~63.2-1803~~ and ~~63.2-1805~~ of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.6, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-220. Living room or multipurpose room.

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);
6. Current newspaper; and
7. Materials appropriate for the implementation of the planned activity program, such as books or games.

Editor's Note

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-250. Transportation.

The resident shall be assisted in making arrangements for transportation as necessary.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.10, eff. February 1, 1996.

Editor's Note

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-260. Activity/recreational requirements.

A. There shall be at least 11 hours of scheduled activities available to the residents each week for no less than one hour each day. Activities shall be of a social, recreational, religious, or diversional nature. Community resources may be used to provide activities.

B. These activities shall be varied and shall be planned in consideration of the abilities, physical conditions, need and interests of the residents.

C. The month's schedule of activities shall be written and posted by the first day of the month in a conspicuous place. Residents shall be informed of the activities program.

D. A record shall be kept of the activity schedules for the past three months. They shall be available for inspection by the department.

E. Resident participation in activities.

1. Residents shall be encouraged but not forced to participate in activity programs offered by the facility and the community.

2. Any restrictions on participation imposed by a physician shall be documented in the resident's record.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.11, eff. February 1, 1996.

Editor's Note

22VAC40-71-275. Freedom of movement.

A. Any resident who does not have a serious cognitive impairment with an inability to recognize danger or protect his own safety and welfare shall be allowed to freely leave the facility. A resident who has a serious cognitive impairment and an inability to recognize danger or protect his own safety and welfare shall be subject to the provisions set forth in 22VAC40-71-700 B or C.

B. Doors leading to the outside shall not be locked from the inside or secured from the inside in any manner that amounts to a lock, except that doors may be locked or secured in a manner that amounts to a lock in special care units as provided in 22VAC41-71-700 C.

NOTE: Any devices used to lock or secure doors in any manner must be in accordance with applicable building and fire codes.

C. The facility shall provide freedom of movement for the residents to common areas and to their personal spaces. The facility shall not lock residents out of or inside their rooms.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations adding this section, concerning residents' freedom of movement, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

22VAC40-71-280. Visiting in the facility.

A. Daily visits to residents in the facility shall be permitted.

B. If visiting hours are restricted, daily visiting hours shall be posted in a place conspicuous to the public.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.13, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

§§~~63.2-217, 63.2-1732, 63.2-1802, 63.2-1803~~ and ~~63.2-1805~~ of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.16, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-320. Council duties.

The duties of the resident council shall be determined by the residents and may include but need not be limited to the following:

1. Assisting the facility in developing a grievance procedure;
2. Communicating resident opinions and concerns;
3. Obtaining information from the facility and disseminating the information to the residents;
4. Identifying problems and participating in the resolution of those problems; and
5. Acting as a liaison with the community.

Statutory Authority

§§~~63.2-217, 63.2-1732, 63.2-1802, 63.2-1803~~ and ~~63.2-1805~~ of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.17, eff. February 1, 1996.

Editor's Note

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-330. Food service and nutrition.

A. When any portion of an assisted living facility is subject to inspection by the State Department of Health, the facility shall be in compliance with those regulations, as evidenced by a report from the State Department of Health.

B. All meals shall be served in the dining area as designated by the facility. Under special circumstances, such as temporary illness or incapacity, meals may be served in a resident's room provided a sturdy table is used.

A. Time between the evening meal and breakfast the following morning shall not exceed 15 hours.

B. There shall be at least four hours between breakfast and lunch and at least four hours between lunch and supper.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.20, eff. February 1, 1996.

Editor's Note

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-360. Catering or contract food service.

A. Catering service or contract food service, if used, shall be approved by the state or local health department or both.

B. Persons who are employed by a food service contractor or catering service and who are working on the premises of the assisted living facility shall meet the health requirements for employees of assisted living facilities as specified in this chapter and the specific health requirements for food handlers in that locality.

C. Catered food or food prepared and provided on the premises by a contractor shall meet the dietary requirements set forth in this chapter.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.21, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-370. Number of meals.

A. A minimum of three well-balanced meals shall be provided each day.

B. Bedtime snacks shall be made available for all residents desiring them and shall be listed on the daily menu. Vending machines shall not be used as the only source for bedtime snacks.

The facility shall ensure the availability of a 72-hour emergency food and drinking water supply.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.24, eff. February 1, 1996.

Editor's Note

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-400. Administration of medications and related services.

A. No medication, diet, medical procedure or treatment shall be started, changed or discontinued by the facility without an order by the physician. The resident's record shall contain such written order or a dated notation of the physician's verbal order. Verbal orders shall be reviewed and signed by a physician within 10 working days.

B. A medicine cabinet, container or compartment shall be used for storage of medications prescribed for residents when such medications are administered by the facility.

