

**FINAL REPORT TO THE TWENTY-FOURTH LEGISLATURE
STATE OF HAWAII
2008**

**PURSUANT TO SENATE CONCURRENT RESOLUTION 144 S.D. 1, URGING
THE DEVELOPMENT OF A LONG-TERM CARE INFRASTRUCTURE PLAN
FOR HAWAII
TO ENSURE PUBLIC SAFETY
WHILE SUPPORTING AGING IN PLACE.**

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EXECUTIVE SUMMARY

In accordance with Senate Concurrent Resolution (SCR) 144 Senate Draft (SD) 1, the Department of Health (DOH) and Department of Human Services (DHS) are submitting a report to the 2008 Legislature that outlines the accomplishments of the Task Force to meet the request of this resolution of developing a long term care infrastructure plan for Hawaii which would ensure public safety while supporting aging in place.

The Senate of the Twenty-Third Legislature of the State of Hawaii, Regular Session of 2006, the House of Representatives concurring, enacted SCR 144 to request that the DOH's Office of Health Care Assurance and the DHS' Adult and Community Care Services Branch convene a Task Force of stakeholders to develop a long-term care infrastructure plan for Hawaii to ensure public safety while supporting aging in place and to:

- (1) Review current DOH and DHS regulations regarding but not limited to, structural compliance, quality of care, and quality of life with regard to the elderly. This was submitted in the December 2006 Preliminary Report to the Legislature regarding SCR 144.
- (2) Focus on the balance between allowing aging in place and the State's responsibility to ensure that the safety of residents and their quality of care are not compromised; and
- (3) Attempt to identify inconsistencies, disparities, and non-uniformity in laws and regulations at the State and County levels of government, including current County building and fire codes, within the context of how they do or do not contribute materially to the public policy standards of resident safety and quality of care. This was also addressed in the Preliminary Report and has been updated based on the passage of Act 82.

Although the Task Force had planned to meet in the summer, no meetings of all members were held until December 13, 2007. There was a need to allow the consultant, hired by DHS, the time to be able to complete his tasks, and allow the Counties time to implement their building code changes. There were, however, meetings held with DOH, DHS, and County Building and Fire Department representatives with the consultant to discuss the recommendations made and potential impact of the recommendations with State and County codes, regulations and rules.

Task Force members are comprised of representatives of the Departments of Health and Human Services; County Building Departments of Honolulu, Maui, Hawaii and Kauai; Alliance of Residential Care Administrators; Hawaii Long Term Care Association; Healthcare Association of Hawaii; Adult Foster Home

Association of Hawaii; Hawaii Pacific Health; County Fire Department(s); Assisted Living Options Hawaii; Maui Long Term Care Partnership; State Council on Developmental Disabilities; University of Hawaii Center on Aging Research and Education. (Appendix D)

**REPORT OF THE DEPARTMENTS OF HEALTH AND HUMAN SERVICES TO
THE HAWAII STATE LEGISLATURE, PURSUANT TO
SENATE CONCURRENT RESOLUTION 144 S.D.1**

BACKGROUND

The opening paragraphs of Senate Concurrent Resolution 144 Senate Draft 1 (SCR 144 SD 1) emphasize the current crisis that Hawaii faces in long term care for the elderly and people with disabilities. These populations are rapidly increasing and there is not an adequate infrastructure of both buildings and staff to meet basic needs. The SCR 144 SD 1 Task Force is working to address this crisis in a timely and innovative manner, by working across Departments, Counties, and jurisdictions to provide flexible solutions, borrowing from successful practices in Hawaii and other States.

SCR 144 S.D. 1 is titled “*Urging the Development of a Long-Term Care Infrastructure Plan for Hawaii to Ensure Public Safety While Supporting Aging In Place.*” It requests that the Department of Health’s Office of Health Care Assurance and the Department of Human Services’ Adult and Community Care Services Branch convene a Task Force of stakeholders including the representatives of each County’s building and fire departments, Executive Office on Aging, Hawaii Long Term Care Association, Healthcare Association of Hawaii, Maui Long Term Care Partnership, Alliance of Residential Care Administrators, Adult Foster Home Association of Hawaii and Assisted Living Options Hawaii to develop a long term care infrastructure plan for Hawaii to ensure public safety while supporting aging in place.

Last year the Task Force completed a review of all applicable regulations of licensed settings, building and fire codes, and an assessment for how these facilities allowed for “aging in place.” This year the Task Force planned to meet less frequently, DHS engaged consultants to develop additional information, and the County Building and Fire Departments studied and implemented the changes required by Act 82.

The Task Force was comprised of representatives of the two (2) Departments; County Building Departments of Honolulu, Maui, Hawaii and Kauai; Alliance of Residential Care Administrators; Hawaii Long Term Care Association; Healthcare Association of Hawaii; Adult Foster Home Association of Hawaii; Hawaii Pacific Health; County Fire Department(s); Assisted Living Options Hawaii (ALOH); Maui Long Term Care Partnership; State Council on Developmental Disabilities; University of Hawaii Center on Aging Research and Education, and indirect involvement through communication of the representative from the UH, Policy Advisory Board for Elder Affairs (PABEA).

TASK FORCE ACTIVITIES

This year the Task Force worked on several activities. In some instances a smaller work group met to discuss strategies, review consultant recommendations and plan for meeting with the larger group. They are listed here.

1) LONG TERM CARE INFRASTRUCTURE PLANS

The Long Term Care Infrastructure Plans were completed in 2006, with updates, and is included as Appendix B.

2) REVIEW OF COUNTY BUILDING AND FIRE CODES

The County building codes are to ensure life safety and welfare of the public at large. Residents residing in health care settings have specific requirements as to their individual needs. With the passage of Act 82, each of the County Building and Fire Departments participated in the committee to develop a State Fire Code and a State Building Code. They have been in communication with the Departments of Health and Human Services to keep them informed on the progress and the implications for the efforts of the SCR 144 Task Force.

3) PRELIMINARY REPORT'S PROPOSED RECOMMENDATIONS/ SOLUTIONS

In the Preliminary Report, the Task Force identified concerns and proposed recommendations and solutions. This report will focus on progress on those proposed solutions. The proposed recommendations/solutions from the Preliminary Report are in bold italics and the progress is listed underneath.

- (1) ***Facilities currently in existence that have restrictions placed on their licenses due to occupancy designation have the ability to submit a request to the applicable County building department for an alternative method of design plan, which is in the basic format of the building code, to demonstrate that certain conditions are met that will allow for change in designation.***

No facilities have applied for an alternative method of design plan.

- (2) ***Applicable life safety standards must be met for settings.***

DOH licensed facilities continue to be assessed on an annual basis by a life safety consultant to ensure that they meet life safety requirements.

- (3) ***The DHS and DOH are proposing a series of recommendations to address the current infrastructure crisis within the existing regulations, and in the proposed codes. These recommendations are presented in more detail in Appendix C and include:***

- a. ***Review the feasibility of allowing a combination of loans and grants to assist property owners or prospective and current providers to upgrade structural components to allow for aging in place – CCFFHs, ARCHs, E-ARCHs, and ALFs.***

Community Care Foster Family Home (CCFFH) Administrative Rules are proposing new life safety standards which will allow the substitution of structural changes for one-to-one staffing for clients not capable of self-preservation.

- b. ***DHS will engage a consultant to explore what other States have done with their applicable building and fire codes to allow flexibility for aging in place.***

DHS was able to engage a consultant who has worked with various building and State officials in 10 states and most primarily in states in the western region from July 2007 to January 2008, who has completed a report on what other States have done with their applicable building and fire codes to allow flexibility for “aging in place.” (Appendix A)

The consultant met with members of the Task Force on December 13, 2007 and via teleconferencing with key members of the Task Force to discuss recommendations and potential impact on current and proposed State and County rules, regulations and codes.

- c. ***DHS will develop a pilot program for property owners or prospective and current providers interested in providing Community-Based Long-Term Care to assist them in retrofitting their buildings to allow for aging in place.***

DHS engaged another consultant to develop a pilot program for property owners or prospective and current providers interested in providing CCFFH services to retro-fit their buildings to allow “aging in place.” This consultant will assess at least 120 houses and provide them with an assessment of the current structure to meet the proposed changes in regulations and, should retrofit be required, what the proposed renovations might be with possible

costs that might be incurred. He will also provide written specifications to give to a contractor to obtain bids. The consultant will then provide model specifications, based on these 120 houses, of the most common modifications needed and possible costs for DHS to post on its website.

- (4) ***Consider submitting legislation to amend HRS 321- 15.1 to allow for an aging in place component for the Developmental Disabilities Domiciliary Homes which would be likened to E-ARCHs.***

The Department of Health has been and continues to meet with various stakeholders to address this issue. Further, HAR Title 11 Chapter 89 Developmental Disabilities Domiciliary Homes, will undergo amendments.

- (5) ***The Task Force needs to continue dialogue among its members regarding the implications of the upcoming changes to the building codes, especially as it relates to allowing more flexibility for aging in place for residents in ALFs who require some assistance with evacuation.v***

As mentioned in 3(b), the Department of Human Services engaged a consultant to review building codes from other States as they relate to assisted living facilities. The consultant met with the Task Force in December 2007 to review his findings and discuss recommendations for consideration by the Task Force. This review specifically addressed the application of the International Building Code and the National Fire Protection Association- Life Safety Code 101.

Based on the consultant's preliminary report, the State Building Code Council has requested that the SCR 144 Task Force serve as an investigative committee and submit its recommendations to the State Building Code Council for consideration. The SCR 144 Task Force agreed to act as an investigative committee and will present its report including language for several amendments to the State Building Code regarding Assisted Living Facilities and settings providing care and services for 6-16 residents/clients. (Appendix A)

- (6) ***Additional recommendations are included (See Long-Term Care Infrastructure- Appendix B).***

Updated information is provided in Appendix B.

- (7) ***The DHS will develop a business friendly checklist for the public that points to and briefly summarizes the building, zoning, occupancy, fire and other regulatory codes that apply to developing a CCFFH, using the format currently used by DOH. The Task Force members will be asked to critique both DOH and DHS checklists for accuracy and ease of use by the general public.***

DHS is currently amending HAR Title 17, Chapter 1454 Regulation of Home and Community-Based Case Management Agencies and Community Care Foster Family Homes. Once the new CCFFH Administrative Rules are approved, the checklist will be finalized.

Listing of committee members is available in Appendix D

Closing Statement:

The Departments and all stakeholders appreciate the opportunity to review all applicable regulations regarding structural compliance, impact on quality of care and the ability of individuals to “age in place”. Further, the Task Force appreciated the flexibility provided the group to continue to meet and address issues and recommendations made. As you can see from the efforts made by the group, the matter of “aging in place” is complex, and will require that the members of the Task Force continue to collaborate to address this issue in their respective venues. The two Departments of Health and Human Services will continue to collaborate and work on this issue as it relates to our respective settings.

The Task Force feels that it has met the requirements set forth by SCR 144 and submits this final report for your review.

APPENDIX A

EXECUTIVE SUMMARY

This analysis reviews the criteria for the types of residents allowed in assisted living residences in all 50 States. It analyzes them relative to building and life safety codes occupancy classifications, evacuation criteria, and associated requirements. This analysis is performed to assist the State of Hawaii in developing appropriate regulations while comparing them to what occurs in the other 50 States. The two nationally recognized codes are reviewed and compared for their regulation of assisted living. They are the National Fire Protection Association-Life Safety Code 101 (from here on referred to as NFPA), and the International Building Code (from here on referred to as IBC).

Each State regulates assisted living facilities in the building and life safety codes with occupancy classifications between the apartment occupancy and the nursing occupancy. The findings, conclusions, and recommendations of this analysis are briefly outlined here as follows:

- All 50 States license assisted living or a similar designation in their State regulations.
- The State assisted living regulations allow assistance with evacuation for residents in 46 States.
- The NFPA requirements allow for the actual types of residents who reside nationwide in assisted living today, while requiring limitations and requirements in life safety design.
- Almost all the States have at least one type of assisted living, that allow assistance with evacuation for residents up to the third story in the NFPA or the IBC one hour protected non-combustible (steel or concrete) construction type.
- Almost all the States have at least one type of assisted living, that allow assistance with evacuation for residents up to the twelfth story in the NFPA or fifth story in the IBC two hour protected non-combustible (steel or concrete) construction type.
- Over two thirds of the States have at least one type of assisted living, that allow assistance with evacuation for residents above the first floor in the NFPA one hour protected combustible (wood frame) construction type.
- Despite the IBC limiting residents in assisted living to those who can exit a building without any physical assistance from staff, almost all States (46 States) allow assistance with evacuation in their regulations.
- The IBC can easily be revised to allow this assistance which is more consistent with the actual assisted living conditions.
- The State of Hawaii should revise IBC and/or its assisted living regulations. It should allow for assistance in evacuation, while requiring compartmentalization with smoke barriers, and commercial sprinklers similar to what is required for nursing facilities. It should limit wood frame construction to two stories. It should limit one hour protected noncombustible construction to three stories.
- Existing assisted living buildings could be required to comply with the NFPA 101 Existing Residential Board and Care occupancy requirements.

INTRODUCTION

Purpose

The following is an analysis of assisted living regulations in the United States, in relation to basic requirements of the building code, life safety code, and State regulations. The analysis includes reviewing criteria for the types of residents allowed in assisted living residences for all 50 States, licensing criteria, occupancy classification, and evacuation criteria. This review is performed to assist the State of Hawaii in producing assisted living regulations for their State relative to these issues. It concludes in an initial detailed draft recommendation for these issues for Hawaii's Assisted Living regulations.

Assisted Living Overview

The assisted living industry started in the 1970's and first became regulated in the 1980's. It developed into a residential setting where persons can be assisted with their acts of daily living and personal care needs on a 24-hour basis.

The extent of assistance allowed varies among the States. This variation is one of the benchmarks studied in this review. One example is the type of "medication assistance" allowed among the States. Some States allow only minor reminding of the resident to take medications. Others allow reminding and prompting by putting medication in the hands of the residents. Some States allow full administration of the medication to the resident.

This example shows one of numerous subtle but important differences of assisted living regulations among the States. Other acts of daily living offered often include providing apartment cleaning, meals and transportation, social activities assistance, and can include bathing, various types of physical assistance, up to limited nursing and other care.

Generally speaking, over the last 25 years, assisted living has developed to include personal care needs of its residents up to but not including full nursing care. The assisted living industry has grown over that period and is now equivalent to the number of nursing residents nationally.

Methodology

Assisted living is regulated individually by almost every State. The objective of this analysis is to review benchmarks for resident's physical abilities in the 50 State regulations and compare it to building and life safety code criteria for occupancy designations and life safety requirements. This is completed by the following:

1. Formulate a process for the analysis as outlined in the "Analysis Process" divider title.
2. Create a format and review form for each State's assisted living regulations which can be found in the "Analysis by State" divider title. This research information is included but not necessary to be reviewed by the reader because the research is summarized in the next two outlined sections.
3. The section under the divider title "General Analysis" compares basic information in the two national building and life safety codes with typical resident profiles that are regulated by the

States. The two pertinent codes are the National Fire Protection Association-Life Safety Code 101 (NFPA), and the International Building Code (IBC).

4. The “Tables” section includes tables that summarize the licensing regulation resident profile criteria, and basic NFPA and IBC comparisons and criteria.
5. The “Findings” section tallies information from the analyses and tables.
6. The final part of the assisted living analysis includes the “Conclusions and Recommendations” section which recommends ideas for possible revised requirements for the State of Hawaii’s IBC, based on the findings.

It is believed that this is the only national review of State assisted living regulations and how they relate to building, life safety and codes. The analysis only reviews a very limited aspect of assisted living regulation as it relates to basic life safety and building code concepts. It is not a comprehensive review of all life safety concepts of assisted living design.

ANALYSIS PROCESS

The preceding background information orients the issues with determining occupancy designations and associated building life safety design elements when dealing with 50 different State regulations for assisted living. The following identifies the approach of this analysis to gather detailed findings and make recommendations for the State of Hawaii.

Step 1- Research the 50 States regulations

Collect the individual 50 State licensing regulations of assisted living.

The collection of this information includes (6) four-inch wide three ring binders of State regulations. This information is not included with this analysis. It is kept at the office of the analyzer, due to the volume of information.

Step 2- Determine Criteria for Analysis

Determine criteria for the analysis after initially reading each State regulation, the NFPA and the IBC criteria for assisted living.

Step 3- Create a two page form for each State to summarize each State's Assisted Living occupancy criteria

The analysis is titled "Assisted Living Occupancy Criteria Analysis by State." The criteria analyzed in each State were the abilities of residents that could be related to their ability to exit the building in an emergency. This issue directly correlates to determining a building's occupancy classification. The two most basic initial building code concepts are its occupancy (who uses the building and what is their capability to exit a building in an emergency) and its construction type (what the building is built out of, relative to its potential combustibility in case of fire). It is the determination of these two criteria (occupancy and construction type) which then lead to the numerous building code requirements. The following criteria identified in the State assisted living regulations can help determine assumptions on resident's abilities to evacuate a building.

The two page analysis by State was then used to review potential building and fire code occupancy designations. The following is the criteria reviewed in each State:

Definitions: Review and include definitions that may infer limitations of resident abilities.

Types of Facilities: Numerous States have more than one level of assisted living, often varying by size and capability of residents. A listing of each State's types of facilities is included.

Alzheimer's Allowed: Most States allow Alzheimer's care, many in specialized units. This is an important point since many Alzheimer's residents are assumed not to be capable to exit a building without prompting or assistance from a staff member (not capable of self-preservation). Buildings with persons not capable of self-preservation are placed in an "I-2" occupancy classification under the IBC or a "slow" or "impractical" Residential Board and Care or Limited Care designation under the NFPA 101 Life Safety Code.

24 -Hour Care: Confirms that all States require 24-hour care.

Admissions Criteria: Limitations on the abilities of residents at admissions is reviewed. Sometimes specific criteria are listed that infer conclusions that some residents may not be capable of self-preservation at admission.

Discharge Criteria is listed for the same reason as admission criteria.

Personal Care Service: This criterion is listed due to services possibility being listed that may infer residents as not being capable of self-preservation.

Nursing Services: Most States allow short intervals of nursing care due to temporary illness. This is assumed to be accepted, since it is for temporary illness timelines similar to what occurs in the general population. Some States allow nursing services beyond a temporary illness timeline. States that allow this are assumed to allow residents who are not capable of self-preservation.

Medication Assistance: Numerous States allow at least reminders to take medications. Some States allow limited administration of medications. It is assumed that the residents in those States allowing administration of medications would be considered not capable of self-preservation.

Bedridden: All States either do not allow bedridden residents or only allow them on a temporary basis (0-90 days). Residents considered beyond a temporary bedridden state are considered not capable of self-preservation by this analysis.

Minimum Fire Life Safety Standards: Numerous States note life safety requirements in their State licensing regulations. The amount of stated requirements, range from listing no building and/or life safety requirements in some States to stating multiple limitations in others. The additional regulations may amend the NFPA and/or IBC of the State or jurisdiction.

NFPA: A listing of NFPA requirements are listed where noted in the State regulations. More than two-thirds of the States reference NFPA 101. This then infers compliance to Residential Board and Care or Limited Care requirements. NFPA compliance then implies that the State allows assistance with self-preservation unless the State regulation specifically States that assistance is not allowed.

IBC: A listing of IBC requirements or its occupancy designation requirements are listed when noted in the State licensing regulations. Some States designate the IBC occupancies for assisted living in their assisted living regulations. No State amendments to the IBC are reviewed here since hundreds of jurisdictions implement the IBC.

Also listed is an assumed occupancy designation of assisted living in each State. This analysis assumes the designation. The occupancy assumption is made because there is no occupancy in the IBC that allows personal care with assistance in evacuation. The options left are to classify the occupancy to the next more stringent occupancy of nursing, or to go through an "alternative means" approval process with the jurisdiction, by providing additional elements of life safety to the design.

Step 4- Create a two page summary form of Step 3

The summary is titled "All State Summary Table" Personal Care Assisted Living Regulations and NFPA/IBC References. The table summarizes the findings of each State. It identifies in short note form, the resident type criteria from the Step 3 State analysis. The table includes tallies on if Assistance with Evacuation is Allowed, and whether there are limitations in the regulations for wood frame, residents above the first story, or if nursing facility design compliance is stated.

Step 5- Produce an IBC and NFPA Assisted Living Occupancy Comparison Table

This analysis includes 2 tables. One Table is titled "Occupancy – Ability Analysis Table By Number of States." It indicates the estimated number of States using each of IBC's and NFPA's ability criteria relative to occupancy designations. The other table is titled "Occupancy – Ability Analysis Table by Ability to Exit Definitions." It includes the IBC and NFPA ability to exit a building definitions and shows assumed occupancy classifications. This analysis is included to clarify the differences between the codes.

Step 6 - Produce an IBC and NFPA Comparison of Assisted Living Height and Building Area

The document is titled "Allowable Height and Building Areas Table." It compares those criteria for both the NFPA and IBC. It shows the similarities and differences between the two codes relative to allowable building height and stories.

Step 7- Create Findings and Conclusions

Include findings of occupancy and basic life safety requirements for assisted living based on the information gathered in the previous steps analyzing State regulations, NFPA, and IBC requirements.

Step 8 - Make National Recommendations

Make possible recommendations for the NFPA 101 and IBC for personal care (Assisted Living) occupancies to form more consistent national codes that are more in line with actual assisted living/ personal care uses throughout the United States.

Step 9 - Make State of Hawaii Recommendations

Make recommendation for Hawaii's Assisted Living regulations concerning basic life safety requirements.

GENERAL ANALYSIS

Assisted Living and Occupancy Designations

Each State has regulated assisted living facilities with a varying occupancy designation that fits somewhere between an apartment occupancy and a nursing occupancy under the IBC and NFPA. Simply stated, apartment occupancies are relatively permanent, overnight sleeping residential occupancies for people who can exit out of the building in an emergency, similar to the general population. These residents are normally completely independent. Nursing occupancies are for more permanent health care uses. Persons in nursing facilities may be bedridden and are generally not capable of exiting from a building on their own. These residents are generally dependent on 24-hour staff assistance with their acts of daily living. Health care occupancies are also designed to be “protect in place” occupancies. That means residents stay and await rescue during an emergency. Both of these occupancies have appropriate but substantially different building and life safety code requirements.

The personal care assisted living occupancies are somewhere between the apartment and nursing occupancies in their inhabitants’ abilities and associated requirements. Both the NFPA and IBC list assisted living as one of many potential “personal care” occupancies. The IBC defines personal care as “the care of residents who do not require chronic or convalescent medical or nursing care. Personal care involves responsibility for the safety of the resident while inside the building.” Assisted living is the largest of the 24-hour personal care occupancies in population. Other personal care occupancies may include Residential Treatment Homes, Community Residential Service Homes, Residential Care Facilities, Residential Detoxification Homes, etc. Most States have numerous types of 24-hour personal care occupancies, some of which, besides assisted living, also have residents who may need assistance in exiting a building.

The table on the following page shows the generic comparison of the types of residents in apartment, assisted living and nursing occupancies. This is shown to better understand the differences between the capabilities of generic typical residents in each use. The table also shows three different levels of assisted living capabilities. A typical assisted living resident may fit into a minimum assistance need in some aspects of his or her life while requiring standby or even hands-on assistance in other aspects of his or her life. Over 30 States have two or more levels of assisted living categories identified in their regulations.

ELDER CARE RESIDENT PROFILE GUIDE TABLE ¹				
Retirement/ Apartments	Assisted Living			Skilled Nursing
Independent	Minimum Assistance	Standby Assistance	Hands-on Assistance	Total Assistance
IBC: R-2 ²	IBC: I-1 ²	IBC: I-2 ²	IBC: I-2 ²	IBC: I-2 ²
NFPA: Apartments²	NFPA: Board & Care²	NFPA: Board & Care²	NFPA: Board & Care or Health Care²	NFPA: Health Care²
Able to respond independently in an emergency	Able to respond in an emergency	May need assistance in an emergency	Needs assistance in an emergency	Needs supervision and hands-on assistance in an emergency
Able to negotiate stairs in an emergency and exit the building	Walks/transfers independently - infrequent falls	Transfers - Standby assistance may be needed	Transfers - 1 person assist usually needed, and fall risk	Transfers - 2 person assist may be needed/Mechanical lift/bedfast
ADL (Acts of Daily Living)- Resident is able to accomplish all without assistance from staff	ADL - Independent to verbal reminders	ADL - Reminders to giving verbal cues	ADL - Verbal cues and/or hands-on assistance	ADL - Hands-on assistance
Transfer & ambulate. Eats and takes medications	Independent with medications & Dr. appointments	Medication reminders and management	Medication management	Medication adjustments and behavior management
Capable of own toileting and personal hygiene	Continent of bowel and bladder	Occasional incontinence assistance	Incontinence management	Incontinence management
Bathes, dresses, grooms	Independent in bathing	Bathing set up and monitoring	Bathing assistance	Bathing assistance
Meals/housekeeping, provide if chosen. No personal care assistance or monitoring	Meals, nutrition and housekeeping assistance is helpful	Meals, nutrition and housekeeping assistance is helpful	Meals, nutrition and housekeeping assistance is helpful	Verbal cues and hands-on assistance to eat
Would benefit from socialization and activities with minor encouragement	Able to independently plan and participate in social activities	Reminders and encouragement to participate in activities	Encourage and escort to participate in activities	Encourage and escort to activities
No memory impairment	Little memory impairment	Mild memory impairment - sometimes disoriented	Impaired memory, poor orientation and mild confusion	Needs 24 hour nursing supervision or skilled services such as physical, occupational and/or speech therapy
Capacity for decision-making and understanding consequences	Some decline in capacity for self care and understanding consequences of actions	Declining capacity for self care and understanding consequences	Limited capacity and inability to understand consequences of actions	Limited or no capacity for self care and understanding of consequences of actions
Family does not "need" to move	Family "slightly concerned"	Family "concerned"	Family "very concerned" - "Have to do something"	Family must do something

1. Based on and reproduced from Nevada Elder Care Assisted Living Guidelines.

2. This analysis assumed occupancy designations.

Brief Overview of NFPA and Assisted Living

Over two thirds of State licensing regulations for assisted living reference conformance to the NFPA 101 Life Safety Code. This is due to individual State jurisdictional preferences, and due to States receiving federal money for Medicaid reimbursement by implementing a Medicaid waiver to allow its use in assisted living. Use of Medicaid waivers may require NFPA 101 conformance in some States.

Assisted living under the NFPA is classified as a personal care Residential Board and Care occupancy. Residential Board and Care residents participate in fire drills and are categorized as “prompt, slow, or impractical,” reflecting their speed and ability to exit a building in an emergency. “Prompt” residents are similar to the general population in their ability to exit a building. “Slow” residents are slower than the general population and may need some assistance exiting a building. Slow residents are assumed to take 3-13 minutes to reach a point of safety that protects them from a potential smoke or fire event. The Residential Board and Care occupancy also allows “impractical” residents. These residents are beyond very slow and are assumed to take over 13 minutes to reach a point of safety. NFPA also defines Residential Board and Care as “Small” with 6-16 residents, and “Large” with over 16 residents.

The NFPA in its appendix to the definitions section specifically states that Board and Care occupancies have residents receiving “personal care,” who are expected to exit a building in an emergency with or without assistance. Allowing assistance in exiting a building is allowed in approximately 46 States’ assisted living regulations.

The current 2003 NFPA 101 revised some of the requirements for Residential Board and Care from the previous 2000 edition. This edition adds NFPA 13 (commercial) sprinkler compliance versus NFPA 13R (residential). It also adds the concept of compartmentalization by adding smoke barrier requirements. These additional life safety elements are also required in nursing facilities. Nursing and health care occupancies have additional limitations and requirements beyond what is required for Residential Board and Care. The 2003 NFPA 101 further limits 1 hour fire resistive wood frame construction to two stories compared to the previous three stories allowed.

The 2003 NFPA 101 also allows large Residential Board and Care facilities to have “impractical” residents without having them designed as “Limited Care” as the previous editions of the code required. Limited Care has almost the same requirements and limitations as nursing facility design.

The 2003 NFPA 101 also does not emphasize the speed of the residents as previous editions but does still reference evacuation capability. It is the opinion of this reviewer that the evacuation capability categories of prompt, slow, and impractical are still referenced as the concept for the NFPA but the requirements for compartmentalization, limitations on wood frame construction, and additional sprinkler coverage are utilized as a broad prescriptive approach to protect the residents of this occupancy. These additional life safety concepts are also similar to what three nearby States (California, Oregon, and Washington) do to amend the IBC in their State building codes to allow for assistance with self-preservation in their personal care occupancies.

There were only two States' assisted living regulations that were found to require all their assisted living to be built to conform to nursing requirements. New Jersey requires all its assisted living to be built to comply with the IBC I-2 nursing requirements. Idaho requires all of its assisted living to comply with the NFPA 101 Limited Care Health Care occupancy requirements. This is the most conservative approach to personal care building life safety design, essentially requiring full compliance with nursing facility design. The only exceptions for limited care facilities versus nursing are not requiring wider corridors and doors as required for moving beds.

Limited Care is definitely different than Board and Care under NFPA. The NFPA 101 appendix section explains the difference as follows:

"A.3.3.117 Limited Care Facility. Limited care facilities and residential board and care occupancies both provide care to people with physical and mental limitations. However, the goals and programs of the two types of occupancies differ greatly. The requirements in this Code for limited care facilities are based on the assumption that these are medical facilities, that they provide medical care and treatment, and that the patients are not trained to respond to the fire alarm; that is, the patients do not participate in fire drills but, rather, they await rescue.

The requirements for Residential Board and Care occupancies are based on the assumption that the residents are provided with personal care and activities that foster continued independence, that the residents are encouraged and taught to overcome their limitations, and that most residents, including all residents in prompt and slow homes, are trained to respond to fire drills, to the extent they are able. Residents are required to participate in fire drills."

Brief Overview of IBC and Assisted Living

The IBC was introduced as a national alternative to the previous three regional building codes in the earlier part of this decade. Currently it is utilized in all 50 States. The IBC designates assisted living residents as a I-1 occupancy for over 16 persons, an R-4 occupancy for 6-16 persons, and an R-3 occupancy for 5 or fewer residents. The IBC statements inferring a definition for assisted living are generally consistent with most State definitions, such as having a 24-hour residential environment offering personal care services.

This analysis studies one issue in detail concerning the IBC. It is its statement defining assisted living and personal care in IBC Section 308.2 that reads "the occupants are capable of responding to an emergency situation without physical assistance from staff." This analysis compares the IBC criteria with each State's assisted living regulation criteria, since this is a basic premise for determining a building's occupancy. The assumption is that the IBC requires that residents be "capable of self-preservation." A resident who is capable of self-preservation means a resident must be capable of exiting a building during an evacuation, on their own, without assistance.

Classification of an Occupancy Relative to Self-Preservation

One of the issues with discontinuity of State regulations, the NFPA and IBC, is the variation of the listings of what capabilities residents are required to have. The later attached All State Summary Table shows some of those variations between States in their regulations. The key issue in both the

NFPA and IBC is whether the occupants are capable of self-preservation. Some occupants in assisted living may be capable of self-preservation at some point, including at the time of their admission to an assisted living facility. Their ability to self evacuate may also deteriorate during their stay.

Specific Criteria of Self-Preservation:

There are very specific details of the ability of occupants of a building to be “capable of self-preservation.” NFPA and its codes and guides outline very specific details of this topic. The NFPA 101A Guide on Alternative Approaches to Life Safety (2001 Edition) is referenced and summarized here to underscore the many details of self-preservation.

Chapter 6 of the NFPA defines variations of capabilities of occupants for Residential Board and Care occupancies. This is the most important aspect of determining if a building should have additional life safety elements incorporated into its design, therefore the topic is discussed in detail here. This NFPA Chapter 6 reviews capability and then offers calculation tables to determine occupant’s ability of self-preservation. The review below summarizes some specific points of this NFPA Chapter 6. It then assumes the determination of self-preservation at the end of each category in *italics*.

Risk of Resistance

Some residents may resist leaving the building during an emergency situation. “Minimal risk” indicates that there is no specific evidence to suggest that the resident might resist an evacuation.

“Mild resistance” indicates that there is specific evidence that the resident had previously resisted instructions from staff or may have hidden from the staff and then might resist leaving the building in a situation similar enough to a fire emergency. “Strong resistance” includes resistance by the resident who necessitates the full attention of one or more staff members. The resident may have struggled vigorously, refused to cooperate, or has hidden in similar fire situations to predict that behavior recurring in an actual emergency.

Residents who show mild and strong resistance are considered not capable of self-preservation.

Impaired Mobility

The resident is rated according to how easily he can leave a building “given the presence of factors such as physical barriers that hinder movement (e.g. stairs), the resident’s ability to get out of bed, or the chairs normally used. The resident should be given credit for being able to use devices that aid movement (e.g., wheelchairs, walkers, crutches, and leg braces) only if those devices are always available in an emergency situation....Guiding or directing the resident by giving gentle pushes or leading by the hand is not considered requiring physical assistance.”

“Self starting” means a resident is physically able to start and complete an evacuation without physical assistance.

“Slow” is when the resident prepares to leave and travels to the exit or area of refuge at a speed significantly slower than the general population. The NFPA classifies the general population as “prompt,” meaning they can reach an exit (point of safety or area of refuge) within approximately 3 minutes. The NFPA categorizes a resident as being “slow” if it takes the resident more than 90 or 180 seconds to travel from a sleeping room to an exit, point of safety, or area of refuge. NFPA describes “very slow” as requiring over 150 seconds to reach an exit.

Residents who are self starting and slow or very slow are considered being capable of self-preservation. Residents who are not self starting and are considered beyond slow are not capable of self-preservation.

“Needs limited assistance” means “that the resident might need some initial or brief intermittent assistance but can accomplish most of the evacuation without assistance.” The residents may require help getting into a wheelchair, descending stairs, getting out of bed, or opening a door, for example.

“Needs full assistance” means the resident either needs physical assistance from a staff member during most of the evacuation or must be assisted by staff by being carried from the facility, helped into the wheelchair and wheeled out of the facility, or helped into leg braces and helped to descend stairs.

Residents who require limited and full assistance are considered not capable of self-preservation.

Impaired Consciousness

The resident has experienced seconds or minutes of temporary impairment of consciousness over six times during the previous three months. The resident is only classified this way if the impairment would significantly interfere with his or her ability to exit the building. Temporary medical problems are also not counted in this definition. “Partially” impaired consciousness means the resident is still able to participate in an evacuation to some degree. “Totally” impaired consciousness means the resident needs full assistance by at least one staff member to evacuate out of a building.

Residents who are partially or totally impaired are considered not capable of self-preservation.

Need for Extra Help

The resident may need assistance in various circumstances from more than one staff to egress a building, whether to initially get out of bed or other individual actions or if the resident requires assistance during the duration of exiting the building.

Response to Instructions

This is the resident's ability to receive, comprehend and follow through with simple instructions during a self directed evacuation. Residents may require non constant "supervision, considerable attention, or might not respond during an evacuation."

Residents who need extra help or require supervision, considerable attention, or might not respond during an evacuation are considered not capable of self-preservation.

Waking Response to Alarm

Buildings with non-centralized alarm systems, residents who are on medication that inhibits responses to alarms, residents who have apparent hearing impairment (unless they are in a room with visual alarms), or if hearing aids are removed during the night, or residents who are exceptionally sound sleepers are all considered as "response not probable" to responding to an alarm.

Residents who are not probable to responding to an alarm are considered not capable of self-preservation.

Building Construction Type, Stories and Area

The building's construction type is also regulated in the commercial codes relative to occupancy and material used to construct the building structure. Buildings with non-overnight uses and with occupants who are capable of self-preservation are generally allowed to be larger and taller, relative to more combustible construction types. On the other hand, nursing facilities with residents not capable of self-preservation are limited to occurring on the first story in buildings of wood frame (combustible) construction. The wood framing is also required to be generally protected by sheathing, providing one-hour of fire resistive protection. Non-combustible construction types are allowed to go above the first story in both assisted living and nursing uses. Apartments are allowed to be up to four stories wood frame due to the residents being capable of self-preservation.