- 1. The storage area shall be locked.**
- 2. When in use, adequate illumination shall be provided in order to read container labels, but the storage area shall remain darkened when closed.**
- 3. The storage area shall not be located in the kitchen, but in an area free of dampness or abnormal temperatures unless the medication requires refrigeration.**

C. A resident may be permitted to keep his own medication in a secure place in his room if the UAI has indicated that the resident is capable of self-administering medication. This does not prohibit the facility from storing or administering all medication provided the provisions of subsection D of this section are met.

D. Administration of medication.

- 1. Drugs shall be administered to those residents who are dependent in medication administration as documented on the UAI, provided subdivisions 2 and 3 of this subsection are met.**
- 2. All staff responsible for medication administration shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications.**
- 3. All medications shall be removed from the pharmacy container and administered by the same authorized person within two hours.**

I. When oxygen therapy is provided, the following safety precautions shall be met and maintained:

- 1. The facility shall post "No Smoking-Oxygen in Use" signs and enforce the smoking prohibition in any room of a building where oxygen is in use.**
- 2. The facility shall ensure that only oxygen from a portable source shall be used by residents when they are outside their rooms. The use of long plastic tether lines to the main source of oxygen is not permitted.**
- 3. The facility shall make available to staff the emergency numbers to contact the resident's physician and the oxygen vendor for emergency service or replacement.**

J. The performance of all medical procedures and treatments ordered by a physician shall be documented and the documentation shall be retained in the residents' record.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.25, eff. February 1, 1996.

Editor's Note

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-410. Do Not Resuscitate (DNR) orders.

Do Not Resuscitate orders shall only be carried out in a licensed assisted living facility when the order, which must be in writing, has been prescribed by the resident's attending physician, is included in the individualized service plan and there is an employee with a current certification in cardiopulmonary resuscitation (CPR), (See provision from §63.2-1807 of the Code of Virginia in this section), or a licensed nurse available to implement the order.

Section 63.2-1807 of the Code of Virginia states that the owners or operators of any assisted living facility may provide that their employees who are certified in CPR shall not be required to resuscitate any resident for whom a valid written order not to resuscitate in the event of cardiac or respiratory arrest has been issued by the resident's attending physician and has been included in the resident's individualized service plan.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR 615-22-02:1 §4.26, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.27, eff. February 1, 1996.

Editor's Note

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-430. Incident reports.

All facilities shall report to the licensing agency by the next working day any major incident which has or could threaten the health, safety or welfare of the residents or staff, such as a fire.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.28, eff. February 1, 1996.

Editor's Note

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-440. Management and control of resident funds.

Pursuant to §63.2-1808 A 3 of the Code of Virginia, unless a conservator or guardian of a resident has been appointed (see 22VAC40-71-60 E), the resident shall be free to manage his personal finances and funds; provided, however, that the facility may assist the resident in such management in accordance with 22VAC40-71-450 and 22VAC40-71-460.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §4.29, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-450. Resident accounts.

The facility shall provide to each resident a monthly statement or itemized receipt of the resident's account and shall place a copy also in the resident's record. The monthly statement or itemized

Historical Notes

Derived from VR615-22-02:1 §4.31, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 V.A.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-470. Restraints.

A. Restraints shall not be used for purposes of discipline or convenience. Restraints may only be used to treat a resident's medical symptoms.

B. The facility may only impose physical restraints to treat the resident's medical symptoms that warrant the use of restraints, if the restraint is:

- 1. Necessary to ensure the physical safety of the resident or others; and**
- 2. Imposed in accordance with a physician's written order that specifies the circumstances and duration under which the restraint is to be used, except in emergency circumstances until such an order can reasonably be obtained; and**
- 3. Not ordered on a standing, blanket, or "as needed" (PRN) basis.**

C. Whenever physical restraints are used, the following conditions shall be met:

- 1. A restraint shall be used only to the extent that is minimally necessary to protect the resident or others.**
- 2. Restraints shall only be applied by staff who have received training in their use as specified by 22VAC40-71-480 B;**
- 3. The facility shall closely monitor the resident's condition which includes checking on the resident at least every 30 minutes;**
- 4. The facility shall assist the resident as often as necessary, but no less than 10 minutes every two hours, for his safety, comfort, exercise, and elimination needs;**
- 5. The facility shall release the resident from the restraint as quickly as possible;**
- 6. Staff shall keep a record of restraint usage, checks, and care periods and note any unusual occurrences or problems;**
- 7. Any facility using restraints shall develop and implement a written plan to reduce or eliminate the use of restraints in the facility;**
- 8. In nonemergencies (as defined in 22VAC40-71-10):**

a. Direct care staff shall be trained in methods of dealing with residents who have a history of aggressive behavior or of dangerously agitated states prior to being involved in the care of such residents.

b. This training shall include, at a minimum, information, demonstration, and practical experience in self-protection and in the prevention and de-escalation of aggressive behavior.