ALL STATE SUMMARY TABLE

Personal Care "Assisted Living" Regulations and NFPA/IBC References														
State ALF ^{1,2}	Evacuation Criteria	Type of Facility	No of Residents	Alzheimer Residents Allowed	Admission / Discharge Criteria					Referenced NFPA Codes ^{2,6}			Referenced IBC ⁴ Occupancy	
					Evacuation Capability ³	Ongoing Nursing Care Allowed	Bedridden Allowed	Beyond Facil. Capabilities	Other	NFPA Referenced	NFPA Occupancy Type	Other ^{4,6}	IBC Adoption & Stated IBC Occupancy	Assumed 16+ Res. IBC ^{4,7,8}
Alabama		Family Assisted Living Facility:	2-3 adults	Yes in special units	Must at admin, AEA later	Intermittent 90 day max	No	Discharge	Severe cognitive impairment	NFPA 101, 20003 edition	1-2 Family Dwelling		J	
	AEA X	Group Assisted Living Facility:	4-16 adults	Yes in special units	Must at admin, AEA later	Intermittent 90 day max	No	Discharge	Severe cognitive impairment	NFPA 101, 20003 edition	Residential Board & Care - Impractical	1st flr only if NCSP		I-2
	AEA X	Congregate Assisted Living facility:	17+ adults	Yes in special units	Must at admin, AEA later	Intermittent 90 day max	No	Discharge	Severe cognitive impairment	NFPA 101, 20003 edition	Residential Board & Care - Impractical			
Alaska (M)		Assisted Living Home - Small	1-5 adults	Yes, not mentally ill	AEA - transfer allowed	Skilled 45 day max	45 days max	Discharge	Skilled nursing over 45 days				J	
	AEA Y	Assisted Living Home - Medium	6-11 adults	Yes, not mentally ill	AEA - transfer allowed	Skilled 45 day max	45 days max	Discharge	Skilled nursing over 45 days		Facilities based on Prompt, Slow and Impractical	NFPA 13D, 13R, 13	2000 IBC and IFC	I-2
	AEA X	Assisted Living Home - Large	12+ adults	Yes, not mentally ill	AEA - transfer allowed	Skilled 45 day max	45 days max	Discharge	Skilled nursing over 45 days			NFPA 13D, 13R, 13		
Arizona (M)	AEA X	Assisted Living Home:	2-10 adults	Yes in special units		Intermittent only	Short term	Discharge	Unable to self direct care			1st flr only if NCSP	J	I-2
	AEA Y	Assisted Living Center:	11+ adults	Yes in special units		Intermittent only	Short term	Discharge	Unable to self direct care			1st flr only if NCSP		
Arkansas (M)	X	Assisted Living Facility Level I:	3+ adults	No	Self-evacuate required	3rd party 60 day max	No	Discharge	Unable to self-admin meds	NFPA 101, 1985 edition			J	I-1, I-2
	AEA Y	Assisted Living Facility Level II:	3+ adults	Yes w/special license	AEA - Limited assist	Intermittent 14 Day max	No	Discharge	Transfers assist beyond staffing	NFPA 101, 1985 edition			I-1, 2000 IBC	
California (RCFE)	AEA Y	Residential Care Facility for Elderly		Yes w/special license		more than Intermittent care	14 days max	Discharge	Continuing nursing care	NFPA 101, 2003 edition		size & evacuation	S	I-1, I-2
Colorado (M)	AEA Y	Assisted Living Residence	3+ adults	Yes in special units	Per NFPA	3rd party only	Allowed w/limits	Discharge	Continuing skilled nursing	NFPA 101, 2003 edition	Residential Board & Care		J	I-1, I-2
Connecticut (M)	X	Managed Residential Communities: Independent apt.		No	Self-evacuate required	Intermittent only	No	Discharge	Continuous skilled nursing			Facility not licensed	J	I-1
	X	Assisted Living Services Agencies: Provides svcs		No	Self-evacuate required	Intermittent only	No	Discharge	Continuous skilled nursing	NFPA 101, 2003 edition		Care is licensed	R-2, 2000 IBC	
Delaware (M)	AEA Y	Assisted Living facility:		Yes in special units	Cannot req. transfer	No skilled care	14 days max	Discharge	Needs transfer assistance	NFPA 101, 2000 edition	Residential Board & Care		J	I-1, I-2
Florida (M)	AEA Y	Assisted Living Facility:	1+ adults	Yes w/special license	Per NFPA	Intermittent only	7 days max	Discharge	Needs 24-hr skilled care	NFPA 101, 2000 edition	Residential Board & Care		S	I-1, I-2
Georgia (M) (PCH)	AEA X	Personal Care Homes	2+ adults		Self-evac or 1st floor	3rd party only	need waiver	Discharge	Continuous nursing care	NFPA 101, 2003 edition		Self evac or I-2	S	I-1, I-2
Hawaii (M)	AEA X	Assisted Living Facility		Yes		Nursing allowed	Yes	Discharge	Danger to self & others	NFPA 101, 2006 edition			S, IBC	I-2
Idaho (M)	AEA X	Assisted Living Facility Small:	3-16 adults	Yes w/special license	Self-evac or I-2 Facility	Intermittent, Short term	No	Discharge	Beyond fire safety capacity of facility	NFPA 101 or 101A, 2000 ed	Residential Board & Care - Impractical	1st flr only if NCSP	J	I-1, I-2
	AEA X	Assisted Living Facility Large:	17+ adults	Yes w/special license	Self-evac or I-2 Facility	Intermittent, Short term	No	Discharge	Beyond fire safety capacity of facility	NFPA 101, 2000 edition	Limited Care			
Illinois	AEA Y	Assisted Living Establishment:	2+ adults	Yes in special units	Min. assist or I-2	Intermittent only	No	Discharge	Ongoing skilled nursing	NFPA 101, 2000 edition	Residential Board & Care		J	I-1, I-2
	X	Shared Housing Establishment:	1-11 adults	Yes in special units	Self-evacuation required	Intermittent only	No	Discharge	Unable to communicate needs	NFPA 101, 2000 edition	Residential Board & Care			
Indiana (M) (RCF)	AEA X	Residential Care Facility		Yes in special units	Up to total transfer	Nursing allowed w/license	Yes	Discharge	24-hr ongoing skilled care	State Fire Code			S	I-2
Iowa (M)	AEA Y	Assisted Living Facility Small:	3-16 adults	No	Up to 2 person assist	>intermittent	No	Discharge	Needs 2 person transfer	NFPA 101, 2003 edition	Resid. Board & Care - Prompt & Slow		J	
	AEA Y	Assisted Living Facility Large:	17+ adults	No	Up to 2 person assist	>intermittent	No	Discharge	Needs 2 person transfer	NFPA 101, 2003 edition	Resid. Board & Care - Prompt & Slow			I-1, I-2
	AEA Y	Dementia-Specific Assisted Living:	5+ adults	Yes		>intermittent	No	Discharge	Aggressive behavior	NFPA 101, 2003 edition	Residential Board & Care - Impractical			
Kansas	AEA Y	Assisted Living Facility	6+ adults	Yes in special units	1 person transfer allowed	Intermitt or limited in scope	Determined by license	Discharge	Needs 2 person transfer				J	I-2
Kentucky	X	Assisted Living Facility	5+ adults	Yes in special units	Self-evacuation required	3rd party only	Allowed w/limits	Discharge	Unable to evacuate by self	NFPA 101	Must evac. in 13 min unassisted inc Alz		S	I-1
Louisiana (RCF)	AEA Y	Assisted Living Facility - Small (Residential Care)	under 16	Yes in special units		90 day max	Temporary only	Discharge	Continuous nursing care	NFPA 101, 2006 edition			S	I-1, I-2
	AEA Y	Assisted Living Facility - Large (Residential Care)	16 & over	Yes in special units		90 day max	Temporary only	Discharge	Continuous nursing care				I-1, 2000 IBC	
Maine (M)	AEA Y	Assisted Living Type I:	4+ adults	No		3rd party only	No	Discharge	Continuous nursing care	NFPA 101, 2006 edition	Residential Board & Care		J	I-1, I-2
	AEA Y	Assisted Living Type II:	4+ adults	Yes in special units		Nursing allowed	No	Discharge	Continuous nursing care	NFPA 101, 2006 edition	Residential Board & Care			
Maryland (M)	X	Assisted Living Program Level 1:	1+ adults	No	Self-evacuate required	Intermittent only	Short term	Discharge	Continuous nursing care	NFPA 101, 2006 edition	1-2 Family Dwelling		J	
	AEA Y	Assisted Living Program Level 2:	1+ adults	No	AEA - Slow	Intermittent only	Short term	Discharge	Continuous nursing care	NFPA 101, 2006 edition	Residential Board & Care - Slow			I-1, I-2
	AEA Y	Assisted Living Program Level 3:	1+ adults	Yes in special units	Impractical to evacuate	Skilled allowed	Short term	Discharge	Continuous nursing care	NFPA 101, 2006 edition	Limited Care			
Massachusetts (M)	AEA Y	Assisted Living Residences:	3+ adults	Yes w/special license	Evac. not a requirement	Intermittent by 3rd party	No	Discharge	Ongoing nursing care	State regulations			S	I-2
Michigan (M)		Adult Foster Care Family Homes:	1-6 adults	No		Intermittent only	No	Discharge	Continuous nursing care		1-2 Family Dwelling		S	
	AEA Y	Adult Foster Care Small Group Homes:	1-12 adults	No		Intermittent only	No	Discharge	Continuous nursing care	NFPA 101, 1991 edition	1-2 Family Dwelling	NFPA 13D		
	AEA Y	Adult Foster Care Large Group Homes	13-20 adults	No		Intermittent only	No	Discharge	Continuous nursing care	NFPA 101, 1991 edition	1-2 Family Dwelling	NFPA 13R		I-1, I-2
	AEA Y	Adult Foster Care Home w/ Specialized Programs		Yes w/special license	Impractical to evacuate	Intermittent only	No	Discharge	Need skilled nursing	NFPA 101, 1991 edition	Limited Care			
Minnesota (M) (None)	AEA X	Housing w/Services Establishment: Class A	not licensed	Yes in special units	Min assist or I-2	Allowed	Allowed	Discharge	Need skilled nursing	NFPA 101	Limited Care	Care is licensed	S	I-1, I-2
	X	Housing w/Services Establishment: Class F	not licensed	No	Self-evacuate required	Intermittent only	No	Discharge	Continuous nursing care	NFPA 101, Residential Occup	Residential Board & Care	Care is licensed		
Mississippi (PC)	AEA Y	Personal Care Home - Assisted Living:	4-16 adults	Yes in special units	Up to 10% NCSP	Intermittent only	No	Discharge	Need skilled nursing	NFPA 101, Residential Occup	1-2 Family Dwelling	NFPA 13D	J	I-1, I-2
	AEA Y	Personal Care Home - Assisted Living:	16+ adults	Yes in special units	Up to 10% NCSP	Intermittent only	No	Discharge	Need skilled nursing	NFPA 101, Residential Occup	Residential Board & Care	NFPA 13		
Missouri (M)	AEA Y	Assisted Living Facility:	3+ adults	Yes w/special license	1 person transfer allowed	Intermittent 45 day max	No	Discharge	2 person transfer	NFPA 101, 2000 edition	sprinklers, area of refuge, 4 story limit	1st flr only if NCSP	J	I-1, I-2
Montana (M)	X	Assisted Living Facility - Category A:	1+ adults	No	Self-evacuate required	Intermittent 30 day x4	No	Discharge	Treatment not appropriate	NFPA 101, 2000 edition	Residential Board & Care - Prompt	sprinklers not req	S	
	AEA X	Assisted Living Facility - Category B:	1+ adults	No		Nursing care 30 day x 4	5 bed max	Discharge	Treatment not appropriate	NFPA 101, 2000 edition	Resid. Board & Care - Slow or Impractical	sprinklers required		I-1, I-2
	AEA X	Assisted Living Facility - Category C:	1+ adults	Yes	Impractical to evacuate	Intermittent only	5 bed max	Discharge	Treatment not appropriate	NFPA 101, 2000 edition	Residential Board & Care - Impractical			
Nebraska (M)	AEA Y	Assisted Living Facility Level 1	4+ adults			Intermittent only	No	Discharge	Continuous nursing care	NFPA 101, 2000 edition	Resid. Board & Care - Prompt or Slow		J	I-1, I-2
	AEA X	Assisted Living Facility Level 2	16+ adults		Impractical to evacuate	No skilled care	No	Discharge	Complex or unstable condition	NFPA 101, 2000 edition	Limited Care			
Nevada (M) (RFG)	AEA Y	Residential Facility for Groups Category 1	3+ adults	No	AEA allowed	Intermittent only	No	Discharge	Skilled nursing care	NFPA 101, 20003 edition	Residential Board & Care - Prompt		J	
	AEA Y	Residential Facility for Groups Category 2	3+ adults	No	Impractical to evacuate	Intermittent only	No	Discharge	Ongoing nursing care	NFPA 101, 20003 edition	Residential Board & Care - Slow			I-1, I-2
	AEA Y	Residential Facility w/ Endorsement:	3+ adults	Yes	AEA allowed	Intermittent only	No	Discharge	Ongoing nursing care	NFPA 101, 20003 edition	Residential Board & Care - Impractical			
New Hampshire (M) (RCF)	AEA Y	Residential Care Facility Basic 804:	2+ adults	No	AEA - Slow	Intermittent only	No	Discharge	Continuous nursing care	State Fire Code, Ref NFPA 101	Residential Board & Care		J	
	AEA Y	Residential Care Facility Supported 805:	2+ adults	Yes	Impractical to evacuate	Allow skilled care	Yes	Discharge	Will allow acute nursing care	State Fire Code, Ref NFPA 101	Limited Care			I-2
		Residential Care - Assisted Living Facility 813:	1-3 adults	No	Self-evacuate required	Intermittent only	No	Discharge	Ongoing nursing care	State Fire Code, Ref NFPA 101	1-2 family residence			

State ALF ^{1,2}		Type of Facility	No of Residents	Alzheimer Residents Allowed	Admission / Discharge Criteria					NFPA Codes ²			Referenced IBC ⁶ Occupancy	
					Unable to Evac on Own ³	Ongoing Nursing Care Allowed	Bedridden Allowed	Beyond Facil. Capabilities	Other	NFPA Referenced	NFPA Type	Other ^{5,6}	IBC Adoption & Stated IBC Occupancy	Assumed 16+ Res. IBC ^{6,7,8}
New Jersey (M)	AEA X	Assisted Living Residences	4+ adults	Yes in special units		Intermittent 45 day max	Short term	Discharge	Bedridden +14 days	State Fire Code			S, I-2	I-2
New Mexico (M)	AEA Y	Residential Care Facilities - <Not regulated	2+ adults		AEA - Prompt & Slow	Intermittent only	No	Discharge	Continuous Nursing Care	NFPA 101	Occupancy based on bldg type & evac		J	I-1, I-2
New York (M)	AEA X	Assisted Living Residence	5+ adults	No		Intermittent only	No	Discharge	Ongoing nursing care		Residential Board & Care	1st flr only if NCSP	S	I-1, I-2
	AEA X	Special Needs Assisted Living Residence	5+ adults	For Alzheimer/Dem.	Impractical to evacuate	Intermittent only	No	Discharge	Aggressive, non-coop behavior		Limited Care	16+ smoke barriers		
	AEA X	Enhanced Assisted Living Resident	5+ adults	No	AEA - transfer, walking	Not cont skilled care	Not chronic	Discharge	24-hr skilled care		Residential Board & Care - Impractical	16+ smoke barriers		
North Carolina (M)	X	Adult Care Home	2+ adults	No	Self-evacuate required	Intermittent 3rd party only	No	Discharge	Ongoing nursing care	N.C Fire Code & N.C Build Code			S	
	AEA X	Adult Care Home w/ Special Units	2-12 adults	Yes	Impractical to evacuate	Intermittent only	No	Discharge	Ongoing nursing care	N.C Fire Code & N.C Build Code				I-1, I-2
	X	Assisted Housing w/Services	2+ adults	No	Self-evacuate required	Intermittent 3rd party only	No	Discharge	Ongoing nursing care	N.C Fire Code & N.C Build Code				
North Dakota (M)	X	Assisted Living Facility	5+ adults	No	Self-evacuate required	Limited intermittent	No	Discharge	Most are part of a health facility	Modeled on NFPA 101	Residential Board & Care - Prompt	very independent	S, I-1, most part of an I-2	I-1
Ohio (RCF)	AEA Y	Residential Care Facility Small	3+ adults	Yes w/special license	AEA - no requirements	Skilled nursing 120 days	No	Discharge	Complex medical condition				S	I-2
	AEA Y	Residential Care Facility Large	17+ adults	Yes w/special license	AEA - no requirements	Skilled nursing 120 days	No	Discharge	Skilled nursing over 120 days					
Oklahoma	AEA Y	Assisted Living Center	2+ adults	Yes w/special license	AEA - transfer allowed	Intermittent only	No	Discharge	Requires med/phy restraints	NFPA 101, 2006 edition	Sprinklers, area of refuge, alarms		J	I-2
Oregon (M)	AEA Y	Assisted Living Facilities - SR-1	6+ adults	Yes w/special license	AEA - Slow	Limited intermittent	No	Discharge	Skilled care, memory loss	NFPA 101, 2003 edition	Residential Board & Care - Slow	NFPA 13	S, I-1 (w/ amendments)	I-2
	AEA Y	Assisted Living Facilities - SR-2	6+ adults	Yes w/special license	Impractical to evacuate	Limited intermittent	No	Discharge	Needs skilled care	NFPA 101, 2003 edition	Limited Care	NFPA 13	I-2 (w/ amendments)	
	AEA Y	Assisted Living Facilities - SR-3	1-5 adults		AEA	Limited intermittent	No	Discharge	Skilled care, memory loss	NFPA 101, 2003 edition	Resid. Board & Care - Prompt & Slow	NFPA 13D	R-3 (w/ amendments)	
	AEA Y	Assisted Living Facilities - SR-4	6-16 adults		AEA	Limited intermittent	No	Discharge	Skilled care, memory loss	NFPA 101, 2003 edition	Resid. Board & Care - Prompt & Slow	NFPA 13R	R-4 (w/ amendments)	
Pennsylvania (PCH)	AEA Y	Personal Care Home - Small	4-9 adults	Yes w/special license	AEA	Limited intermittent	Short term	Discharge	Requiring nursing care	Modeled on IFC		based on mobility	S	I-2
	AEA Y	Personal Care Home - Large	9+ adults	Yes w/special license	AEA	Limited intermittent	Short term	Discharge	Requiring nursing care	Modeled on IFC		based on mobility		
Rhode Island (M)	AEA X	Assisted Living Residence Level F1	2+ adults	Yes w/special license	Impractical to evacuate	21 days by 3rd party	No	Discharge	Ongoing skilled care		Limited Care	NCSP	S	I-1, I-2
	AEA X	Assisted Living Residence Level F2	2+ adults	No	Self-evacuate required	21 days by 3rd party	No	Discharge	Ongoing skilled care		Based on residential type	CSP		
South Carolina (M)	X	Community Residential Care Facilities	2+ adults	Yes w/special license	Self-evacuate required	Intermittent, Short term	No	Discharge	Ongoing nursing care	NFPA 101, 2003 edition	Based on facility size & evacuation		S	I-1
South Dakota (M)	AEA Y	Assisted Living Center	1+ adults	Yes in special units	AEA	Intermittent 28hr/week	No	Discharge	Ongoing nursing care	NFPA 101, 2000 edition	Resid. Board & Care and Limited Care	based on mobility	J	I-2
Tennessee (M)	AEA Y	Assisted-Care Living Facility	1+ adults	Early stage only		21 days by 3rd party	No	Discharge	Nursing care, alzheimers	NFPA 101, 2003 edition	Resid. Board & Care & evac time	Impract at 1st flr only	J	I-1, I-2
Texas (M)	AEA Y	Assisted Living Facility Type A	4+ adults	No	AEA - Slow	Intermittent limited	No	Discharge	Unable to self-evacuate	NFPA 101, 1988 edition	Resid. Board & Care, Slow		J	I-1, I-2
	AEA X	Assisted Living Facility Type B	4+ adults	Yes	Allows transfer assistance	Intermittent only	No	Discharge	Ongoing nursing care	NFPA 101, 1988 edition	Resid B&C - slow (small), Limited care	based on size		
	X	Assisted Living Facility Type E	1-16 adults	No	Self-evacuate required	Intermittent only	No	Discharge	Nursing care, alzheimers	NFPA 101, 1988 edition	Resid. Board & Care, Prompt			
Utah	AEA X	Assisted Living Facility Type I	2+ adults	No	Self-evacuate required	Intermittent 60 day max	No	Discharge	Unable to self-evacuate			size	S	I-1, I-2
	AEA Y	Assisted Living Facility Type II	2+ adults	Yes	Allows transfer assistance	General nursing OK	No	Discharge	Ongoing skilled care		Evac w/ limited assist inc alzheimers			
Vermont (M) (RCH)	AEA Y	Residential Care Home Level III/ Assisted Living Res	3+ adults	Yes in special units		Skilled 3x/wk or 60 days	Short term	Discharge	Ongoing nursing care	Vermont Fire Code incorporates		size & evacuation	S	I-1, I-2
	AEA X	Residential Care Home Level IV	3+ adults	No	Self-evacuate required	Limited intermittent	No	Discharge	Ongoing nursing care	NFPA 101, 2003 edition		size & evacuation		
Virginia	AEA Y	Assisted Living Facility	4+ adults	Yes w/special license	Non-ambulatory ok	Limited to 14 days	Y if licensed	Discharge	Continuous skilled nursing	NFPA 101, 2000 edition			S	I-1, I-2
		Assisted Living Facility (Small Group Home)	1-6 adults	No	Self-evacuation required	Limited intermittent	No	Discharge	Several health conditions	NFPA 101, 2000 edition				
Washington (M) (AFH)		Adult Family Home Level 1	1-6 adults	No	Self-evacuate required	Limited intermittent	14 days max	Discharge	Unable to self-evacuate	IFC	1-2 Family Dwelling		S	
		Adult Family Home Level 2	1-6 adults	No	AEA	Limited intermittent	14 days max	Discharge	Continuous or skilled care	IFC	1-2 Family Dwelling			I-1, I-2
		Adult Family Home Level 3	1-6 adults	Yes	Impractical to evacuate	Limited intermittent	14 days max	Discharge	Continuous or skilled care	IFC		NCSP sprinklers required		
	AEA Y	Boarding Home: Same 3 levels of care	7+ adults	No level 1&2, Yes level 3	Same 3 levels as AFH	Limited intermittent	14 days max	Discharge	Continuous or skilled care	IFC				
West Virginia		Legally Unlicensed Health Care Home - Class I	1-3 adults	No		Limited intermittent	Y if licensed	Discharge	Ongoing or extensive nursing care	NFPA 101, 20003 edition	1-2 Family Dwelling		S	
	AEA Y	Assisted Living Residence - Class II	4+ adults	Yes w/special license		Limited intermittent	Y if licensed	Discharge	Ongoing or extensive nursing care	NFPA 101, 20003 edition			IBC	I-1, I-2
	AEA X	Residential Care Community - Class III	17+ adults	No	Self-evacuation required	Limited intermittent	No	Discharge	Unable to self-evacuate	NFPA 101, 20003 edition			IBC	
Wisconsin (M) (CBRF)	AEA X	Community Based Residential Facilities - Class A	5+ adults	No	Self-evacuate required	3hr/wk, 90 day max	No	Discharge	Ongoing nursing care	NFPA 101	Based on evacuation ability & time	NFPA 13D & 13R	S	I-1, I-2
	AEA Y	Community Based Residential Facilities - Class C	5+ adults	Yes w/special license	AEA	3hr/wk, 90 day max	90 day max	Discharge	Ongoing nursing care	NFPA 101	and number of beds	NFPA 13		
Wyoming		Assisted Living Facility - Small	1-8 adults	No	Self-evacuation required	Limited intermittent	No	Discharge	Several health conditions	NFPA 101, 2000 edition	Residential Board & Care, Prompt		J	
	AEA Y	Assisted Living Facility - Large	9+ adults	No	AEA - Cueing Only	Limited intermittent	No	Discharge	Several health conditions	NFPA 101, 2000 edition	Resid. Board & Care - Prompt & Slow		2003 IBC	I-1, I-2
	AEA Y	Assisted Living - Large	9+ adults	Yes	Impractical to evacuate	Limited intermittent	No	Discharge	Several health conditions	NFPA 101, 2000 edition	Limited Care		2003 IBC	
Totals	AEA in +/- 46 States	Assisted Living or Similar		Alzheimer's	AEA in +/-37 States	Limited Nursing	Short term Bedridden up to			NFPA 101	NFPA and it's		IBC used in 50 States	I-1 in +/- 4 States
Medicaid Waiver allowed in 36 States	Y in +/- 35 States X in +/- 15 States	allowed in 50 States		allowed in +/- 47 States		Intermittent for 45-90 days max. allowed in +/- 50 States	7 - 45 days max. allowed in +/- 21 States			referenced in 37 States	Board & Care, and Limited Care Occupancies referenced in +/- 28 States		26 states adopt (S)Statewide 24 states adopt by each Jurisdiction IBC Referenced in 10 state assisted regulations	I-2 in +/- 14 States I-1 & I-2 in +/- 32 States

Footnotes

- 1 If no Assisted licensing category exists in a particular State, the closest category is listed. See more detailed description in "Assisted Living Occupancy Criteria Analysis by State."
- 2 (M) Indicates Medicaid Waiver is allowed in State.
- 3 AEA: Assistance with Evacuation Allowed is specifically stated. NCOSP: (Not) Capable of Self Preservation
- 4 Y: NFPA resident criteria allowed with its wood construction and limitation on wood stories. No limitation of location of residents on first floor when requiring assistance with evacuation is stated.
- 5 X: Self evacuation or nursing design is required, or location of residents on first floor is required when requiring assistance with evacuation is stated.
- 6 IBC: International Building Code, NFPA: National Fire Protection Association, IFC: International Fire Code.
- 7 Assumed base IBC Occupancy classification as determined by this analysis without any individual State amendments or interpretations.
If "unable to evacuate" is a criteria for discharge, then IBC I-1 (Assisted Living) is the assumed IBC classification under this analysis.
If "unable to evacuate" is not a criteria for discharge, and assistance with evacuation is allowed, only when noted, then the interpretation by this analysis under the IBC is that the occupancy classification would be I-2 (Nursing "not capable of self preservation" i.e. resident cannot get out on their own).
If continuous nursing is allowed, and unable to evacuate are not marked, then it is assumed that all facilities would fit into the I-2 occupancy under this analysis.
If Alzheimer's care is allowed then I-2 occupancy is the assumed designation under this analysis.
If NFPA Residential Board and Care is referenced, then "prompt" is assumed to be I-1, and "slow" and "impractical" are assumed as I-2.
Assumed IBC occupancy is stated because the personal care/ assisted living occupancy is not listed as part of the IBC I-2 occupancy.
- 8 Where noted, most likely 2 occupancies are assumed to be used in the State dependent on "Level of Care," or whether Alzheimer's residents allowed in special licensed units.

OCCUPANCY - ABILITY ANALYSIS TABLE IBC & NFPA 101 By Number of States ¹ For Personal Care - Assisted Living / Board & Care Residences			
Number of Residents	1 – 5 ²	6 – 16	17 +
IBC			
Occupancy	R-3	R-4	I-1
Ability	COSP	COSP	COSP
No. of States	Not Categorized	+/- 36 States ³	+/- 36 States ³
Occupancy	-	I-2 ³	
Ability	NCOSP	NCOSP	
No. of States	Not Categorized	+/- 14 States	
	R-3 = +/- 50 States		
IBC adopted in 50 States			
NFPA			
Occupancy	1&2 Family Dwelling	Board & Care	Board & Care
Ability	Prompt, Slow, and Impractical	Prompt, Slow, and Impractical	Prompt, Slow, and Impractical
No. of States	Not Categorized	+/- 37 States	+/- 37 States
NFPA referenced in 37 States			

OCCUPANCY - ABILITY ANALYSIS TABLE IBC & NFPA 101 By NFPA and IBC Ability to Exit Definitions For Personal Care - Assisted Living / Board & Care Residences					
Number of Residents	1 – 5 ²		6 – 16		17 +
Capable	IBC	NFPA	IBC	NFPA	IBC NFPA
COSP : IBC	(R-3)	[1&2 Fam.]	(R-4)	(RB&C-S)	(I-1) (RB&C-L)
Prompt : NFPA	[R-3]	(1&2 Fam.)	[R-4]	(RB&C-S)	[I-1] (RB&C-L)
Slow- No Assist. : NFPA	[R-3]	(1&2 Fam.)	[R-4]	(RB&C-S)	[I-1] (RB&C-L)
Not Capable					
NCOSP : IBC	(R-3)	(1&2 Fam.)	(I-2)	(RB&C-S)	(I-2) (RB&C-L)
Slow With Assist.: NFPA	[R-3]	(1&2 Fam.)	[I-2]	(RB&C-S)	[I-2] (RB&C-L)
Impractical : NFPA	[R-3]	(1&2 Fam.)	[I-2]	(RB&C-S)	[I-2] (RB&C-L)

Footnotes and Legend:

1. The number of state tallies are based on research of this analysis with an assumed maximum variance of +/- of one to three states per tally due to limitations on research and possible code interpretation variations. The IBC tallies of I-2 are assumed due to personal care/ assisted living not actually being listed as included as part of the I-2 occupancy.
2. The numbers of residents vary from two to eight in State regulations and building codes.
3. The IBC tally of 36 is as follows: There are +/- 4 states that are exclusively I-1 for Assisted Living. Plus there are +/- 32 States that would have an assumed classification of both I-1 and I-2 occupancies due to those states having multiple categories of assisted living = 36.
4. **COSP** - Capable of Self Preservation. Residents can exit a building without any assistance.
5. **NCOSP** - Not Capable of Self Preservation. Residents cannot exit a building without any assistance.
6. **RB&C-S:** NFPA (National Fire Protection Association 101–2003 edition) Residential Board & Care – Small: Facilities housing 6 to 16 persons.
7. **RB&C-L:** NFPA. Residential Board & Care – Large: Facilities housing 17 or more persons.
8. **Prompt:** NFPA. Residents can reach a point of safety or exit a building within 3 minutes similar to the general population.
9. **Slow:** NFPA. Residents can reach a point of safety or exit a building within 3 to 13 minutes with or without staff assistance. NFPA. Residents categorized as “Slow” can reach a point of safety on their own or with staff assistance, so “Slow” is categorized as both capable and not capable of self preservation.
10. **Impractical** - Residents can reach a point of safety or exit a building in over 13 minutes with or without staff assistance.
11. **1 & 2 Fam.** - 1 & 2 Family Dwelling Code under NFPA (National Fire Protection Association.)
12. **()** - Designates an actual occupancy classification.
13. **[]** - Designates assumed occupancy classification conversion by this analysis.

NFPA/ IBC Comparison
ALLOWABLE HEIGHT AND BUILDING AREAS TABLE

For
 Personal Care -Residential Board & Care/ Assisted Living Occupancies

Story Limitations Above Grade
Area Limitations Per Story

		Non-combustible								Combustible			
Construction Type		Type I and II								Type V			
Fire Resistive Hours ¹		3-3-2		2-2-2		1-1-1		0-0-0		1-1-1		0-0-0	
S ² – P ³		S	NS	S	NS	S	NS	S	NS	S	NS	S	NS
NFPA	RB&C (>16)	UL UL	UL UL	12 55,000	NP	3 19,000	NP	2 10,000	NP	2 10,500	NP	1 4,500	NP
IBC	I-1 (>16)	UL UL	UL UL	10 55,000	NP	5 19,000	NP	4 10,000	NP	3 10,500	NP	2 4,500	NP
NFPA	RB&C (6-16)	UL UL	UL UL	12 UL	11	5 24,000	4	5 16,000	4	4 12,000	3	3 7,000	2 7,000
IBC	R-4 (6-16)	UL UL	UL UL	11 UL	NP	5 24,000	NP	5 16,000	NP	4 12,000	NP	3 12,000	2 7,000
NFPA	Health Care (>5)	UL UL	UL UL	12 UL	NP	3 15,000	NP	1 11,000	NP	1 9,500	NP	NP	NP
IBC	I-2 (>5)	UL UL	UL UL	5 UL	NP	3 15,000	NP	1 11,000	NP	1 9,500	NP	NP	NP

Footnotes:

1. Fire resistive protection of Bearing Walls – Columns – Floors are listed.
2. S – Sprinklered buildings maximum stories and allowable area.
3. NS – Non-sprinklered buildings maximum stories and allowable area.

FINDINGS

ALL STATE SUMMARY TABLE

1. Assisted living or similar State licensed designation is allowed in all 50 States.
2. Assistance with evacuation for residents is allowed in assisted living in approximately 46 States.
3. NFPA 101 Life Safety Code compliance is referenced in approximately 37 State assisted living licensing requirements.
4. There are approximately 46 States have at least one type of assisted living, that allow assistance with evacuation for residents up to the third story in the NFPA Residential Board and Care or the IBC I-2 one hour protected non-combustible (steel or concrete) construction type.
5. There are approximately 46 States that have at least one type of assisted living, that allow assistance with evacuation for residents up to the twelfth story in the NFPA Residential Board and Care or fifth story in the IBC I-2 two hour protected non-combustible (steel or concrete) construction type.
6. There are approximately 34 States have at least one type of assisted living, that allow assistance with evacuation for residents above the first floor in the NFPA Residential Board and Care one hour protected combustible (wood frame) construction type.
7. Alzheimer residents are allowed in assisted living facilities or in specially designated assisted living facilities in approximately 47 States.
8. Temporary limited intermittent nursing care for up to 45 to 90 days is allowed in all 50 States.
9. Residents in Assisted Living are allowed to be short-term bedridden for up to 7 – 45 days in approximately 21 States.
10. The IBC is used in all 50 States by local jurisdiction or Statewide adoption.
11. The IBC occupancy designation of I-1 and its criteria for residents is exclusively applicable in approximately 4 States for assisted living.
12. The IBC assumed occupancy designation I-2 (nursing) for residents not capable of self-preservation (requiring assistance with evacuation) is exclusively applicable to assisted living occupancies in approximately 14 States. The occupancy designation is assumed due to the IBC I-2 occupancy not actually including personal care/ assisted/ living in its list of potential types of facilities. The IBC I-2 occupancy only lists medical or nursing care as being included. The assumed I-2 occupancy is chosen due to it being the closest choice for personal care assisted living occupancies that require assistance with evacuation.
13. The IBC occupancy designation of both I-1 and assumed I-2 is applicable in approximately 32 States for assisted living, due to two or more types of facilities being allowed in numerous States. Again the I-2 is assumed even though personal care/ assisted living not actually being listed as part of I-2.

OCCUPANCY ABILITY ANALYSIS TABLE(S)

1. IBC designates I-1, R-4 and R-3 occupancies personal care (assisted living) occupancies based on number of residents and ability to evacuate.
2. NFPA designates Residential Board and Care as personal care (assisted living) occupancies then further defines them as Large and Small, based on number of residents and ability to evacuate.
3. IBC only allows assisted living occupants to be capable of evacuating a building without any physical assistance.
4. NFPA uses three designations to define residents' ability to evacuate. The term "prompt" is for residents with similar abilities to the general public. The definition for "slow" residents includes criteria for them being allowed 3-13 minutes to get to a point of safety within or to

the exterior of a building with or without assistance. The term “impractical” is used for residents with or without staff assistance to get to a point of safety within or to the exterior of a building in over 13 minutes.

5. The NFPA category of “slow” is assumed to allow both residents who require assistance with evacuation and those who do not require assistance, based on the review of the NFPA alternative approaches to life safety document parameters.

ALLOWABLE HEIGHT AND BUILDING AREAS TABLE

1. Both NFPA and IBC have essentially the same construction type designations.
2. The NFPA and IBC have different story limitations for assisted living probably due to the differences in allowing evacuation assistance. The IBC I-2 nursing occupancy s also included since limited States require compliance with this occupancy.
 - a. The Type V combustible one hour protected wood frame construction, has one more story allowed in the IBC I-1 verses the NFPA Residential Board and Care, probably due to it's limitations on the residents ability to evacuate.
 - b. The NFPA Residential Board and Care is allowed to be two stories in Type V combustible one hour protected wood frame construction.
 - c. The IBC I-1 assisted living is allowed to be three stories in Type V combustible one hour protected wood frame construction.
 - d. The IBC I-2 nursing and the NFPA nursing health care is allowed to be one story in Type V combustible one hour protected wood frame construction.
 - e. The NFPA Residential Board and Care is allowed to be three stories in Type II noncombustible one hour protected steel or concrete construction.
 - f. The IBC I-1 assisted living is allowed to be five stories in Type II noncombustible one hour protected steel or concrete construction.
 - g. The IBC I-2 nursing is allowed to be three stories in Type II noncombustible one hour protected steel or concrete construction.
 - h. The NFPA Residential Board and Care is allowed to be twelve stories in Type II noncombustible two hour protected steel or concrete construction.
 - i. The IBC I-1 assisted living is allowed to be ten stories in Type II noncombustible two hour protected steel or concrete construction.
 - j. The IBC I-2 nursing is allowed to be five stories in Type II noncombustible two hour protected steel or concrete construction.

LIMITED CARE (NFPA) AND NURSING (I-2) (IBC) AND THEIR ADDITIONAL LIFE SAFETY REQUIREMENTS BASED ON NFPA AND IBC REVIEW

1. Both Health Care-Limited Care and I-2 are part of the respective codes nursing facility occupancy.
2. Both Health Care-Limited Care and I-2 are limited to be one story in Type V (one hour fire resistive combustible wood frame construction).
3. Both Health Care-Limited Care and I-2 are required to compartmentalize their buildings by requiring “smoke barriers” as separations on floors and between floors.
4. Both Health Care-Limited Care and I-2 are required to have full commercial sprinklers (NFPA 13) where I-1 and Residential Board and Care are required to have residential apartment sprinklers (NFPA 13-R).

BRIEF OVERVIEW OF NEARBY STATE BUILDING CODES FOR ASSISTED LIVING

The following is a brief overview of five States near Hawaii to show how they are dealing with assisted living in building codes. The five States are California, Idaho, Nevada, Oregon and Washington.

Approximately less than one-fourth of the States amend the base IBC requirements either in the IBC or in their State assisted living regulations. Three of the nearby States (California, Oregon, and Washington) amend the actual IBC relative to assisted living.

Most States are more similar to Nevada. It has no actual IBC amendments, but implies amendments to the IBC, based on NFPA Residential Board and Care criteria that are stated in its assisted living regulations. The issue with designing facilities in most States like Nevada is that a review of the IBC, NFPA 101 and its referenced building code NFPA 5000, along with the State licensing criteria is required. The most stringent requirements of each code must be found and implemented. Complying with up to three codes is complicated when all three may have differing criteria and requirements.

This nearby State overview shows the variations that occur in relation to dealing with the building code and assisted living. Only the over six resident assisted living facility regulations are reviewed below. The requirements for wood frame construction are also reviewed due to variations between the requirements.

California

California is one of the last States to adopt the IBC. Its adoption date is January 1, 2008. The State code is called the California Building Code and it is based on the 2006 IBC. California adopts a Statewide building code that all jurisdictions must adopt. All of California's State government agencies must put all of their building code requirements in the State building code. For this reason, California generally amends the base building code more than any other State. It continues to do so with its first implementation of the IBC.

1. California amends the I-1 and R-4 base requirements of the IBC to allow assistance with self-preservation.
2. It amends the base IBC to define a term of "non-ambulatory." Non-ambulatory residents are basically defined in California as those who need assistance with exiting in an emergency.
3. Assisted living is amended and grouped as I-1 for over six "non-ambulatory" residents.
4. Assisted living is amended and grouped as R-4 for under six "non-ambulatory" residents.
5. It amends and limits fire resistive wood frame construction to two stories in I-1, and allows three stories in its R-4 occupancy.
6. It amends the base IBC by adding requirements for smoke barriers in I-1 and R-4 when the floor is over 6,000 square feet in area.
7. Group I-1 sprinkler requirements are amended from the base IBC to require NFPA 13 versus NFPA 13R. Group R-4 requires NFPA 13R sprinklers.

Idaho

Idaho adopts the IBC in each local jurisdiction (by city or county) and does not have a Statewide implemented building code. The Idaho Administrative Code for licensing assisted living regulations implies amending base IBC requirements by requiring compliance with the 2000 NFPA 101. This then can override and control local building department's enforcement of the base IBC provisions.

1. Idaho regulations allow assistance with self-preservation in its assisted living.

2. Idaho implies amending the IBC I-1 (over 16 residents) to comply with NFPA Limited Care (Health Care) requirements.
3. Its regulations imply amending the R-4 (6 to 16) to comply with NFPA Residential Board and Care requirements.
4. By enforcing NFPA 101, it amends and limits fire resistive wood frame construction to one story for over 17 residents and allows up to three stories in the 6 to 16 resident facilities.
5. It implies amending the base IBC by adding requirements for smoke barriers in the over 16 resident facilities.
6. By enforcing NFPA 101, it amends the IBC and requires NFPA 13 versus NFPA 13R for over 17 resident facilities. It requires NFPA 13R sprinklers in the 6 to 16 resident facilities.

Nevada

Nevada adopts the IBC in each local jurisdiction (by city or county) and does not have a State building code. The Nevada Code for licensing assisted living regulations amend base IBC by enforcing compliance with the State Fire Marshal requirements. The State Fire Marshal requires conformance to 2003 NFPA 101. This then overrides and controls local building department's enforcement of the base IBC provisions.

1. Nevada regulations allow assistance with self-preservation in its assisted living.
2. Nevada regulations imply amending the IBC in facilities with over 10 residents to comply with NFPA Limited Care (Health Care) requirements when its least capable category assisted living is utilized. These include facilities for Alzheimer's residents or assisted living facilities that allows semi permanent bedridden residents. It essentially makes those facilities comply with the IBC I-2 nursing requirements.
3. Nevada regulations imply amending the IBC I-1 with over 10 residents to comply with NFPA Residential Board and Care requirements when its more capable category assisted living is utilized such as a facility with no bedridden residents.
4. By enforcing NFPA 101, it amends and limits fire resistive wood frame construction to one story wood frame for facilities housing Alzheimer's and bedridden residents and three stories for facilities with no bedridden residents.
5. Its regulations imply amending the base IBC by adding requirement for smoke barriers in over 10 resident facilities whose residents require assistance in exiting.
6. By enforcing NFPA 101, it amends the IBC and requires NFPA 13 versus NFPA 13R for over 10 resident facilities with Alzheimer's residents or an assisted living facility that allows some bedridden residents. It requires NFPA 13R sprinklers for other facilities.

Oregon

The Oregon Structural Specialty (Building) Code is based on the 2006 IBC with Oregon amendments. Oregon adopts a Statewide building code that all jurisdictions must adopt. It is believed that Oregon was the first state to modify its State building code to allow assisted living back in the 1980's. Its amendments of the IBC for assisted living are based on the 2003 NFPA 101 and the NFPA 101A Guide on Alternative Approaches to Life Safety. Oregon amends the IBC for assisted living in its appendix section called Appendix SR (Special Residential). It aligns its assisted living with the designations in the IBC only in terms of the numbers of residents of the occupancy.

1. Oregon amends the I-1 and R-4 base requirements of the IBC to allow assistance with self-preservation.
2. It amends the base IBC to define terms of "assisted self-preservation" for the NFPA "slow" category and "impractical assisted self-preservation" for the NFPA "impractical" category.
3. The IBC is amended for assisted living and grouped as SR-1 (I-1) for over 16 residents when some may be categorized as requiring assisted self-preservation.

4. The IBC is amended for assisted living and grouped as SR-2 (I-2) for over 5 residents when some may be categorized as impractical assisted self-preservation, including Alzheimer's facilities.
5. The IBC is amended for assisted living and grouped as SR-4 (R-4) for 6 to 16 residents when some may be categorized as requiring assisted self-preservation.
6. It amends the base IBC by adding requirement for smoke barriers in SR-1 and SR-2, while also limiting each smoke compartment to 10,000 square feet or 16 residents.
7. It limits fire resistive wood frame construction to three stories versus the IBC four stories in the I-1 occupancy.
8. It requires a horizontal exit in fire resistive wood frame construction, which is essentially a two hour protected compartment on each wood frame story.
9. Group SR-1(I-1) sprinkler requirements are amended from the base IBC to require NFPA 13 versus NFPA 13R. Group SR-4 (R-4) requires NFPA 13R sprinklers.

Washington

The Washington State Building Code is based on the 2006 IBC with Washington amendments. Washington adopts a Statewide building code that all jurisdictions must adopt. Its amendments of the IBC for assisted living are based on some of the concepts of the NFPA 101 and the NFPA 101A Guide on Alternative Approaches to Life Safety. Washington amends the IBC for assisted living as Group LC (Licensed Care). It aligns its assisted living with the designations in the IBC in terms of the numbers of residents of the occupancy.

1. Washington amends the I-1 and R-4 base requirements of the IBC to allow assistance with self-preservation by categorizing evacuation capability as Type I capable, Type II capable with some assistance, and Type III requiring assistance.
2. The IBC is amended for assisted living and grouped as LC (I-1) for over 16 residents when some may be categorized as requiring assisted self-preservation.
3. The IBC is amended for assisted living and grouped as LC (R-4) for 6 to 16 residents when some may be categorized as requiring assisted self-preservation.
4. It amends the base IBC by adding requirement for smoke barriers in LC when housing residents above the first floor of Type II and III capabilities.
5. It does not further limit fire resistive wood frame construction. It allows it to be up to four stories.