2. Restrained residents.

a. Direct care staff shall be appropriately trained in caring for the health needs of residents who are restrained prior to being involved in the care of such residents. Licensed medical personnel, e.g., R.N.s, L.P.N.s, are not required to take this training if their academic backgrounds deal with this type of care.

b. This training shall include, at a minimum, information, demonstration and experience in:

(1) The proper techniques for applying and monitoring restraints;

(2) Skin care appropriate to prevent redness, breakdown, and decubiti;

(3) Active and active assisted range of motion to prevent contractures;

(4) Assessment of blood circulation to prevent obstruction of blood flow and promote adequate blood circulation to all extremities;

(5) Turning and positioning to prevent skin breakdown and keep the lungs clear;

(6) Provision of sufficient bed clothing and covering to maintain a normal body temperature; and

(7) Provision of additional attention to meet the physical, mental, emotional, and social needs of the restrained resident.

3. The training described in subdivisions 1 and 2 of this section shall meet the following criteria:

a. Training shall be provided by a qualified health professional.

b. A written description of the content of this training, a notation of the person/agency/organization or institution providing the training and the names of staff receiving the training shall be maintained by the facility except that, if the training is provided by the department, only a listing of staff trained and the date of training are required.

4. Refresher training for all direct care staff shall be provided at least annually or more often as needed.

a. The refresher training shall encompass the techniques described in subdivision 1 or 2 of this section, or both.

H. Where there is an outdoor area accessible to residents, such as a porch or lawn, it shall be equipped with furniture in season.

I. Cleaning supplies and other hazardous materials shall be stored in a locked area. This safeguard shall be optional in an independent living environment.

J. Each facility shall develop and implement a written policy regarding weapons on the premises of the facility that will ensure the safety and well-being of all residents and staff.

Statutory Authority

§§~~63.2-217~~, ~~63.2-1732~~, ~~63.2-1802~~, ~~63.2-1803~~ and ~~63.2-1805~~ of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §5.1, eff. February 1, 1996; amended, Virginia Register Volume 15, Issue 9, eff. February 18, 1999; Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-500. Maintenance of buildings and grounds.

A. The interior and exterior of all buildings shall be maintained in good repair.

B. The interior and exterior of all buildings shall be kept clean and shall be free of rubbish.

C. All buildings shall be well ventilated and free from foul, stale and musty odors.

D. Adequate provisions for the collection and legal disposal of garbage, ashes and waste material shall be made.

1. Covered, vermin-proof, watertight containers shall be used.

2. Containers shall be emptied and cleaned at least once a week.

E. Buildings shall be kept free of flies, roaches, rats and other vermin. The grounds shall be kept free of their breeding places.

F. All furnishings and equipment, including sinks, toilets, bathtubs, and showers, shall be kept clean and in good repair.

G. Each room shall have walls, ceiling, and floors or carpeting that may be cleaned satisfactorily.

H. All inside and outside steps, stairways and ramps shall have nonslip surfaces.

2. Cooling devices shall be placed to minimize drafts.
3. Any electric fans shall be screened and placed for the protection of the residents.
4. When air conditioners are not provided, the facility shall develop and implement a plan to protect residents from heat related illnesses.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §5.3, eff. February 1, 1996.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003

22VAC40-71-520. Lighting and lighting fixtures.

- A. Artificial lighting shall be by electricity.
- B. All areas shall be well lighted for the safety and comfort of the residents according to the nature of activities.
- C. Outside entrances and parking areas shall be lighted for protection against injuries and intruders.
- D. Hallways, stairwells, foyers, doorways, and exits utilized by residents shall be kept well lighted at all times residents are present in the building.
- E. Additional lighting, as necessary to provide and ensure presence of contrast, shall be available for immediate use in areas that may present safety hazards, such as, but not limited to, stairways, doorways, passageways, changes in floor level, kitchen, bathrooms and basements.
- F. Glare shall be kept at a minimum in rooms used by residents. When necessary to reduce glare, coverings shall be used for windows and lights.
- G. If used, fluorescent lights shall be replaced if they flicker or make noise.
- H. Emergency lighting.
 1. Flashlights or battery lanterns shall be available at all times, with one light for each employee directly responsible for resident care who is on duty between 6 p.m. and 6 a.m.

of four residents in any other room in the facility. This exception will not be applicable if the facility is remodeled or if there is a change of sponsorship.

6. For at least three feet of space between sides and ends of beds that are placed in the same room;
7. That no bedroom shall be used as a corridor to any other room;
8. That all beds shall be placed only in bedrooms; and
9. That household members and staff shall not share bedrooms with residents.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §5.5, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-540. Toilet, handwashing and bathing facilities.

A. In determining the number of toilets, washbasins, bathtubs or showers required, the total number of persons residing on the premises shall be considered. Unless there are separate facilities for household members or live-in staff, they shall be counted in determining the required number of fixtures. In a facility with a valid license on January 1, 1980, only residents shall be counted in making the determination unless such facility is subsequently remodeled or there is a change of sponsorship.