CONCLUSIONS & RECOMMENDATIONS

NFPA

The NFPA Residential Board and Care occupancies have been in existence in its current similar form since the 1980s. The NFPA explanations of types of residents and classifications of residents in the Life Safety Code 101 and its NFPA 101A Guide on Alternative Approaches to Life Safety are consistent with the current assisted living industry variety of types of residents and facilities. Its 2003 edition revisions of adding compartmentalization, limitations on wood frame construction, and additional sprinkler coverage, are also consistent with what some individual States have required in their assisted living, that allow residents who may need assistance with evacuation in exiting a building. The general conclusion is that the 2003 and 2006 NFPA 101 Residential Board and Care occupancy requirements allows for the actual types of residents in assisted living today, while requiring appropriate limitations and requirements in life safety design.

IBC

The IBC is in its third code revision cycle since its inception in the year 2000. The 2000 IBC was the first time personal care assisted living occupancy was specifically identified in a building code. States generally use three categories of IBC to regulate their assisted living facilities.

- I-1 is a residential occupancy providing personal care assisted living services for over 16 residents who are capable of responding to an emergency situation without any physical assistance from staff.
- I-2 is the occupancy used to provide care for health or custodial care for people not capable of self-preservation.
- R -4 is a residential occupancy providing personal care assisted living services for six to 16 residents who are capable of responding to an emergency situation without any physical assistance from staff.

There are only approximately four States that exclusively match the IBC I-1 occupancy assisted living designation. There are about 14 States that would more probably be classified into the I-2 nursing occupancy even though the IBC does not designate personal care assisted living in its I-2 occupancy. The remaining 32 States assisted living facilities would most likely be classified into both the I-1 (assisted living residences) and I-2 (nursing facility) occupancies, since those States have more than one level of assisted living.

There are approximately 46 States that allow some form of assistance with evacuation in their assisted living facilities. The general conclusion is that most States actual personal care assisted living occupancies do not fit into the IBC personal care I-1 or R-4 occupancies which were created for them. Placing them into the I-2 nursing/ health care occupancy also seems inappropriate due to these residents not requiring full nursing care and not being bedridden.

The IBC I-1 designation is essentially the same as the IBC R-2 occupancy. The R-2 occupancy is the typical apartment occupancy in the IBC. The only differences in the current requirements of the two occupancies are a slightly less allowable area requirement and slightly more stringent fire and smoke alarm requirements. All other requirements of the IBC I-1 and R-2 occupancies are essentially the same. Occupancy classifications are typically created because there are differences in the users of the occupancies, so different requirements are regulated. The IBC I-1 and R-4 occupancies, when compared to the R-2 occupancy do not seem consistent with this concept of creating occupancies that are different from one another.

The conclusion is that the IBC should be revised to create a true “in between” occupancy of I-1 assisted living. This new I-1 occupancy should be between the I-2 nursing and the R-2 typical apartment occupancies in the type of residents and associated requirements. The residents of these facilities should be allowed to have assistance with evacuation. There should also be some additional life safety requirements and limitations taken from the I-2 occupancy included in the I-1 occupancy. The “R-Residential” occupancy designations should be reserved for living and sleeping uses with persons who are generally considered capable of self-preservation. The “I-Institutional” occupancy designations should be reserved for those persons who are under supervision and care and who may require assistance in evacuation. These conclusions are based on the review of the 50 States assisted living regulations, the NFPA, and the five nearby State analysis.

Recommendations for a new revised IBC

1. Revise the IBC I-1 Occupancy

This occupancy shall include buildings, structures or parts thereof housing more *than five residents* on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment that provides personal care services. *The occupants participate in fire drills and are considered capable of assisted self-preservation.*

Group I-1 occupancies with 6-16 residents shall meet the requirements for construction as defined for Group R-3 except as otherwise provided for in this code or shall comply with the residential code.

It is recommended that the new IBC I-1 Occupancy:

1. Provide a definition for “assisted self-preservation”
2. Require a definition for “point of safety” similar to the current NFPA version in the IBC Chapter 4. A point of safety is an area safe from fire at the exterior of a building or points within a building on the other side of a smoke barrier, horizontal exit, or enclosed stair, protected from a potential fire or smoke event.
3. Require “smoke barriers” in Chapter 4. This provides 20 minutes of smoke protection as a point of safety.
4. Limit the maximum number of stories in Type V-A (one hour fire resistive wood frame construction) and Type II-B (non-protected, non-combustible construction) with sprinkler increases to two stories in Chapter 5. The two story limitation is based on the 2003 NFPA 101 for Residential Board and Care and some States limiting the stories of combustible construction for assisted living to two or three stories.
5. Limit the maximum number of stories in Type II-A (one-hour fire resistive noncombustible steel or concrete construction) with sprinkler increases to three stories in Chapter 5. The three story limitation is based on the requirements of the 2003 NFPA 101 for Residential Board and Care.
6. Require NFPA 13 sprinklers in facilities with over 16 residents, and NFPA 13R in facilities with 6 - 16 residents, in Chapter 9. NFPA 13 requires full coverage sprinklers including attic coverage, which NFPA 13R does not include. NFPA 13 is required in nursing facilities and is probably appropriate for the additional coverage in assisted living, as an additional offset for allowing additional stories in wood frame.

Revise the IBC I-2 Occupancy

This occupancy shall include buildings and structures used for medical, surgical, psychiatric, nursing, health or custodial care for persons who are not capable of self-preservation. *This occupancy shall also include building structures used for personal care whose residents are considered not capable of assisted self-preservation.* This group shall be limited to the following:

Hospitals

Nursing Homes

Mental Hospitals

Detoxification Facilities

Ambulatory Health Care Centers

Specialized Alzheimer's Facilities or areas

Personal Care Residencies (with residents not capable of assisted self-preservation)

Revise the IBC R-4 Occupancy

R-4 residential occupancies shall include buildings arranged for residential care assisted living occupancies and other personal care occupancies, housing more than five residents, *all of whom are capable of responding to an emergency situation without any physical assistance from staff.*

Group R-4 occupancies with 6-16 residents shall meet the requirements for construction as defined for Group R-3 except as otherwise provided for in this code or shall comply with the residential code.

Also in the new R-4 occupancy require:

1. Require NFPA 13R sprinklers in Chapter 9.

GENERAL RECOMMENDATIONS FOR THE STATE OF HAWAII ASSISTED LIVING CODE REGULATIONS

The same general recommendations to the IBC and general compliance with NFPA are recommended for Hawaii. It is assumed that the building department jurisdictions in Hawaii will be implementing the IBC. Also taken into consideration, for Hawaii's recommendations, is how the five nearby States, as noted in the Findings Section, consistently amend the base IBC requirements for assisted living.

1. Hawaii assisted living regulations should match the number of resident designations that are now in existence in the IBC and NFPA: <6, 6-16, and >17.
2. Allowing assistance in exiting a building should be allowed since almost all States allow some form of it.
3. Matching the current IBC occupancy designations for assisted living of I-1, R-4 should be maintained since changing it would affect too numerous sections of the IBC and IFC (International Fire Code).
4. Adding the additional life safety elements recommended for a new revised IBC I-1 similar to elements in I-2 is recommended. These recommendations are addressed in detail in the previous section of the new revised IBC section. They are described in detail there so they can be directly correlated to IBC terminology, format and chapters. Re-writing them into possible DHS and DOH regulations or a State amendment to the IBC can be accomplished, but correlation to the appropriate IBC terminology and format should be carefully maintained. One option for including them in a State building code amendment is included in the next section.

- a. A definition of “assisted self-preservation” similar to the recommendations in the new revised IBC option should be included.
 - b. Add limitations on the number of stories, smoke barriers, NFPA 13, sprinklers, horizontal exits and fire alarms, per the recommendations in the new revised IBC section, should be included.
5. There should be some review with the State on how existing buildings are integrated with the new requirements. They could require conformance to NFPA 101 Life Safety Code for Existing Residential Board and Care Occupancies.
6. The State Assisted Living regulations should include language so that sufficient staff shall be provided on a 24- hour basis, to assist all residents to reach a point of safety within 13 minutes in I-1 and R-4 facilities. These regulations should specifically be in the Assisted Living regulations since the building code does not regulate staff levels.
7. Also in the State Assisted Living regulations there should be some clarifications of when the new regulations take affect and what buildings new/ or existing are controlled by the new regulations. Some States use language similar to the following when implementing new requirements: “Facilities licensed after January 1, 2008 shall conform to the following...”
8. The Assisted Living regulations and/or fire code should include language requiring quarterly or bimonthly fire drills, covering all shifts. Residents should participate in the fire drills.
9. Conformance with State statutes should be confirmed by DHS or DOH relative to placing possible building code requirements in their regulations, or by recommending implementation into State amendments to the IBC.
10. Final recommendations will be based on the next part of the agreed terms of this analysis. This reviewer will meet with appropriate stakeholders during two meetings to assist the State in creating a consensus on how to implement these recommendations or revisions to these recommendations, based on stakeholder input. During that time, the final format, location and technical language will be incorporated.
11. See the next section for a possible the first draft option of a possible Statewide amendment to the IBC.

SPECIFIC INITIAL DRAFT RECOMMENDATIONS FOR THE STATE OF HAWAII ASSISTED LIVING BUILDING CODE REGULATIONS

The following pages show specific language is a first draft for possible assisted living amendments to the 2003 IBC for the State of Hawaii. Only possible section numbers and page numbers on these following amendments would need to be revised for insertion into the 2006 IBC. Appropriate stakeholder and State review and approval will need to occur before implementation.

There are various ways that different States amend the building code. Some require more printing and revisions to the base IBC than others. The recommended approach for Hawaii is the approach used by the State of Washington. It allows for a complete unedited base IBC with no edits. The amendments are one page amendments that are inserted between existing pages of the IBC. This can be accomplished by utilizing the three ring binder version of the IBC. Washington has used this approach successfully for some time, and is the simplest approach to inserting amendments.

308.2 Group I-1. This occupancy shall include buildings, structures or parts thereof housing more than five residents on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment that provides personal care services. The occupants participate in fire drills and are considered capable of assisted self-preservation. Facilities with residents who require additional help beyond assisted self-preservation criteria, shall reside on the first floor in all Type III, IV, and V construction, or shall be classified as Group I-2. This group shall include, but not limited to the following:

- Residential Board and Care Facility
- Assisted Living Facility
- Halfway Houses
- Group Homes
- Social Rehabilitation Facilities
- Alcohol and drug Centers
- Convalescent Facilities

A facility such as above with 6-16 residents shall meet the requirements for construction as defined for Group R-3 except as otherwise provided for in this code or shall comply with the residential code in accordance with Section 101.2.

308.3 Group I-2. This occupancy shall include buildings and structures used for medical, surgical psychiatric, nursing, health or custodial care for persons who are not capable of self-preservation. This occupancy shall also include building structures used for personal care whose residents are considered not capable of assisted self-preservation. This group shall be limited to the following:

- Hospitals
- Nursing Homes
- Mental Hospitals
- Detoxification Facilities
- Ambulatory Health Care Centers
- Specialized Alzheimer's Facilities or areas
- Personal Care Residencies (with residents not capable of assisted self-preservation)

A facility such as above with five or fewer persons shall be classified as Group R-3 or shall comply with the residential code in accordance with Section 101.2.

R-4 Residential occupancies shall include buildings arranged for residential care assisted living occupancies and other personal care occupancies housing more than five residents all of which are capable of responding to an emergency situation without any physical assistance from staff.

Group R-4 occupancies with 6-16 residents shall meet the requirements for construction as defined for Group R-3 except as otherwise provided for in this code or shall comply with the residential code.

Section 310.2

ASSISTED SELF-PRESERVATION is a term used for personal care I-1 occupancies. It is the ability of a resident to respond to an emergency situation and exit a building to a point of safety mostly on their own or with some physical assistance from staff. Residents who require guiding or directing, who are considered slow to very slow, or who may receive intermittent assistance, are considered capable of assisted self-preservation. Residents who require more than intermittent nursing care are considered not capable of assisted self-preservation. Residents who are not self starting, are considered beyond very slow, or who require assistance by more than one staff in exiting, are all considered not capable of assisted self-preservation.

POINT OF SAFETY is a term used for I-1 occupancies. At least one point of safety is required. Each point of safety shall provide a minimum of 10 square feet (0.93 m²) of refuge area for each building occupant and shall be one of the following:

1. A point exterior to, and not less than 50 feet away from the building which shall be provided with access to a public way;
2. A public way; or
3. A point within a building that is protected throughout by an approved automatic sprinkler system and is either:

Within a vertical exit enclosure construction per Chapter 10.

Within another portion of the building which is separated by a smoke barrier or horizontal exit that is also built to smoke barrier requirements and that portion of the building has access to an exit.

419.4 Group I-1 Assisted Living. Group I-1 Assisted Living Facilities with over 16 residents, shall comply with the provisions of this section.

419.1 Building Height. Buildings shall not exceed one story in Type VB construction, two stories in Types IIB, III, IV, and VA construction, and three stories in Type IIA construction. Other construction type limitations on stories shall be limited by the provisions of Chapter 5.

419.2 Smoke Barriers. Smoke barriers shall be provided to subdivide every story used by residents for sleeping or treatment into at least two smoke compartments with not more than 16 residents per smoke compartment and not more than 150' of travel distance. Smoke compartments shall be in accordance with Section 709.

Section 903.2.5 Group I. An NFPA 13 automatic sprinkler system shall be provided throughout buildings with a Group I fire area.

Exceptions:

1. An NFPA 13R automatic sprinkler system shall be installed in accordance with Section 903.1.2 in I-1 occupancies with 6-16 residences in the facility.

**3401.3.1 Group I-1 Existing Assisted Living
Automatic Sprinkler System Requirements.**

1. Existing facilities with over 5 residents shall be provided throughout with an NFPA 13R automatic sprinkler system, when there are residents requiring and categorized as being capable of assisted self preservation, residing above the level of exit discharge.
2. Existing facilities with over 16 residents shall conform to the requirements for Group I-2, except for the 8' corridor and 44" door width requirements, when there are residents who are considered not capable of assisted self preservation, residing above the level of exit discharge.

(Insert Facing Page 567)

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Assisted Living Occupancy Criteria Analysis by State

STATE: **Alabama**

Definitions:

Alabama Administrative Code (AAC): Rule 420-5-4 Assisted Living Facilities

Assisted Living Facilities (ALF): Provide residence & personal care to 2 or more unrelated individuals who are in need of assistance w/ activities

Cognitively Impaired: not recognizing own name or not understanding dose of medication

Types of Facilities: Assisted Living Facility

Family Assisted Living Facility: ALF for 2-3 adults

Group Assisted Living Facility: ALF for 4-16 adults

Congregate Assisted Living Facility: ALF for 17 or more adults

Special Care for all 3 above types of facilities family, group, congregate

Alzheimer's Allowed:

In special care units/facilities. (SALF) Same Family, Group and Congregate as regular ALF's

24 Hour Care:

Intermittent care allowed for less than 90 days and properly arranged

Admissions Criteria:

Not admitted if need hospice care at time of admission.

Can not have contagious disease, or infected draining wounds

Discharge Criteria:

Needing medical or skilled nursing services beyond facilities capabilities

Needing medical or skilled nursing care exceeding 90 days unless the resident is capable of handling all tasks related to own care or directing all assistance if limited mobility.

Needing restraints: chemical or physical

Severely cognitively impaired

Safety risk for self or others

Personal Care Services:

Can not prevent free and unhindered egress for residents

Nursing Services:

May remain as hospice w/ 3rd party care, if facility can assure safe care

Allowed by hospice, home health agency and if within capability of facility

Medication Assistance:

Assistance w/ self-medication

Can not assist by giving injections, administering eye, ear or nose drops, inhalers, suppositories, enemas, crushing or splitting medications, placing in a feeding tube, mixing w/food or liquids.

Can administer medications (licensed staff) for cognitively impaired

Bedridden Allowed:

No

Minimum Fire Life Safety Standards:

Limitations on Stories: Group ALF limit to 1 story

Smoke Barriers Required: Required for Group and Congregate ALF's, 1-hr min., 3000 s.f

Fire Drills: minimum of 1/month, quarterly on each shift. Actual evacuation to smoke compartment

Assisted Living Occupancy Criteria Analysis by State

or building exterior. Drills 9:00pm - 6:00am announcement instead of audible alarm

Other: No resident to be housed below ground

NFPA:

Family ALF (2-3 individuals) shall comply w/ Life Safety Code Chapter for 1-2 Family Dwelling, & Sections 1,2,3 & 4 of AAC Rule 420-5-4-.12

Group ALF shall comply w/ Section 1,2,3,5 of AAC Rule 420-5-4-.12, & shall comply w/ currently adopted Life Safety Code for (New or Existing) Residential Board & Care Occups, Impractical Evacuation Capability (excluding NFPA 101A Alternative Approaches to Life Safety)

Congregate ALF: shall comply w/ Sections 1,2,3,6 of AAC Rule 420-5-4-.12, and shall comply w/ currently adopted Life Safety Code for New/Existing) Residential Board & Care Occupancies, Impractical Evacuation Capability (excluding NFPA 101A, Alternative Approaches or Life Safety).

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **Alaska**

Definitions:

Assisted Living Home: providing care and assistance to 3 or more unrelated individuals in a home-like environment primarily to persons who have a physical disability, who are elderly, or who suffer from dementia, but who are not diagnosed as chronically mentally ill.

Activities of daily living: walking, eating, dressing, bathing, toileting and transfer between bed and chair

Alaska Administrative Code: 75.010

Alaska Statutes: 47.33.005

Alaska Title 13: Alaska Administrative Code Title 13: Fire & Life Safety Regulations

Types of Facilities:

Fewer than 6 residents (3-5): Residential Fire & Life Safety Requirements (From Fire Marshall)

6 to 11 residents: compliance w/ life safety requirements of Title 13, bldg code approval & fire safety inspection

More than 11 residents: compliance w/ life safety requirements of Title 13, bldg code approval & fire safety inspection

Alzheimers Allowed:

Can have dementia, but not diagnosed as chronically mentally ill.

24 Hour Care:

Admissions Criteria:

None (Phone conversation w/ department of health)

Discharge Criteria:

For medical reasons above the care provided by the facility

Harmful to self or others

No longer able to provide or arrange for services needed by resident

Personal Care Services:

Assistance and supervision of ADL's

Nursing Services:

Skilled nursing can be provided by a licensed 3rd party, but not more than 45 days

May provide intermittent nursing services (by or supervised by a licensed nurse) not requiring 24-hr services or supervision

Hospice care is allowed provided it does not interfere w/ care of other residents and resident's physician agrees to care meets resident's needs

Medication Assistance:

Assist w/ self-administration to the point of helping their hand take the medication.

Assistance and management

Bedridden Allowed:

Yes, allow assistance with transfer between bed and chair. (phone conversation w/ health dept)

Minimum Fire Life Safety Standards:

Assisted Living Occupancy Criteria Analysis by State

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: 6x/year on a bi-monthly basis, with 2 at night

Other: emergency evacuation plan w/ drills at least twice yearly

NFPA:

IBC (Estimated):

Guidelines recommend I-2 for larger facilities as unable to self-evacuate is common.

Other:

Phone conversation w/ state fire marshal office:

IFC 2000 edition

IBC 2003 edition

Facilities: R-4 and I-1: May need physical assistance from staff in emergency.

small facilities: 5 or fewer = R-3 occupancy

Assisted Living Occupancy Criteria Analysis by State

STATE: **Arizona**

Definitions:

Assisted Living Center: an assisted living facility that provides resident rooms or residential units to 11 or more residents.

Assisted Living facility: residential care institution, including adult foster care, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuing basis.

Assisted Living Home: provides resident room to 10 or less residents

Types of Facilities: type based on size

Assisted Living Home: less than 11 residents

Assisted Living Center: more than 11 residents

Alzheimer's Allowed:

In special care facilities or units licensed for such care.

24 Hour Care:

Admissions Criteria:

See discharge criteria

Evaluation of needs and service plan

Discharge Criteria:

Unable to direct self-care

Requires continuous nursing services unless the resident is under care of hospice agency or 3rd party agency

Bedridden unless condition a result of short-term illness or injury or specifically defined & approved but resident's needs must be met and facility must be able to accommodate care.

Has stage 3 or 4 pressure sore as determined by a nurse or medical practitioner.

Personal Care Services:

Nursing Services:

Intermittent services provided

Hospice and health agencies allowed if facility can accommodate

Medication Assistance:

Allows both self-administration and staff administered medication (license nurse supervised)

Bedridden Allowed:

Not unless certain requirements are met: short-term illness or injury, written authorization from primary physician, does not require continuous nursing services, resident under care of agency or hospice, facility meets resident's needs.

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: Employee drill -minimum of once per quarter on each shift (12x/year), but don't evacuate residents. Residents drill is once every 6 months, requires evacuation

Assisted Living Occupancy Criteria Analysis by State

Other: 1st floor limits for Assisted Living Home: resident not housed on floor without direct access un
secondary means of egress that resident is capable of using, and resident is ambulatory without
assistance and able to direct self-care.

NFPA:

NFPA 72 - Fire alarm system installed, and

NFPA 13 - Sprinkler system installed or

Alternate methods to ensure resident's safety approved by local jurisdiction an granted an exception

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **Arkansas**

Definitions:

Assisted Living Facilities: 24-hr care for 3 or more unrelated adults in all ADL's and limited nursing care provided or contracted out to 3rd party

Limited Nursing Services: licensed personnel, not complex to require 24-hr nursing supervision

Types of Facilities:

ALF Level I: Personal care for 3 or more residents

ALF Level II: Personal care for 3 or more residents and limited nursing care

Alzheimer's Allowed:

In Alzheimer's special care units

24 Hour Care:

Assistance and supervision

Admissions Criteria:

Level I: Needs able to be met by facility license

Can not need 24-hr nursing care

Must be able to self-administer medications

See discharge criteria below for other requirements

Level II: Similar to Level I through intermittent nursing care

Discharge Criteria:

Level I: Require 24-hr nursing services except by licensed home health agency for less than 60-days w/ one 30-day extension

Bedridden

Unable to self-administer medications

Danger or threat to self or others

Need transfer assistance, assistance to evacuate in emergency

Needs of resident cannot be met by facility

Refuses to cooperate in a medical exam to determine health or mental status to establish appropriateness for retention/termination.

Level II: Requires 24-hr nursing services except temporary (more than 14 consecutive days) or terminal condition unless Dr or Rn signs that facility can safely meet needs.

Bedridden

Needs transfer assistance, assistance to evacuate in emergency that can't be met w/ staff.

Danger or threat to self or others

Personal Care Services:

Housing, meals, laundry, social activities, arrange transportation, direct care & health care services, limited nursing services.

Nursing Services:

Limited nursing services: not complex to require 24-hr supervision

Arrange for home health agency services if needed for a short-term basis (60 days w/ 1 30-day +)

Care can include routine dressings, care of casts, braces and splints

Level II allows intermittent nursing care up to 14 consecutive days

Medication Assistance:

Level I: Assist with self-medication

Assisted Living Occupancy Criteria Analysis by State

Level II: staff can administer

Bedridden Allowed:

Not allowed

Minimum Fire Life Safety Standards:

Limitations on Stories: No

Smoke Barriers Required: No

Fire Drills: Yes per IBC 2000

Other:

NFPA:

NFPA 101 1985 edition

IBC (Estimated):

Level I: IBC 2000, I-1 group occupancy

In compliance with ADA requirements

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **California**

Definitions:

Residential care facility for the Elderly: Housing for (75% or more) 60 years + where varying levels of care & supervision are provided.

Non-ambulatory Person: person who is unable to leave a building unassisted under emergency conditions, including those who depend on mechanical aids (crutches, walkers, & wheelchairs). Also includes those unable to respond physically or mentally to oral instruction and unassisted take appropriate action relating to such danger.

Types of Facilities:

Residential Care Facilities for the Elderly:

Alzheimer's Allowed:

Allowed in special units for A/D

24 Hour Care:

Admissions Criteria: following persons may be accepted

Capable of administering own medications

Receiving medical care & treatment outside facility or from a visiting nurse

Forgetfulness or physical limitations only need reminder or assist to self-medicate

Forgetfulness, wandering, confusion, irritability & inability to manage money

Mild, temporary emotional disturbance resulting from personal loss

Persons under 60 years who's needs are compatible w/ other residents

Discharge Criteria:

Active communicable tuberculosis

Require 24-hr skilled nursing or intermediate care

Mental disorder upsetting to general resident group

Dementia, unless licensed to care for

Bedridden except for temporary illness or recovering from surgery (limit of 14 days)

Facility not able to provide services to resident's care needs

Several prohibited or restricted health conditions

Risk to safety of self and other

Personal Care Services:

Nursing Services:

Arrange or assist in arranging for medical care

Hospice care by a licensed hospice agency if all other requirements are met.

Medication Assistance:

Assist with self-administration from a designated staff

Bedridden Allowed:

Allow for more than 14 day if facility notifies Department in writing regarding the temporary illness or recovery from surgery and approval is given based on safety to individual and the alternate safety plan approved by the State Fire Marshal

Minimum Fire Life Safety Standards:

Assisted Living Occupancy Criteria Analysis by State

Limitations on Stories:

Smoke Barriers Required:

Fire Drills:

Other: Regulations adopted by State Fire Marshal

NFPA:

NFPA 101 2003 edition

IBC (Estimated):

Occupancy determined by 2003 IBC (Kevin Reinertson 916-324-3165)

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **Colorado**

Definitions:

Assisted Living Residences: 3 or more unrelated individuals for personal services, protective oversight, social care, and regular supervision on a 24-hour basis, but not to the extent that 24-hr medical or nursing care is required.

Bedridden: unable to ambulate or move about independently or with the assistance of an auxiliary aid, who also requires assistance in turning & repositioning in bed.

Types of Facilities:

Assisted Living Residences: 3 or more residents

Alzheimer's Allowed:

In special care units or facility

24 Hour Care:

Admissions Criteria:

Can facility meet needs of resident within their license and staffing
Assessment and service plan

Discharge Criteria:

Danger to self or others
Requiring restraints or any kind except facilities licensed for mentally ill
Needing care beyond the license of facility
Cannot self evacuate unless building allows protected in place
Can not admit or keep bedridden with limited potential for improvement (see bedridden below)
Requiring skilled nursing services on 24-hr basis
Has a communicable disease

Personal Care Services:

Nursing Services:

By home health or hospice private caregiver
Assist with oxygen

Medication Assistance:

Self-administered and by qualified and directed unlicensed staff

Bedridden Allowed:

Bedridden with limited potential for improvement. OK if written order by physician and care provided by home health or hospice agency, and with adequate staff trained in care of bedridden residents.

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: 1st year of facility drill are monthly, after are every other month, Minimum of 2 at night

Other: Fire alarm, smoke detection systems, auto sprinkler system.

Assisted Living Occupancy Criteria Analysis by State

NFPA:

NFPA Life safety Code 2003 edition and Guide on Alternative Approaches to Life Safety 2003 ed.
NFPA Procedure for Determining Evacuation Capability (prompt, slow, impractical)
NFPA 101 Chapter 32, 2003 edition. New Residential Board & Care Occupancies

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **Connecticut**

Definitions:

Managed Residential Communities: facility consisting of private residential units that provides a managed group living environment, inc. housing & services primarily for persons 55 and older; can provide meals, laundry, transportation, housekeeping and maintenance, social activities. Contracts w/ assisted living services agencies for services.

Not a licensed entity nor regulated by State Agency. Apartments are tenants' private homes.

Assisted Living Services Agencies (ALSA): agency that provides assisted living services, and can only provide services to individuals residing in a managed residential community.

Assisted Living Services (ALS): limited nursing services & assistance w/ ADL provided to clients living within a managed residential community w/ chronic & stable conditions as determined by physician or health care practitioner; physical, mental and cognitive conditions. Services are provided or supervised by a licensed nurse. Registered nurse on call 24-hr/7 days

Types of Facilities:

Managed Residential Communities (MRC): unlicensed facility consisting of private residential units

Assisted Living Services Agencies: licensed agency providing services to MRC on a 20-40 hr/week basis.

Alzheimers Allowed:

No. Limited cognitive impairment is allowed if the service is intermittent.

24 Hour Care:

Care in intermittent and not 24-hr. Services are preformed in resident's own "home"

Admissions Criteria:

Tenants live in their own private "home" in a facility.

Discharge Criteria:

Personal Care Services:

Privately arranged with an assisted living services agency

Nursing Services:

ALSA can only provide medication administration and intermittent health care for stable conditions. Home health agencies provide skilled nursing for unstable and acute conditions.

Medication Assistance:

Self-administered or licensed staff

Medications only stored in resident's living quarters

Bedridden Allowed:

No, need nursing facility (inferred)

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills:

Other:

Assisted Living Occupancy Criteria Analysis by State

NFPA:

IBC (Estimated):

Other:

Phone conversation with State Fire Marshal:

Assisted Living is apartment living not board and care. I-1 occupancy.

Connecticut fire code includes and references NFPA and IBC

NFPA 101 2003 edition

IBC - IFC 2003 edition

Assisted Living (I-1) is not licensed by the State, only the care agency is licensed. Basically an apartment and residents are capable of self-evacuation/preservation.

Assisted Living Occupancy Criteria Analysis by State

STATE: **Delaware**

Definitions:

Assisted Living: A special combination of housing, supportive services, supervision, personalized assistance & health care designed to respond to the individual needs of those who need help w/ ADL's and daily living.

Assisted Living Facilities: licensed entity that provides the services of assisted living

Types of Facilities:

Assisted Living Facilities:

Alzheimer's Allowed:

In special care units or facilities.

24 Hour Care:

Admissions Criteria:

Evaluation and service plan

Discharge Criteria:

Require skilled nursing services or care the facility cannot provide.

Bedridden for 14 or more days

Communicable disease requiring isolation

Unstable medical condition requiring monitoring

Facility unable to provide needed services

Behavior that is a threat to self or others

Socially inappropriate that facility unable to manage

Needing transfer assistance (from phone conversation w/ fire marshal)

Personal Care Services:

Nursing Services:

Intermittent care not requiring skilled care

Hospice and home health services allowed by private 3rd party if all needs are met without putting other residents at risk; needs a resident specific waiver

Medication Assistance:

Both self-administered and staff administered medications by licensed staff

Bedridden Allowed:

Allowed for 14 days or less if facility can meet residents needs.

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: Conduct fire drills in accordance w/ Delaware Fire Prevention Regulations

Other:

NFPA:

Assisted Living Occupancy Criteria Analysis by State

NFPA 101 Life Safety Code 2000 edition for federal medicare/medicaid residents
Comply w/ all state & local fire and building codes

IBC (Estimated):

Other:

Phone conversation from State Fire Marshal

Use state requirements as minimum. Local jurisdiction may make stronger.

All assisted living facilities are Residential Board and Care basically

Assisted Living Occupancy Criteria Analysis by State

STATE: **Florida**

Definitions:

Assisted Living Facility: any building or buildings, section or distinct part of a building, private home, boarding home, home for the aged, or other residential facility, which undertakes through its ownership or management to provide housing, meals, and one or more personal services for a period exceeding 24-hrs to 1 or more unrelated adults.

Limited Nursing Services: services shall be for persons who meet the admission criteria for assisted living facilities & shall not be complex enough to require 24-hr nursing supervision & may include care of routine dressings, & care of casts, braces, & splints.

Types of Facilities:

Assisted Living Facility: 1 or more unrelated adults

Alzheimers Allowed:

Yes in special care facilities or units

24 Hour Care:

Admissions Criteria:

Needs assessment and personal plan

Discharge Criteria:

Requiring 24-hour nursing supervision unless hospice

Danger to self and others

Unable to evacuate by self unless facility licensed for impractical evacuation

Needing services beyond license of facility

Bedridden greater than 7 days

Medical: stage 3 or 4 pressure sores or stage 2 greater than 30 days

Personal Care Services:

Assistance and supervision of ADL's & self-administration of medications

Nursing Services:

Limited intermittent nursing services, but not requiring 24-hr supervision or skilled nursing services

Hospice and home health agency services are allowed.

Medication Assistance:

Self-administered and licensed staff administered. Unlicensed staff may assist.

Bedridden Allowed:

Bedridden greater than 7 days is not allowed

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: fully sprinklered facilities in compliance w/other required fire safety standards need only 1 drill at night 11pm - 7am

Other: facilities 17+ must have min of 1 alert staff 24-hrs/7 days

Assisted Living Occupancy Criteria Analysis by State

NFPA:

NFPA 101 Chapter 22 (New Residential B & C) for new facilities & Chapter 23 (Exist Residential B&C) for existing facilities 1994 edition shall be uniform fire code applied by state Fire Marshal for assisted living facilities.

NFPA 101A 1995 edition used to evaluate residents for prompt, slow, impractical

All new facilities after 1/1/96 must have an auto sprinkler system, exception 8 or less residents.

unless they are impractical to evacuate - then need sprinklers

This provision does not supersede exceptions granted in NFPA 101 1988 or 1994 editions

IBC (Estimated):

Other:

Phone conversation with Fire Marshal:

Now use the 2000 edition of NFPA

Assisted Living Occupancy Criteria Analysis by State

STATE: **Georgia**

Definitions:

Personal Care Homes: residential care facility having at least 25 beds & providing protective care & oversight of ambulatory, non-related persons who need a monitored environment, but who do not have injuries or disabilities which require chronic or convalescent care, including medical, nursing, or intermediate care. Include facilities which monitor daily residents' functioning & location, have the capability for crisis intervention, and provide supervision in areas of nutrition, medication & provision of transient medical care. Does not inc. independent living units w/ kitchen facilities or boarding facilities which do not provide personal care.

Types of Facilities:

Personal Care Homes: 2 or more unrelated adults. Only facilities w/ 25 or greater are currently regulated by the state's certificate of need process

Alzheimers Allowed:

24 Hour Care:

Admissions Criteria:

Only admit ambulatory residents
Residents' needs can be met by the facility

Discharge Criteria:

Must be ambulatory
Requiring ongoing nursing care
Danger to self and others
Unable to evacuate unassisted
Requiring restraints of any kind
Beyond the capability of facility license
Bedridden

Personal Care Services:

Assistance with or supervision of self-administrated medication, assistance w/ ambulation & transfer, and essential ADL's.

Nursing Services:

No nursing care services provided by facility staff.
May help arrange private services for resident from home health agency

Medication Assistance:

Assistance with self-medication or by staff if arrangements have been made
Staff may administer insulin with training and approval of physician

Bedridden Allowed:

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Assisted Living Occupancy Criteria Analysis by State

Fire Drills:

Other: bedroom may not be more than 50% below ground level.

Residents who need assistance w/ ambulation shall be assigned bedrooms w/ground level exit or rooms w/ above ground level which have exits w/easily negotiable ramps or easily accessible elevators.

Each sleeping room shall have a secondary exit (door or window usable for escape)

NFPA:

IBC (Estimated):

Other:

From phone conversation with State Fire Marshal office:

No bedridden allowed. Hospice is ok, but not past personal care. Need waiver. Not licensed for Home health needs.

Use NFPA 101 2003 edition with amendments

Assisted living falls under nursing care as long term

Assisted Living Occupancy Criteria by State

STATE: **Hawaii**

Definitions:

Assisted Living Facility: Building complex offering dwelling units to individuals & services to allow independent assisted living lifestyle. Staff available 24-hr

Health care services: provision of services in an assisted living facility that assist individual in achieving & maintaining high level of well being. May include nursing assessments & monitoring & delegation of nursing tasks, care monitoring, record management

Types of Facilities:

Assisted Living Facility:

Alzheimer's Allowed:

Yes, (from phone conversation w/ State fire marshal)

24 Hour Care:

Admissions Criteria:

Discharge Criteria:

Danger to self or others

Facility cannot meet residents' needs with available support services or services not available

Personal Care Services:

Assistance w/ ADL's and instrumental activities of daily living (meals, housekeeping, transport)

ADL's include: assistance w/ ambulation, mobility, transfer & lifting.

Nursing Services:

Facility shall provide nursing assessment, health monitoring & routine nursing tasks, inc those which may be delegated to unlicensed staff by RN, intermittent routine tasks

Medication Assistance:

Self-administer or staff administered medications.

Bedridden Allowed:

Yes, allows for assistance w/ transfer and lifting (phone w/ State fire marshal)

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: Quarterly emergency evacuation of residents and staff

Other: must develop evacuation plan for impaired mobility or cognitive impairment

NFPA:

IBC (Estimated):

Other:

Phone conversation with State Fire Marshal:

Currently all assisted living facilities are high rise (mostly retrofitted) - R occupancies

All Medicaid

Assisted Living Occupancy Criteria by State

Big issue in state: retrofit fire sprinklers, alarm systems to high rise buildings

Assisted Living Occupancy rating: R1 High rise (old rating), R5 hybrid (new rating)

In process of adopting NFPA 2006 edition. Still under UFC 1988 edition

Just passed IBC 2003 edition

All Residential Board & Care.

All really nursing facilities

Type 1: (1-5) Assisted living level of care. Allows nursing care

Type 1 expanded: Skilled nursing, alzheimer's

Type 2: (6-16) Assisted living level of care. Allows nursing care

Type 2 expanded: Skilled nursing, alzheimer's

Assisted Living Occupancy Criteria by State

STATE: **Idaho**

Definitions:

Residential and Assisted Living Facility: facility or residence, however named, for the purpose of providing necessary supervision, personal assistance, meals & lodging to 3 or more unrelated adults

Types of Facilities:

Residential and Assisted Living Facilities: 3 - 16 residents

Residential and Assisted Living Facilities: 17 or more residents

Alzheimers Allowed:

Yes if licensed for special care services

24 Hour Care:

Admissions Criteria:

Assessment of needs and negotiated service agreement

Resident must be capable of self-evacuation unless facility has approved auto sprinkler system & meets Life Safety Code requirements and reside on ground level

Discharge Criteria:

Resident needing ongoing skilled nursing care, needs cannot be met

Danger to self or others

Unable to evacuate beyond fire safety level of the facility

Needing restraints, inc bedrails, except chair w/locking wheels or one resident can't get out of

Needing services beyond the capability or license of the facility

Specific health conditions requiring skill or assessment by nursing staff

Personal Care Services:

Assistance with ADL's and instrumental activities of daily living, arranging for supportive services, supervision and aware of resident's whereabouts, assist w/ self-medication

Nursing Services:

Short term

Medication Assistance:

Self-administer and by licensed staff or unlicensed supervised staff

Bedridden Allowed:

Not allowed unless near death 14-30 days

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: minimum of 1/ shift / quarter for all staff and residents

Other:

NFPA:

New small (3-16): FPA 101, 2000 ed. Chap 32 New Res B&C small fac- 1st flr only, impracti evac

New 16+ & multi-story: NFPA 101 2000 ed. Chap 18 Health Care Occupancy

Assisted Living Occupancy Criteria by State

Exist 3-9: NFPA 1988 ed. Chap 21 Resid. B&C, small facility, 1st flr only, Prompt evac.

Exist 10-16: NFPA 101 1988 ed. Chap 21, small facility 1st flr only, Impractical evac.

Exist 16+ & multi-story: NFPA 101 1988 ed, Chap 12, Health care Occup

IBC (Estimated):

IBC 2003 edition

Other:

Assisted Living Occupancy Criteria by State

STATE: **Illinois**

Definitions:

Assisted Living/ Shared Housing Establishment: 1 or more unrelated residents, shall be operated as residential environments w/ supportive services designed to meet the individual resident's changing needs & preferences.

Mandatory services: meals, housekeeping, laundry, 24-hr/day security, emergency communication response system, assistance w/ ADL's

Types of Facilities:

Assisted Living Establishment: a home, building, residence, or any other place where sleeping accommodations are provided for at least 2 unrelated adults, at least 80% are 55 years or older & provide 24-hr/day residential care for persons needing assistance w/ ADL's, inc personal, supportive, & intermittent health-related services, and mandatory services are provided directly or arranged, and a physical environment that is homelike and includes individual living units each w/small kitchen appliances, private bathing and toilet facilities, and sufficient common space for group activities

Shared Housing Establishment: publicly or privately operated free-standing residence for 12 or fewer persons, at least 80% 55 years or older & who are unrelated to owners or managers, and provide services consistent w/ social model based on premise that resident's unit is his own home, provide residential care for persons who need assistance with ADL's, including housing & personal, supportive, & intermittent health-related services available 24-hr/day, and provide mandatory services directly or arranged.