1. On each floor where there are residents' bedrooms, there shall be:
 - a. At least one toilet for each seven persons;
 - b. At least one washbasin for each seven persons;
 - c. At least one bathtub or shower for each 10 persons;
 - d. Toilets, washbasins and bathtubs or showers in separate rooms for men and women where more than seven persons live on a floor. Bathrooms equipped to accommodate more than one person at a time shall be labeled by sex. Sex designation of bathrooms shall remain constant during the course of a day.
2. On floors used by residents where there are no residents' bedrooms there shall be:

Derived from VR615-22-02:1 §5.7, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-560. Fire safety: Compliance with state regulations and local fire ordinances.

A. An assisted living facility shall comply with the Virginia Statewide Fire Prevention Code (13VAC5-51) as determined by at least an annual inspection by the appropriate fire prevention official.

B. An assisted living facility shall comply with any local fire ordinance.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §5.8, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-570. Fire plans.

A. An assisted living facility shall have a fire plan approved by the appropriate fire prevention official. The plan shall consist of the following:

1. Written procedures to be followed in the event of a fire. The local fire department or fire prevention bureau shall be consulted in preparing such a plan, if possible;
2. A drawing of each floor of each building, showing alternative exits for use in a fire, location of telephones, fire alarm boxes and fire extinguishers, if any. The drawing shall be prominently displayed on each floor of each building used by residents.

B. The telephone numbers for the fire department, rescue squad or ambulance, and police shall be posted by each telephone shown on the fire plan.

NOTE: In assisted living facilities where all outgoing telephone calls must be placed through a central switchboard located on the premises, this information may be posted by the switchboard rather than by each telephone, providing this switchboard is manned 24 hours each day.

2. Practice in building evacuation procedures or, if evacuation is not required, other procedures as specified in the approved fire plan. This practice shall be timed;
3. Practice in alerting fire fighting authorities;
4. Simulated use of fire fighting equipment;
5. Practice in fire containment procedures; and
6. Practice of other fire safety procedures as may be required by the facility's approved fire plan.

Statutory Authority

§§~~63.2-217, 63.2-1732, 63.2-1802, 63.2-1803~~ and ~~63.2-1805~~ of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §5.10, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-590. Emergency procedures.

- A. An assisted living facility shall have written procedures to meet other emergencies, including severe weather, loss of utilities, missing persons and severe injury.**
- B. The procedures required by subsection A of this section and the approved fire plan shall be discussed at orientation for new staff, for new residents, and for volunteers.**

Statutory Authority

§§~~63.2-217, 63.2-1732, 63.2-1802, 63.2-1803~~ and ~~63.2-1805~~ of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §5.11, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003

22VAC40-71-600. Provisions for emergency calls/signaling systems.

Editor's Note

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003

22VAC40-71-620. Smoking.

A. Smoking by residents and staff shall be done only in areas designated by the facility and approved by the State Fire Marshal or local fire prevention authorities. Smoking shall not be allowed in a kitchen or food preparation areas.

B. All designated smoking areas shall be provided with suitable ashtrays.

C. Residents shall not be permitted to smoke in or on their beds. This does not apply to independent living facilities.

D. All common areas shall have smoke-free areas designated for nonsmokers.

Statutory Authority

§§~~63.2-217~~, ~~63.2-1732~~, ~~63.2-1802~~, ~~63.2-1803~~ and ~~63.2-1805~~ of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §5.14, eff. February 1, 1996.

Editor's Note

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

Law Reviews

Focal Point Theory of Expressive Law. Richard H. McAdams, 86 Va. L. Rev. 1649 (2000).

Part VI
Additional Requirements for Facilities Licensed for Assisted Living Care
Article 1
General Requirements

22VAC40-71-630. Personnel and staffing.

A. The administrator shall be a high school graduate or shall have a General Education Development Certificate (GED) and shall have successfully completed at least two years of post secondary education or one year of courses in human services or group care administration from an accredited college or institution or a department approved curriculum specific to the administration of an assisted living facility. The administrator also shall have completed at least one year of experience in caring for adults with mental or physical impairments, as appropriate to the population in care, in a group care facility. The following three exceptions apply:

b. The content of the training shall be consistent with the content of the personal care aide training course of the Department of Medical Assistance Services; a copy of the outline for this course is available from the licensing representative.

c. The training shall be provided by a licensed health care professional acting within the scope of the requirements of his profession.

d. The department will make a determination regarding approval of the training and provide written confirmation to the facility when the training meets department requirements.

D. Licensed health care professionals, acting within the scope of the requirements of their profession, are not required to complete the training in subsection C of this section.