Alzheimer's Allowed:

Yes in special care units or facilities

24 Hour Care:

Admissions Criteria:

Assessment of needs and service plan
Having none of the discharge criteria
Free of communicable disease

Discharge Criteria:

Resident requires ongoing or skilled nursing care
Requires more than 5 skilled nursing visits/week for 3 consecutive weeks or more except for terminally ill residents under hospice or home health agency care.
Resident is a danger to self or others
Resident unable to self evacuate, requires more than minimal assistance
Care needs are beyond the license or staff of the facility
Resident needs total assistance with 2 or more ADL's except quad or paraplegic or neuro-muscular diseased and conditions where resident is able to communicate needs & does not require assistance w/ complex medical problems, and facility is able to accommodate individual needs.
Not able to communicate his/her needs in any manner
Severe mental illness, more than depression

Personal Care Services:

Assisted Living Occupancy Criteria by State

Nursing Services:

By licensed professional on a limited basis

Medication Assistance:

By licensed professional for both assistance w/ self-administration and staff administered

Bedridden Allowed:

No

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: minimum of 6 drills on bi-monthly basis w/ 2 drills during night time w/ actual evacuation unless facility has an evacuation capability of impractical, then evacuation not required.

Other: 1 drill/year for tornado's, and for floods

No living units below ground level (Assisted Living), Shared housing may have basement units with a window w/ direct access to outside..

NFPA:

NFPA Life Safety Code, 2000 edition, Chapter 32: New residential Board & Care Occupancies

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **Indiana**

Definitions:

Residential Care Facility: a health care facility that provides residential nursing care or that administers medications prescribed by a physician.

Residential Nursing Care: May include, but not limited to: Executing a minor regimen based on a nursing diagnosis or executing minor regimens as prescribed by a physical. Administering, supervising, delegating & evaluating nursing activities, teaching health care practices.

Types of Facilities:

Residential Care Facility: providing room, meals, laundry, housekeeping, activities, and limited assistance in ADL's, without providing administration of medication or residential nursing care.

Alzheimer's Allowed:

Yes in special care facilities or units

Can also be licensed for mental health illnesses

24 Hour Care:

Yes if care facility licensed to provide it. Assistance and supervision 24-hr/day

Admissions Criteria:

Assessment and service plan

Facility must be able to meet need of resident and have sufficient staff to provide service.

Discharge Criteria:

The safety or health of the resident or others is at risk.

Medical need unable to be met by facility.

Requires 24-hr/day comprehensive nursing care, comprehensive nursing care or oversight, or rehab therapies and had not contract w/ appropriate licensed provider

Is not medically stable

Requires total assistance w/ 2 or 3 ADL's (eating, toileting, transfer) and is not stable or facility can not meet resident's needs

Personal Care Services:

Limited assistance in ADL's

Nursing Services:

May provide comprehensive nursing care if provided by hospice or home health agency

May if have appropriate staff also provide comprehensive nursing care to residents needing care for a self-limiting condition

Medication Assistance:

yes, both self-administered and staff administered or supervised

Inspection must be by a licensed staff

Bedridden Allowed:

yes

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: Minimum of 12 drills/year, 4 times each shift. Nighttime 9-6 need not evacuate

Assisted Living Occupancy Criteria Analysis by State

Other: Bedroom may be below grade if not more than 3 ft below ground.

NFPA:

State Fire Code (phone conversation w/ dept of health)

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: Iowa

Definitions:

Assisted Living Program: housing for 3 or more residents with services, which may include, but not limited to: health-related care, personal care, assistance w/ ADL's

Health-related Care: services provided by an RN, LPN on part-time or intermittent basis

Part time or intermittent care: services provided no more than 5 days/week for temporary periods of time with predictable end within 21 days, or licensed nursing services and assistance w/ medication & ADL not to exceed 28 hours/week

Types of Facilities:

Assisted Living Program: 3 or more

Dementia-specific assisted living: serves 5 or more dementia residents or specialized care for Alzheimer's disease in a dedicated setting.

Alzheimers Allowed:

Yes in dementia-specific units

24 Hour Care:

Admissions Criteria:

Assessment and occupancy agreement

Discharge Criteria:

Need services that exceed facility level of service

Necessary services cannot be safely provided

Dangerous to self or others: aggressive, abusive, wanders into danger

Displays behavior that places other residents at risk

Bed-bound

2-person assist w/ standing, transfer or evacuation (Conflicts with State Architects "other" role.)

Acute stage of alcoholism, drug addiction, uncontrolled mental illness

Unmanageable incontinence

Personal Care Services:

Nursing Services:

Medication Assistance:

By an RN, LPN or nurse practitioner, or by staff supervised and delegated to administer medications

Bedridden Allowed:

Not at all (phone conversation w/ state licensing for ALF)

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: required

Other:

Assisted Living Occupancy Criteria Analysis by State

NFPA:

NFPA 101 Life Safety Code, 2003 edition (phone conversation w/ state license staff)

IBC (Estimated):

Other:

From phone conversation with state license architect for ALF:

All facilities are I-1 except a few very small ones.

Use IBC code for building type

Under 16 residents is small with R-3, R-4, I-1 rating

Above 16 residents is large with I-1 rating

Assisted Living Occupancy Criteria Analysis by State

STATE: **Kansas**

Definitions:

Adult Care Home: Assisted living facility, residential health care facility, nursing facility, nursing facility for mental health, home plus, boarding care home and adult day care facility. All are Adult Care Homes.

Assisted Living Facility: 6 or more unrelated adults needing personal care and may need supervised nursing care to compensate for ADL limitations 24-hrs/7day. Skilled nursing services provided on an intermittent or limited term basis, or if limited in scope on a regular basis.

Residential Health Care Facility: 6 or more unrelated adults may need personal care and supervised nursing care 24-hrs/7 days. Provision of skilled nursing procedures is allowed. Generally skilled nursing procedures are provided on an intermittent or limited term or if limited in scope, on a regular basis.

Types of Facilities:

Assisted Living Facility: 6 or more unrelated adults.

Alzheimers Allowed:

Yes in special units

24 Hour Care:

If provided by hospice or home health agency

Admissions Criteria:

Can not have any of the criteria for discharge except hospice if it is in the service plan
Assessment and service plan

Discharge Criteria:

Facility cannot meet needs of resident
Safety or health of other is endangered
Incontinence that is not managed by resident
Immobility requiring total assistance in exiting building
Ongoing condition requiring 2 person transfer
Unmanaged behavioral problems
Requiring restraints

Personal Care Services:

Nursing Services:

Hospice support (3rd party) which is available 24-hrs/day - and can evacuate resident
Skilled nursing services allowed by a 3rd party provider

Medication Assistance:

Facility can assist and manage medication if by a licensed nurse or medication aid

Bedridden Allowed:

Determined per facility

Minimum Fire Life Safety Standards:

Limitations on Stories:

Assisted Living Occupancy Criteria Analysis by State

Smoke Barriers Required:

Fire Drills: emergency drill annually which includes evacuation of building

Other: Buildings must comply with building and fire codes, ordinances and regulations enforced by city, county; and state jurisdictions, including state fire marshal.

NFPA:

IBC (Estimated):

Other: Information provided by Steve Fenskie, State Fire Marshall's office

The main difference between an Assisted Living Facility and Residential Health Care Facility are size and whether units have a kitchen or not.

ALF: minimum 200 s.f. units, kitchen required

RHCF: minimum 100 s.f., kitchen not required

Assisted Living Occupancy Criteria Analysis by State

STATE: **Kentucky**

Definitions:

Assisted Living Community: a series of living units on the same site, operated by one business entity and certified to provide services to 5 or more unrelated adults.

Mobile nonambulatory: unable to walk without assistance, but able to move with walker, crutches or wheelchair

Types of Facilities:

Assisted Living: 5 or more unrelated adults, certified facility

Alzheimers Allowed:

Yes, in special units.

Must meet same evacuation criteria: 13 min. unassisted (phone conversation w/state)

24 Hour Care:

Admissions Criteria:

Must be ambulatory or mobile ambulatory, unless due to a temporary health condition for which health services are being provided.

Discharge Criteria:

Non-ambulatory - unable to evacuate

Facility unable to meet resident's needs

Danger to self or others

Personal Care Services:

Only provide assistance with ADL's, meals, scheduled social activities, & assistance with self-administration of medication.

Nursing Services:

May arrange for 3rd party services

May not deliver health services by staff

Medication Assistance:

Assistance with self-administration of medication, which includes opening, reading, reminding confirming and help with ordering, everything except handling actual medication.

Bedridden Allowed:

Contract w/ hospice & home health agency - temporary condition

Must be able to evacuate: 13 minute unassisted (phone conversation w/ state)

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: yes, quarterly for each shift. State fire inspector monitors (phone conversation w/ state)

Other:

NFPA:

Assisted Living Occupancy Criteria Analysis by State

NFPA 101 and based on size of facility (phone w/ state)
Older facilities are grand fathered in (phone w/ state)

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **Louisiana**

Definitions:

Adult Residential Care: Includes Assisted Living Facilities, Personal Care Home, and Shelter Care Facilities, also known as Board and Care Facilities, 2 or more unrelated adults

Assisted Living Services: supportive personal services, 24-hr supervision and assistance, scheduled and unscheduled activities, and health-related services

Types of Facilities:

Assisted Living Facilities: 2 or more unrelated adults and promotes 'aging in place' and personal care, but not nursing care. Provides room & board & personal services in individual living units that are apartment like with locking doors.

Alzheimers Allowed:

Yes in special units/facility (phone conversation w/ fire marshal)

24 Hour Care:

Assistance and supervision 24-hr/7 days

Admissions Criteria:

Assessment and service plan

Resident's ability to evacuation facility

Discharge Criteria:

Needs continuous nursing care (over 90 days)

Danger to self or others

Resident is being neglected due to family or outside service not providing needed services

Personal Care Services:

Assistance and supervision of ADL, meals, laundry, activities, housekeeping

Assistance services for residents with behavior problems that can be managed

Nursing Services:

Intermittent nursing only and not skilled nursing.

May accept or retain residents in need of additional care if: arranged & hired by resident, and does not require continuous nursing care, only temporary (not exceeding 90 days), and does not interfere with operation of facility

Medication Assistance:

Assistance with self-administration of medications

May contract with outside agency to administer

Bedridden Allowed:

Only temporary and private services employed that can evacuate resident.

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills:

Other:

NFPA:

Assisted Living Occupancy Criteria Analysis by State

Approval from State Fire Marshal, and City Fire Department.

IBC (Estimated):

Other:

Phone conversation with State Fire Marshal office:

Small assisted living facilities (under 16): R-4 IBC occupancy

Large assisted living facilities (over 16): I-1 IBC occupancy

A few parishes do their own review, but most contract w/ state fire marshal to do both life safety and building/facility inspection.

Use NFPA 101, 2003 edition, and 2006 edition in September.

Use IBC 2006 edition, remove Chapter 11

Assisted Living Occupancy Criteria Analysis by State

STATE: **Maine**

Definitions:

Assisted Living Program: provide services directly or indirectly, assistance with ADL, personal supervision, protection, meals, care management and activities

Types of Facilities:

Assisted Living Type I: provides medication administration directly or indirectly thru agency.

Assisted Living Type II: provides medication administration and nursing services directly or indirectly by a RN or RN coordination & oversight of services by unlicensed health care assistant

Alzheimers Allowed:

Yes in Alzheimer's/Dementia Care Units

24 Hour Care:

Supervision

Admissions Criteria:

Assessment and service plan

Discharge Criteria:

Direct threat to health or safety or others

Intentional substantial physical damage to property

Facility can not meet needs of resident as the program is designed

Personal Care Services:

Nursing Services:

Type II facilities may provide services by an RN or RN coordination & oversight of services by an unlicensed assistant

Services by a 3rd party are allowed.

Medication Assistance:

Yes for both types of facilities

Administration of injectable medication not allowed by unlicensed staff except insulin and bee sting kit if staff is trained.

Bedridden Allowed:

No (phone conversation w/ state fire marshal)

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills:

Other:

NFPA:

NFPA Life Safety Code that applies to new apartment buildings and must be protected throughout by a supervised, automatic sprinkler system (must be in compliance with)

Assisted Living Occupancy Criteria Analysis by State

IBC (Estimated):

Other:

Phone conversation with State Fire Marshal:

All facilities must meet NFPA 101, 2003 edition (2006 after September)

Facilities vary by building type.

All apartments, must be sprinklered

3 clients: the cut off for single family dwelling, can be unsprinklered if existing, not new construction

4 clients: residential board & care for new construction

Existing facilities can be residential b & c up to 6 beds w/ prompt evacuation

Assisted Living Occupancy Criteria Analysis by State

STATE: **Maryland**

Definitions:

Assisted Living Programs: provided housing and supportive services, supervision, personalized assistance, health-related services or combination of these services for 1 or more unrelated. Does not include nursing homes, state facilities, hospice care programs and others.

Types of Facilities: Assisted Living Programs: Level of Care

Small & large facilities both have all 3 levels of care. (phone conversation w/fire marshal)

Level 1: low level of care; occasional assistance or supervision of some ADL's, health services & interventions, assist w/medication, uncomplicated behavior intervention (Prompt evacuation)

Level 2: Moderate level of care: provide or ensure access to health services & interventions, substantial support w/some (not all) ADL's or minimal support for several ADL's, assist or administer medications, manage frequent behavior or psychological episodes requiring limited skill interpretation (Slow evacuation)

Level 3: High level of care: recognize & define resident's health condition, provide or ensure ongoing comprehensive health services and interventions including nursing overview, provide comprehensive support for ADL's, administer medication and treatment including complex treatments, provide or ensure ongoing therapeutic intervention, manage variety of psychiatric episodes that may require skilled interpretation and immediate interventions. (Impractical evacuation)

Alzheimers Allowed:

Yes in special care units

24 Hour Care:

Admissions Criteria:

Assessment and service plan

May not admit residents that need more than intermittent nursing care, stage III or IV skin ulcers, ventilator services, skilled treatment or unstable condition, chronic uncontrolled medical condition, active communicable disease unless facility is licensed w/ special programs

Discharge Criteria:

Facility not licensed to provide needed level of services

Needs ongoing nursing care

Dangerous to self or others which can not be managed

Personal Care Services:

Based on service plan and resident's needs

Nursing Services:

May be provided by staff if license allows or 3rd party

Nursing services are intermittent (phone conversation w/ fire marshal)

Medication Assistance:

Assist at level I

Administer medication at level moderate and high

Bedridden Allowed:

Short term only (phone conversation w/ fire marshal)

Assisted Living Occupancy Criteria Analysis by State

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: Minimum 1/quarter on all shifts, annual disaster drill or training session

Other: Comply with all local building and fire codes

NFPA:

NFPA 101 Life Safety Code including Chap 24 if facility is a 1 or 2 family dwelling

IBC (Estimated):

Other:

Phone conversation with State Fire Marshal:

Most facilities (75-80%) are private homes: 1-5 residents, Single Family Residents occupancies

Facilities under 6 residents don't require sprinklers as single family residents.

Facilities over 6 must have sprinklers, alarms.

All facilities must meet NFPA regulations regardless of size.

Use NFPA 101 2006 edition (in September)

19 or 23 counties have their own regulation. Must meet but can exceed State regulations.

Assisted Living Occupancy Criteria Analysis by State

STATE: Massachusetts

Definitions:

Assisted Living Residence: for 3 or more residents, provides room and board and personal care services directly by staff or through another agency.

Limited Medication Administration: The administration of medication to a resident

Types of Facilities:

Assisted Living Residences (ALR): offer housing, meals and personal care to adults on a rental basis

Alzheimers Allowed:

Yes in special care units or residences with special care license.

If special care is advertised then facility must provide the care with staff

24 Hour Care:

Assistance with ADL's

Admissions Criteria:

Assessment screening and service plan

Discharge Criteria:

Ongoing nursing care required unless hospice or third party care is provided and can be accommodated by facility.

Personal Care Services:

Assistance with one or more ADL's through physical support or supervision.

Nursing Services:

May arrange ancillary (intermittent) health services by 3rd party

May arrange for licensed hospice care

Medication Assistance:

Limited medication administration may only be provided by a family member, a practitioner or RN.

A staff licensed RN may administer non-injectable medications by oral or other means (topical, inhalers, eye & ear drops, patches, oxygen, suppositories)

All medication must be kept in the resident's unit

Bedridden Allowed:

Not allowed (phone conversation w/ fire marshal office)

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills:

Other: Must comply w/ all applicable federal & state laws & regulations, including state sanitary codes, state building & fire safety codes & laws & regulations governing use & access by persons w/ disabilities

NFPA:

Assisted Living Occupancy Criteria Analysis by State

IBC (Estimated):

Other:

From phone conversation with State Fire Marshal office:

State does not use NFPA, have adopted some of it into state regulations.

Self evacuation is not required. Facility can admit resident with/without evacuation requirements.

Staff can assist with evacuation, especially cognitive deficient residents.

Facility must meet all State Fire Codes, Building Codes and ADA regulations for disabled access.

Title 651 Section 12.041 (651 CMR) - Code of Massachusetts Regulations

Assisted Living Occupancy Criteria Analysis by State

STATE: **Michigan**

Definitions:

Assisted or Assistive Living: not legally defined in Michigan. Used as a marketing tool. Some licensed adult foster care facilities and homes for the aged call themselves Assisted Living.

Twin-20: (2) 20 bed facilities separated by a 2-hr wall between them, 1.5-hr doors, licensed separately.

Resident: aged condition, requires & receives foster care in an Adult AFC Family Home, & does not require continuous nursing care.

Types of Facilities: Each of these have their own (similar) licensing requirements

Home for the Aged:

Adult Foster Care Facilities (AFC): 3 licensing categories with own/similar licensing rules, may not be a part of, or located in, an apartment building

AFC Family Homes: 1-6 residents

AFC Small Group Homes: 1-12 residents, 1-hr separation between AFC & private quarters

AFC Large Group Homes: 13 - 20 residents

AFC Homes w/ Specialized Programs: for developmentally disabled or mentally ill residents

Alzheimers Allowed:

In special care facilities or units

24 Hour Care:

Supervision and assistance

Admissions Criteria:

Assessment and resident service plan.

Accept only resident's who's need can be adequately met by facility

Can not require continuous nursing care

Discharge Criteria:

Resident who has harmed self or others or demonstrated behavior that pose risk of harm, unless facility has capacity to manage resident's behavior

Substantial risk or an occurrence of the destruction of property.

Requires continuous nursing care services, unless enrolled in licensed hospice program or home health agency program

Inability of home to meet resident's needs

Individual requiring restraint or isolation

Personal Care Services:

Supervised personal care, guidance or assistance w/ ADL's

Nursing Services:

Temporary or intermittent illness that does not require continuous nursing care

Medication Assistance:

Both supervise self-administration and staff administered medication by trained staff.

Bedridden Allowed:

No

Minimum Fire Life Safety Standards:

Assisted Living Occupancy Criteria Analysis by State

Limitations on Stories: 4 stories for NFPA 13R sprinklers

Smoke Barriers Required: yes

Fire Drills: Minimum of each shift/quarter w/ 1/year from 11pm - 6am, evacuate all residents

Other: Residents rooms not allowed below grade.

Home shall have a written disaster plan (including fire), personnel shall be trained for plan.

Manual or auto fire-alarm, smoke detection.

NFPA:

NFPA 101 Life Safety Code, edition 1991: required for Adult Foster Care, small & large
with 7 or more residents, licensed after March 1980

Not mentioned for Home for Aged, nor AFC less than 7 residents

Small facilities: NFPA 13D, large facilities: NFPA 13R

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **Minnesota**

Definitions:

Ambulatory: ability to move about & transfer without assistance, either w/wo assistance of a walking device or wheel chair.

Assisted living home care service: means a nursing service, delegated nursing service, other service performed; by an unlicensed person, or central storage of medications provided solely for a resident of a Housing with Services Establishment

Assisted living services: means individualized home care aide tasks or home management tasks, provided to clients of a residential center, and provided either by management or by providers under contract with management.

Assisted living programs license: may only provide assisted living services to residents of a residential center

Assisted living home care provider license: may provide assisted living home care services solely for residents of 1 or more registered Housing with Services Establishments.

Housing with services establishment: providing sleeping accommodations to 1 or more adults, & offering or providing 1 or more regularly scheduled health-related services or 2 or more regularly scheduled supportive services, offered or provided by the facility or by another entity arranged by the facility. Does not include a nursing home, or adult foster care home license.

Types of Facilities: all are housing with services establishments with different care levels

Class A: professional home care license, may provide all home care services at least one of which is nursing, therapy, home health aide tasks, or provision of medical supplies & equipment when accompanied by the provision of a home care service.

Class B: paraprofessional agency license: perform home care aide tasks & home mngt

Class C: individual paraprofessional license: perform home health aide, home care aide, and home management tasks.

Class F: Assisted living programs license: may only provide assisted living services to residents of a residential center.