E. Direct care staff of the facility employed prior to February 1, 1996, shall either meet the training requirements in subsection C of this section within one year of February 1, 1996, or demonstrate competency in the items listed on a skills checklist within the same time period. The following applies to the skills checklist:

1. The checklist shall include the content areas covered in the personal care aide training course. A department model checklist is available from the licensing representative.

2. A licensed health care professional, acting within the scope of the requirements of his profession, shall evaluate the competency of the staff person in each item on the checklist, document competency, and sign and date.

F. The facility shall obtain a copy of the certificate issued to the certified nurse aide, the nursing assistant, geriatric assistant or home health aide, or documentation indicating assisted living facility offered training has been successfully completed. The copy of the certificate or the appropriate documentation shall be retained in the staff member's file. Written confirmation of department course or training approval shall also be retained in the staff member's file, as appropriate.

G. When direct care staff are employed who have not yet successfully completed the training program as allowed for in subsection C of this section, the administrator shall develop and implement a written plan for supervision of these individuals.

H. On an annual basis, all direct care staff shall attend at least 12 hours of training which focuses on the resident who is mentally or physically impaired, as appropriate to the population in care. This requirement is in lieu of the requirement specified in 22VAC40-71-80 D.

I. Documentation of the dates of the training received annually, number of hours and type of training shall be kept by the facility in a manner that allows for identification by individual employee.

J. Each assisted living facility shall retain a licensed health care professional, either by direct employment or on a contractual basis, to provide health care oversight. The licensed health care professional, acting within the scope of the requirements of his profession, shall be on-site at least quarterly and more often if indicated, based on his professional judgment

Prior to or at the time of admission to an assisted living facility, the following information on a person shall be obtained and placed in the individual's record:

1. Description of family structure and relationships;
2. Previous mental health/mental retardation services history, if any, and if applicable for care or services;
3. Current behavioral and social functioning including strengths and problems; and
4. Any substance abuse history if applicable for care or services.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §6.2, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-650. Resident care and related services.

A. There shall be at least 14 hours of scheduled activities available to the residents each week for no less than one hour each day. The activities shall be designed to meet the specialized needs of the residents and to promote maximum functioning in physical, mental, emotional, and social spheres. This requirement is in lieu of the requirement specified in 22VAC40-71-260 A.

B. Facilities shall assure that all restorative care and habilitative service needs of the residents are met. Staff who are responsible for planning and meeting the needs shall have been trained in restorative and habilitative care. Restorative and habilitative care includes, but is not limited to, range of motion, assistance with ambulation, positioning, assistance and instruction in the activities of daily living, psychosocial skills training, and reorientation and reality orientation.

C. In the provision of restorative and habilitative care, staff shall emphasize services such as the following:

- 1. Making every effort to keep residents active, within the limitations permitted by physicians' orders.**
- 2. Encouraging residents to achieve independence in the activities of daily living.**

Article 2
**Additional Requirements for Facilities Licensed for Assisted Living Care that Care
for Adults with Mental Illness or Mental Retardation or Who are Substance
Abusers**

22VAC40-71-660. Psychiatric or psychological evaluation.

A. When determining the appropriateness of admission for applicants with serious mental illness, mental retardation or a history of substance abuse, a current psychiatric or psychological evaluation may be needed. The need for this evaluation will be indicated by the UAI or based upon the recommendation of the resident's case manager or other assessor.

B. A current evaluation for an applicant with mental illness or a history of substance abuse shall be no more than 12 months old, unless the case manager or other assessor recommends a more recent evaluation.

C. A current evaluation for a person with mental retardation shall be no more than three years old, unless the case manager or other assessor recommends a more recent evaluation.

D. The evaluation shall have been completed by a person having no financial interest in the assisted living facility, directly or indirectly as an owner, officer, employee, or as an independent contractor with the facility.

E. A copy of the evaluation shall be filed in the resident's record.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §6.4, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-670. Services agreement and coordination.

A. The facility shall enter into a written agreement with the local community mental health, mental retardation and substance abuse services board, or a public or private mental health clinic, treatment facility or agent to make services available to all residents. This agreement shall be jointly reviewed annually by the assisted living facility and the service entity.

NOTE: This requirement does not preclude a resident from engaging the services of a private psychiatrist or other appropriate professional.

B. Services to be included in the agreement shall at least be the following:

4. A statement of any recommended services to be provided by the assisted living facility.

D. Copies of the progress reports shall be filed in the resident's record.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §6.6, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

22VAC40-71-690. Obtaining recommended services.

The assisted living facility shall assist the resident in obtaining the services recommended in the initial evaluation and in the progress reports.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §6.7, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

Pursuant to the revision authority of the Virginia Code Commission, the statutory authority was updated in January 2003.

Article 3

Additional Requirements for Facilities Licensed for Assisted Living Care that Care for Adults with Serious Cognitive Impairments

22VAC40-71-700. Adults with serious cognitive impairments.

A. All residents with serious cognitive impairments due to a primary psychiatric diagnosis of dementia who cannot recognize danger or protect their own safety and welfare shall be subject to either subsection B or C of this section. All residents with serious cognitive impairments due to any other diagnosis who cannot recognize danger or protect their own safety and welfare shall be subject to subsection B of this section.

d. Communication skills;

e. Activity planning; and

f. Safety considerations.

6. Within the first month of employment, employees other than the administrator and direct care staff shall complete one hour of orientation on the nature and needs of residents with cognitive impairments relevant to the population in care.

7. Doors leading to the outside shall have a system of security monitoring of residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare, such as door alarms, cameras, constant staff oversight, security bracelets that are part of an alarm system, or delayed egress mechanisms. Residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare may be limited but not prohibited from exiting the facility or any part thereof. Before limiting any resident from freely leaving the facility, the resident's record shall reflect the behavioral observations or other bases for determining that the resident has a serious cognitive impairment and an inability to recognize danger or protect his own safety and welfare.

8. The facility shall have a secured outdoor area for the residents' use or provide staff supervision while residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare are outside.

9. There shall be protective devices on the bedroom and the bathroom windows of residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare and on windows in common areas accessible to these residents to prevent the windows from being opened wide enough for a resident to crawl through.

10. The facility shall provide to residents free access to an indoor walking corridor or other area that may be used for walking.

11. Special environmental precautions shall be taken by the facility to eliminate hazards to the safety and well-being of residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare. Examples of environmental precautions include signs, carpet patterns and arrows that point the way; and reduction of background noise.

12. When there are indications that ordinary materials or objects may be harmful to a resident with a serious cognitive impairment who cannot recognize danger or protect his own safety and welfare, these materials or objects shall be inaccessible to the resident except under staff supervision.

EXCEPTION: This subsection does not apply when facilities are licensed for 10 or fewer residents if no more than three of the residents have serious cognitive impairments, when the residents cannot recognize danger or protect their own safety and welfare. Each prospective resident or his personal representative shall be so notified prior to admission.

C. In order to be admitted or retained in a safe, secure environment as defined in 22VAC40-71-10, a resident must have a serious cognitive impairment due to a primary

resident is not to be retained in the unit, the discharge requirements specified in 22VAC40-71-160 apply.

3. The facility shall document that the order of priority specified in subdivision 2 of this subsection was followed and the documentation shall be retained in the resident's file.

4. Prior to admitting a resident with a serious cognitive impairment due to a primary psychiatric diagnosis of dementia to a safe, secure environment, the licensee/administrator or designee shall determine whether placement in the special care unit is appropriate. The determination and justification for the decision shall be in writing and shall be retained in the resident's file.

5. Six months after the completion of the initial uniform assessment instrument and thereafter at the time of completion of each subsequent uniform assessment instrument as required in 22VAC40-71-170, the licensee/administrator or designee shall perform a review of the appropriateness of each resident's continued residence in the special care unit. The licensee/administrator or designee shall also perform a review of the appropriateness of continued residence in the unit whenever warranted by a change in a resident's condition. The review shall be performed in consultation with the following persons, as appropriate: (i) the resident, (ii) a responsible family member, (iii) a guardian, (iv) a personal representative, (v) direct care staff who provide care and supervision to the resident, (vi) the resident's mental health provider, (vii) the licensed health care professional required in 22VAC40-71-630 J, (viii) the resident's physician, and (ix) any other professional involved with the resident. The licensee/administrator or designee shall make a determination as to whether continued residence in the special care unit is appropriate at the time of each review required by this subdivision. The determination and justification for the decision shall be in writing and shall be retained in the resident's file.

6. Each week a variety of scheduled activities shall be available that shall include, but not necessarily be limited to, the following categories:

a. Cognitive/mental stimulation/creative activities, e.g., discussion groups, reading, reminiscing, story telling, writing;

b. Physical activities (both gross and fine motor skills), e.g., exercise, dancing, gardening, cooking;

c. Productive/work activities, e.g., practicing life skills, setting the table, making decorations, folding clothes;

d. Social activities, e.g., games, music, arts and crafts;

e. Sensory activities, e.g., auditory, visual, scent and tactile stimulation; and

f. Outdoor activities, weather permitting; e.g., walking outdoors, field trips.

NOTE: Several of the examples listed above may fall under more than one category.

14. When 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 who shall be responsible for the care and supervision of the residents.

EXCEPTION: Only one direct care staff member has to be awake and on duty in the unit if sufficient to meet the needs of the residents, if (i) there are no more than five residents present in the unit, and (ii) there are at least two other direct care staff members in the building, one of whom is readily available to assist with emergencies in the special care unit, provided that supervision necessary to ensure the health, safety and welfare of residents throughout the building is not compromised.

NOTE: The exception to 22VAC40-71-130 C does not apply.

15. During trips away from the facility, there shall be sufficient staff to provide sight and sound supervision to residents.

16. Commencing immediately upon employment and within two months, the administrator and direct care staff shall attend at least four hours of training in cognitive impairments due to dementia. This training is counted toward meeting the annual training requirement for the first year. The training shall cover the following topics:

- a. Information about the cognitive impairment, including areas such as cause, progression, behaviors, management of the condition;
- b. Communicating with the resident;
- c. Managing dysfunctional behavior; and
- d. Identifying and alleviating safety risks to residents with cognitive impairment.

Previous training that meets the requirements of this subdivision and subdivisions 18 and 19 of this subsection that was completed in the year prior to employment is transferable if there is documentation of the training. The documented previous training is counted toward the required four hours but not toward the annual training requirement.

NOTE: In this subdivision, for direct care staff, employment means employment in the safe, secure environment.

17. Within the first year of employment, the administrator and direct care staff shall attend at least six more hours of training, in addition to that required in subdivision 16 of this subsection, in caring for residents with cognitive impairments due to dementia. The training is counted toward meeting the annual training requirement for the first year. The training shall cover the following topics:

- a. Assessing resident needs and capabilities and understanding and implementing service plans;
- b. Resident care techniques for persons with physical, cognitive, behavioral and social disabilities;

24. The facility shall have a secured outdoor area for the residents' use or provide staff supervision while residents are outside.

25. The facility shall provide to residents free access to an indoor walking corridor or other area that may be used for walking.

26. As of October 9, 2001, buildings approved for construction or change in use group, as referenced in the Virginia Uniform Statewide Building Code, shall have a glazed window area above ground level in at least one of the common rooms, e.g., living room, multipurpose room, 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.

27. Special environmental precautions shall be taken by the facility to eliminate hazards to the safety and well-being of residents. Examples of environmental precautions include signs, carpet patterns and arrows that point the way, high visual contrast between floors and walls, and reduction of background noise.

28. When there are indications that ordinary materials or objects may be harmful to a resident, these materials or objects shall be inaccessible to the resident except under staff supervision.

29. Special environmental enhancements, tailored to the population in care, shall be provided by the facility to enable residents to maximize their independence and to promote their dignity in comfortable surroundings. Examples of environmental enhancements include memory boxes, activity centers, rocking chairs, and visual contrast between plates/eating utensils and the table.

EXCEPTION: A resident's spouse, parent, adult sibling or adult child who otherwise would not meet the criteria to reside in a safe, secure environment may reside in the special care unit if the spouse, parent, sibling or child so requests in writing, the facility agrees in writing and the resident, if capable of making the decision, agrees in writing. The written request and agreements must be maintained in the resident's file. The spouse, parent, sibling or child is considered a resident of the facility and as such 22VAC40-71 applies. The requirements of this subsection do not apply for the spouse, parent, adult sibling or adult child since that individual does not have 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.

Statutory Authority

§§63.2-217, 63.2-1732, 63.2-1802, 63.2-1803 and 63.2-1805 of the Code of Virginia.

Historical Notes

Derived from VR615-22-02:1 §6.8, eff. February 1, 1996; amended, Virginia Register Volume 19, Issue 8, eff. March 28, 2003; Errata, 19:11 VA.R. 1790 February 10, 2003.

Editor's Note

The State Board of Social Services adopted emergency regulations amending this section and other sections in this chapter, effective October 9, 2001, through October 8, 2002. See the Editor's Note for Chapter 71 herein; see also 17:24 VA.R. 3568-3589 (August 13, 2001).

CHAPTER 90
**REGULATION FOR CRIMINAL RECORD CHECKS FOR ASSISTED LIVING
FACILITIES AND ADULTS DAY CARE CENTERS**

Editor's Note

The November 6, 2002 amendment revised this chapter heading, which had read "Regulation for Criminal Record Checks for Homes for Adults and Adult Day-Care Centers".

Part I
Introduction

22VAC40-90-10. Definitions.

The following words and terms when used in conjunction with this chapter shall have the following meanings:

"Barrier crimes" means certain crimes that automatically bar individuals convicted of same from employment at a licensed assisted living facility or adult day care center. These crimes, as specified by §63.2-1719 of the Code of Virginia, are murder or manslaughter as set out in Article 1 (§18.2-30 et seq.) of Chapter 4 of Title 18.2; malicious wounding by mob as set out in §18.2-41; abduction as set out in subsection A of §18.2-47; abduction for immoral purposes as set out in §18.2-48; assaults and bodily woundings as set out in Article 4 (§18.2-51 et seq.) of Chapter 4 of Title 18.2; robbery as set out in §18.2-58; carjacking as set out in §18.2-58.1; threats of death or bodily injury as set out in §18.2-60; felony stalking as set out in §18.2-60.3; sexual assault as set out in Article 7 (§18.2-61 et seq.) of Chapter 4 of Title 18.2; arson as set out in Article 1 (§18.2-77 et seq.) of Chapter 5 of Title 18.2; drive-by shooting as set out in §18.2-286.1; use of a machine gun in a crime of violence as set out in §18.2-289; aggressive use of a machine gun as set out in §18.2-290; use of a sawed-off shotgun in a crime of violence as set out in subsection A of §18.2-300; pandering as set out in §18.2-355; crimes against nature involving children as set out in §18.2-361; incest as set out in §18.2-366; taking indecent liberties with children as set out in §18.2-370 or §18.2-370.1; abuse and neglect of children as set out in §18.2-371.1; failure to secure medical attention for an injured child as set out in §18.2-314; obscenity offenses as set out in §18.2-374.1; possession of child pornography as set out in §18.2-374.3; abuse and neglect of incapacitated adults as set out in §18.2-369; employing or permitting a minor to assist in an act constituting an offense under Article 5 (§18.2-372 et seq.) of Chapter 8 of Title 18.2 as set out in §18.2-379; delivery of drugs to prisoners as set out in §18.2-474.1; escape from jail as set out in §18.2-477; felonies by prisoners as set out in §53.1-203; or an equivalent offense in another state. Applicants convicted of one misdemeanor barrier crime not involving abuse or neglect or moral turpitude may be hired provided five years has elapsed since the conviction.

"Central Criminal Records Exchange" means the information system containing conviction data of those crimes committed in Virginia, maintained by the Department of State Police, through which the criminal history record request form is processed.

"Criminal history record request" means the Department of State Police form used to authorize the State Police to generate a criminal record report on an individual.

A. The sworn disclosure statement shall be completed for all applicants. (NOTE: A model form is available from the department upon request.)

B. Any person making a false statement on the sworn disclosure statement shall be guilty of a Class 1 misdemeanor.

C. The sworn disclosure statement shall be attached and filed with the criminal record report.

Statutory Authority: §§63.2-217, 63.2-1732, 63.2-1802 and 63.2-1803 of the Code of Virginia.

Historical Notes: Derived from VR615-37-01 §2.1, eff. July 1, 1989; amended, Virginia Register Volume 8, Issue 17, eff. July 1, 1993.

Editor's Note: Pursuant to the revision authority of the Virginia Code Commission, the statutory authority for this section was updated in February 2003.

Part III The Criminal Record Report

22VAC40-90-40. General requirements.

A. The criminal record report shall be obtained on or prior to the 30th day of employment for each employee.

B. Any person required by this chapter to obtain a criminal record report shall be ineligible for employment if the report contains convictions of the barrier crimes.

C. If a criminal history record report is requested, it shall be the responsibility of the licensee to ensure that the employee has not been convicted of any of the barrier crimes.

D. Criminal record reports shall be kept confidential. Reports on employees shall only be received by the facility administrator, licensee, board president, or their designee.

E. A criminal record report issued by the State Police shall not be accepted by the facility if the report is dated more than 90 days prior to the date of employment.

F. Any applicant denied employment because of convictions appearing on his criminal record report shall be provided a copy of the report by the hiring facility.

Statutory Authority: §§63.2-1732, 63.2-1734, 63.2-1802 and 63.2-1803 of the Code of Virginia.

Historical Notes: Derived from VR615-37-01 §3.1, eff. July 1, 1989; amended, Virginia Register Volume 8, Issue 17, eff. July 1, 1993.

Editor's Note: Pursuant to the revision authority of the Virginia Code Commission, the statutory authority for this section was updated in February 2003.

22VAC40-90-50. Validity of criminal record reports.

A. Facility staff shall accept only the original criminal record report. Photocopies will not be acceptable.

B. Criminal record reports conforming to the requirements for all employed staff shall be maintained in the files of the facility during the time the individual is employed and for one year after termination of work.

EXCEPTION: See 22VAC40-90-50 D 1.

C. Criminal record reports shall be made available by the facility to the licensing representative.

D. When an employee is rotated among several facilities owned or operated by the same entity, the original criminal record report shall be maintained at the primary place of work or designated facility location. A copy of the criminal record report shall be on file at the facility where the employee is actively working which has a notation of where the original report is filed.

E. Criminal record reports shall be maintained in locked files accessible only to the licensee, administrator, board president, or their designee.

F. Further dissemination of the criminal record report and sworn disclosure statement information is prohibited other than to the commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

Statutory Authority: §§63.2-1732 and 63.2-1733 of the Code of Virginia.

Historical Notes: Derived from VR615-37-01 §3.3, eff. July 1, 1989; amended, Volume 8, Issue 17, eff. July 1, 1993; Volume 19, Issue 2, eff. November 6, 2002.

Appendix #7*

Media Articles on Assisted Living

Circa March 17, 2004 - August 8, 2004

**Available upon request by contacting the Virginia Board of Health Professions' office at (804) 662-7013 or via e-mail at bhp@dhp.virginia.gov.*