Assisted living home care provider license: Must provide at least 1 of: nursing services, delegated nursing services, other services performed by unlicensed personnel, or central storage of medications provide assisted living home care services for residents of 1 or more registered housing with services establishment.

Assisted Living: minimum requirements: a housing with services establishment and provide or make available: health-related services under a class A or class F home care license and at a minimum health-related services must include: assistance with self-medication, medication administration, assistance w/ at least 3 ADL's, provide assessment of physical & cognitive needs by a RN, has a system for delegation of health care activities to unlicensed assistive personnel by a RN, provides staff access to RN 24-hr/7 days, meals, housekeeping, laundry, socializing, transportation to appointments

Alzheimers Allowed:

With special provider license and special units.

24 Hour Care:

Assistance and supervision

Admissions Criteria:

Assessment and service plan

Adequately provide the services agreed to in the service agreement.

Discharge Criteria:

Assisted Living Occupancy Criteria Analysis by State

Facility unable to meet needs of resident safely

Personal Care Services:

Restraints only when necessary to protect resident from self-injury or to others

Nursing Services:

Only licensed staff can inject medications into veins, muscle or skin

Medication Assistance:

May be administered if person trained/supervised, & medications are regularly scheduled.

Bedridden Allowed:

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills:

Other:

NFPA:

NFPA 101 Life Safety Code, classifies assisted living as residential occupancy

IBC (Estimated):

Other:

From phone conversation w/ State licensing staff:

ALF's are all different across state, no statewide regulation, only county codes & zoning regulations.

Rural areas have hardly any regulations.

Minnesota licenses the service (assisted living home care service) not the facility.

Facility governed by local building jurisdictions, not state wide.

facilities called Housing with Services Establishments.

Most facilities are small residential: considered Residential Board & Care

Large facilities are required to be fully sprinklered.

Assisted Living Occupancy Criteria Analysis by State

STATE: **Mississippi**

Definitions:

Assisted Living: provision of personal care & the addition of supplemental service to include the provision of medical services (medication procedures & medication administration), and emergency response services.

Ambulation: safely walk independently or with cane, walker or wheelchair. Wheelchair must be capable of transferring and propelling wheelchair independently or w/prompting. Max 10% or residents shall require assistance during any staffing shift.

Personal Care Home - Residential Living: 24-hr/7day, personal care services, may require mental health services

Personal Care Home - Assisted Living: 24-hr/7 day, require assisted living services.

Types of Facilities:

Personal Care Home - Assisted Living: More than 4 unrelated adults

Alzheimers Allowed:

Separate A/D unit with additional regulations

24 Hour Care:

Assistance and supervision

Admissions Criteria:

An aged ambulatory person requiring domiciliary care and who may require non-medical services, medical services such as medication assistance, emergency response services, and home health services as prescribed by a physician.

Discharge Criteria:

Non- ambulatory or incapable of self evacuation

Require physical restraints

Serious threat to self or others

Several medical treatments: suctioning, gastric feeding, intravenous fluids, urinary catheter, wound care, decubitus ulcer or dermatitis

Incapable mental or physical of self evacuation (can have 1st floor placement)

Needs services that facility does not provide

Skilled nursing services: unless facility can accommodate them and they meet all other req. of facility. Facility cannot allow more than 2 such residents or 10% of residents.

Personal Care Services:

Assistance performing 1 or more ADL's

Nursing Services:

Intermittent nursing allowed

Medication Assistance:

Yes, both self-medication and medication administration by a nurse

Bedridden Allowed:

No

Minimum Fire Life Safety Standards:

Assisted Living Occupancy Criteria Analysis by State

Limitations on Stories: 1-hr for less than 4 stories.

Smoke Barriers Required:

Fire Drills: each shift quarterly, disaster drill is annually

Other: No residents housed below grade

NFPA:

NFPA 13 sprinkler system

NFPA 13D for facilities with 16 or fewer residents and compatible w/ 1-2 family residential fire potential

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **Missouri**

Definitions:

Assisted Living Facility (ALF): Any facility (not residential care, intermediate care or skilled nursing care) which provides 24-hr care and services to 3 or more adults, who are provided room and board, assistance with ADL's, storage, distribution or administration of medications, and supervision of health care under direction of a licensed physician

Long-term Care Facility: can be an assisted living facility

Types of Facilities:

Assisted Living Facility: 3 or more adults needing assistance.

Alzheimers Allowed:

Yes in special care units with special license.

Facilities can have special license for residents that can not safely evacuate unassisted.

24 Hour Care:

Admissions Criteria:

Assessment and service plan

Location in facility based on residents evacuation needs

Residents must be physically and mentally capable of negotiating a normal path to safety unassisted or with the use of assistive devices. Wheelchair residents must have ability to self transfer and they are to be housed near a direct exit to the exterior.

Facility must be able to meet needs of resident to be admitted

Discharge Criteria:

Facility unable to meet resident's needs

Danger to self and others

Skilled nursing care required

Significant change in conditions, injury or communicable disease

Needing chemical or physical restraint

Requires more than 1 person to assist with ADL's or transferring

Bed bound

Personal Care Services:

Protective oversight provided 24-hr/7 days

Nursing Services:

Intermittent care due to illness, injury or recuperation from surgery, up to 45 days

Injection administered only by a physician or licensed nurse, except insulin which can be administered by a trained staff and supervised by nurse.

Hospice residents allowed by 3rd party and facility can accommodate them

Medication Assistance:

Medication can be self or staff administered.

Bedridden Allowed:

Not allowed

Assisted Living Occupancy Criteria Analysis by State

Minimum Fire Life Safety Standards:

Limitations on Stories: up to 4 stories for residential

Smoke Barriers Required: yes. During evacuation move to an area of refuge from 1 smoke section to another or exiting facility

Fire Drills: 12 drills, 1 every 3 months each shift, include a resident evacuation at least once/year

Other: Can not house residents below grade.

Fire Alarm Systems NFPA 72 1996 ed

Sprinkler Systems NFPA 13 and NFPA 13R

NFPA:

NFPA 10 - Portable Fire Extinguishers, 1994 edition

NFPA 13R Sprinkler Systems 1999 ed

NFPA 13 - Sprinkler Systems 1999 ed

NFPA 101 - Life safety Code 2000 ed

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria by State

STATE: **Montana**

Definitions:

Health Care Facility: includes Residential Care Facility

RCF: includes Assisted Living Facility (ALF)

ALF: provides or coordinates personal care, 24-hr supervision & assistance both scheduled and unscheduled, activities, and health-related services

Types of facilities: from ARM 24.301.146 (Administrative Rules of Montana)

Category A: 1-19 residents; R-4 occupancy classification for building permit & construction, sprinklers not required.

Category B: 1-19 residents; R-4 occupancy class for building permit & construction, sprinklers required, + accessible sleeping room or space for each B resident.

Category C: severe cognitive impairment.

Category A & B: 20+ residents; R-2 occupancy class, automatic sprinklers required, meet accessibility standards.

A fire wall cannot be used to isolate & reduce occup. loads to avoid an R-2 class.

Alzheimers Allowed:

Yes for Category C

24 Hour Care:

Admissions Criteria:

Category A: may not have or require: 4 or more ADL, cognitive impairment, skilled nursing, pressure ulcer, gastrostomy tube.

Category B: may be dependent on or require: 4 or more ADL, skilled nursing care more than 30 days/incident or 120 day/year total, may not be dangerous or restrained

Category C: may have severe cognitive impairment, be at risk of leaving facility, may not be dangerous to self or others, not restrained.

Discharge Criteria:

ADL needs exceed level of service

Behavior or actions interfere with other patients or unsafe to self or others

Severe cognitive decline unless in Category C

Medical condition becomes complex, unstable, unpredictable, treatment not appropriate for ALF

Personal Care Services:

Nursing Services:

Category A allows intermittent care up to 30 days 4 times/year, hospice care is exempt

Medication Assistance

Med assistance is fine

Category B allows nurse administered by staff or by 3rd party

Bedridden Allowed:

Yes, with proper qualifications. Only 5 category B beds allowed, no matter how large the facility.

Minimum Fire Life Safety Standards:

Limitations on Stories:

Assisted Living Occupancy Criteria by State

Smoke Barriers Required: A fire wall cannot be used to isolate & reduce occupancy loads to avoid an R-2 classification.

Fire Drills: Conducted a min. 2x per year, 4+ months apart min. Includes all staff & residents. General announcement throughout facility re. fire drill or sounding fire alarm. Records kept 24 months w/date, time, names of staff, identification of residents needing assist for evacuation.

Other:

NFPA

NFPA 101 "Life Safety Code 2000 edition": must meet these requirements

Occupancy class: R-4 (1-19 residents), R-2 (20+ residents)

2001 Guidelines for Design & Construction of Hospital & Health Care Facilities.

IBC (Estimated)):

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **Nebraska**

Definitions:

175 NCA 4: Nebraska Administrative Code, Title 175 Health Care Facilities & Services Licensure, Chapter 4 "Assisted Living Facilities"

Health Care Facility: includes ALF.

ALF: shelter, food, care provided 24-hour to 4 or more persons.

Complex nursing interventions: require nursing judgment to safely alter standard procedures, or proceed from one step to next, or require multidimensional application of nursing process. Does not include a nursing assessment.

Types of Facilities: Assisted Living Facilities

Resident admission & retention policies, level of care provided & staffing levels contribute to the classification of facility.

Level 1: Residential Board & Care Occupancies: residents evacuation capability of Prompt or Slow.

Level 2: Limited Care Facility: residents are Impractical to Evacuate

Evacuation Capability: Prompt - less than 3 minutes to reach point of safety

Slow: 3 to 13 minutes

Impractical: more than 13 minutes

Alzheimers Allowed:

24 Hour Care:

Admissions Criteria:

Can not require complex nursing intervention, unstable, unpredictable conditions.

Can not compromise safety of other resident or self.

Discharge Criteria:

Complex nursing or unstable condition.

Danger to self or others

Personal Care Services:

Nursing Services:

Intermittent

Medication Assistance:

Assistance and staff administration of medication allowed

Bedridden Allowed:

No (phone conversation w/ state services)

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills:

Other: ADA Accessibility Guidelines required by Fire Marshal

NFPA

Fire Codes: Nebraska State Fire Code Regulations State Fire Marshal

Conflict of standards - Fire Code prevails

Assisted Living Occupancy Criteria Analysis by State

IBC (Estimated)

Building Construction Act, Plumbing Ordinance or Code, State Electrical Act, Nebraska Elevator Code, Nebraska Accessibility Requirements.

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **Nevada**

Definitions:

NAC: Nevada Administrative Code. Provides the mechanism by which specific administrative procedures are put in place. Uses same number system as NRS

NRS: Nevada Revised Statutes. The actual laws that govern all state agencies.

Types of Facilities: Residential Facilities for Groups: 3 or more unrelated adults

Category 1: capable of physical and mental self-preservation in 4 min or less - exit facility or move to other side of smoke or fire barrier.

Category 2: Needs assistance to evacuate in 4 min or less - exit facility or move to other side of smoke or fire barrier.

Residential Facility with Endorsement: provides care to persons with Alzheimer's disease.

Alzheimers Allowed:

yes in residential facilities with endorsement for alzheimers

24 Hour Care:

Admissions Criteria:

Can not be bedfast, or be threat to self or other residents

Can not require: medical or physical restraint, confinement in locked quarters, skilled nursing or other medical supervision on 24-hour basis.

Can not require: gastrostomy care, oxygen or breathing equipment unless able to operate equipment on own without supervision of assistance.

Discharge Criteria:

Can not meet admissions criteria

Facility is unable to meet needs as determined by Administrator or Board.

Personal Care Services:

Nursing Services

Intermittent nursing is allowed for illness or accident

Hospice care is allowed

Medication Assistance:

Assistance is allowed and also staff administered by qualified staff

Bedridden Allowed:

No

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required: Yes. Depends on type and size of facility.

Fire Drills: Perform monthly on irregular schedule with written record of drill on file 12+ months.

Other: Mobility impaired residents located on ground floor unless facility designed & equipped in such a manner that resident can move between floors w/o assistance.

NFPA

NFPA 101, 2003 edition

All Residential Facilities require automatic sprinkler system: 13D, 13R, 13

Assisted Living Occupancy Criteria Analysis by State

Facility must comply w/ regulations adopted by State Fire Marshal

Facility must be approved by State Fire Marshal pursuant to Nevada Revised Statutes

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **New Hampshire**

Definitions:

Residential Care & Health Facility Licensing: Title XI Hospitals & Sanitaria, Chapter 151

Residential Care Facilities: shall include:

(1) ...provide medical monitoring, assistance in daily living, protective care...

(2) ...medical or nursing supervision, medical care or treatment....

He-P 805: Assisted Living Residence-Supported Residential Health Care Licensing; a long term care residence providing personal assistance at the supported residential care level

RSA 151: Residential Care & Health Facility Licensing Chapter 151

ALF-SRHC: Assisted Living Facility - Supported Residential Health Care

Types of Facilities:

Assisted Living facilities: 2 or more residents

Residential Care: (see notes below)

Admissions Criteria:

Admit and retain only residents whose needs are compatible w/ the facility's services

Discharge Criteria:

Resident's medical or other needs exceed the services offered, can hire 3rd party

Resident can not be safely evacuated

Danger to self and others

Personal Care Services

Nursing Services

Limited intermittent care is allowed

Medication Assistance:

Assisted and staff administered medication allowed

Bedridden Allowed:

No. Yes for 805 supported

Minimum Fire Life Safety Standards:

Limitations on stories:

Smoke barriers Required:

Fire Drills: Drills: conducted monthly, each staff must participate in 1 drill every calendar quarter

Timing varies in to include all shifts and all residents

Other:

NFPA

Conform to state fire code Saf-C 6000, including but not limited to the health care chapter of NFPA 101

IBC (Estimated):

Other:

From phone conversation with State Health and Human Services department

Local jurisdictions have ultimate control. Working toward entire state system.

Three Licensing categories:

Assisted Living Occupancy Criteria Analysis by State

804 Basic Residential Health Care

3 residents: 1&2 Family Dwelling

4 residents: I-1 Residential Board and Care

805 Supported Residential Health Care

I-2 Alzheimers, nursing, acute care

813 Residential Health Care

for 3 or less residents. 1& 2 Family Dwelling

Assisted Living Occupancy Criteria Analysis by State

STATE: **New Jersey**

Definitions:

Assisted Living: supportive personal & health services, available 24-hrs, including persons requiring nursing home level of care

Assisted Living Residence: apartment-style housing & congregate dining, 4 or more adults.

Comprehensive personal care home: 4+ adults; provide room & board and assure that assisted living services are available when needed.

Nursing home-level care: for chronic medical conditions w/moderate to severe impairment in physical, behavioral, cognitive &/or psychosocial functioning.

Types of Facilities:

Capable of providing nursing services to maintain residents, including those requiring nursing home level of care.

Special alzheimer's/dementia facilities

Respite care (short term) permitted at admission if facility offers this type of care. (Subchapter 20)

Alzheimers Allowed:

Yes in special facilities

24 Hour Care:

Admissions Criteria:

Resident can have needs requiring nursing home level of care, but not those listed below.

10% of total bed shall be Medicaid-eligible persons.

Discharge Criteria:

Not required, but can be discharged if resident needs:

24-hr, 7day/week nursing supervision

bedridden'for 14+ consecutive days

dependent in 4 or more ADL's

danger to self or others

stage 3 or 4 pressure sore or multiple stage 2

medically unstable condition

requires assistance w/transfer

cognitive decline severe enough to prevent making simple decisions

can't respond appropriately to cueing and simple directions

health problems above level of care of facility.

Personal Care services:

Nursing Services:

Intermittent nursing allowed

Medication Assistance

Assistance is allowed and staff administered by trained and supervised staff, both allowed

Bedridden Allowed:

Allowed for short duration of time - less than 14 days

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: Minimum of 1/month of emergency plans, all require documentation

4 drills occur during each working shift on annual basis

Assisted Living Occupancy Criteria Analysis by State

1 drill/year for emergency other than fire (storm, flood, bomb, etc)
All staff participate minimum 1/year, and selected residents may participate in drills
Test 1 manual pull alarm each month & maintain records.

NFPA

NFPA 101 compliance
N.J.A.C. 5:70 Uniform Fire Act or Uniform Fire Code

IBC (Estimated) (Subchapter 16)

Conform to N.J. Uniform Construction Code
Use Group I-2 - for both ALF and Comprehensive Personal Care Homes

Other:

Assisted Living Occupancy criteria Analysis by State

STATE: **New Mexico**

Definitions:

Title 7: Health

Chapter 8: Residential Health Facility, Part 2: Requirements for Adult Residential Care Facilities

Residential Care Facility: maintenance & care of 2 or more adults needing assistance w/ 1 or more ADL

Types of Facilities:

Facilities w/ 3 or less exempt from regulations and approvals.

All care listed as Residential Care Facilities

Alzheimers Allowed:

24 Hour care:

Admissions Criteria or Restrictions on Admissions:

No residents requiring continuous nursing care, ventilator dependency, pressure sores class 3-4, intravenous or injections directly into a vein, airborne infectious disease, conditions requiring restraint, tracheotomy care, danger to self or others, placement deemed not appropriate by physician
Resident requiring greater degree of care than normal, may stay if facility desires & develops a service plan to meet needs that addresses other residents needs also. But must maintain an evacuation rating of prompt or slow for the facility
Resident assessment done every 6 months.

Discharge Criteria:

Must maintain an evacuation rating of prompt or slow for the facility
Residents needs can not be met by facility.
Safety or health of individuals in facility is endangered

Personal Care Services:

Nursing Services:

Medication Assistance:

Facility needs custodial drug permit license to administer medications
Staff must be licensed by State of NM to administer medications

Bedridden Allowed:

No (by phone conversation w/ state health agency)

Minimum Standards of Construction:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: Minimum of 1 per month held at different times of the day; record event

Emphasis on orderly evacuation rather than speed.

Fire department should be requested to supervise & participate in drills.

Other: Auto sprinklers not required in facilities with 8 or less residents maintaining a prompt evacuation

No limit on number of residents if built according to NM Building Code, IBC and NFPA 101

all buildings on premises housing residents (more than 3) must be licensed & meet IBC & NFPA 101.

Construction based on capacity & resident ability to evacuate

NFPA

Assisted Living Occupancy criteria Analysis by State

NFPA 101 and Fire Safety Equivalency System (FSES) required:

IBC (Estimated)

Construction based on both IBC and NFPA 101

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **New York**

Definitions:

Assisted Living: Provides or arranges for housing, 24 hour on-site monitoring, & personal care services for 5 or more residents.

Monitoring: ability to respond to urgent or emergency needs or requests for assistance w/staff, 24-hour/7 days. Must be provided on site.

Enhanced Assisted Living: provide aging in place. Special license. Provide for chairfast, unable to transfer, assistance walking, dependent on medical equipment, unmanaged urinary or bowel incontinence. Not needing skilled nursing care unless hired privately.

Types of Facilities:

Assisted Living Residence (ALR): Personal care and 24-hour monitoring

ALR Special Needs (SNALR): Dementia residents, must cooperate w/services, separated area if in larger facility.

Enhanced Assisted Living (EALR): Enhanced care, not 24-hr skilled nursing care unless private hire

Alzheimers Allowed:

Allowed in SNALR facility. Must cooperate, non-aggressive, manageable behavior.

24 Hour Care:

Yes, for EALR, but not 24-hr skilled nursing care unless hired privately

Assisted Living has 24-hour monitoring

Beds can 'float' within a ALR/EALR, but number of enhanced beds is licensed/can't change.

Admissions Criteria:

Can not need 24-hour skilled nursing care, or medical care requiring a hospital or residential health care community, requirement for all ALR levels.

ALF admission/retention can not have/be:

Serious & persistent mental disability which warrants placement in a residential facility.

A danger to self or others or interferes w/ orderly operation of facility.

An unstable medical condition requiring continual skilled observation

Chronically bedfast

Chronically chairfast & unable to transfer on own

Requires assistance to walk, climb/descend stairs unless placed on ground level

Unmanaged urinary or bowel incontinence.

Has a communicable disease or health condition dangerous to residents or staff.

Dependent on medical equipment requiring staff assistance, or hinder evacuation.

Alcohol or drug use which results in aggressive or destructive behavior

SNALR admission/retention: modified for cognitive impairment, but not aggressive, disruptive.

EALR admission/retention: can be admitted needing nursing, chairfast, need extra services except not skilled nursing unless hired privately by resident.

Discharge Criteria:

In need of 24-hour skilled nursing care

Danger to self and others

Cannot meet the requirements of admission for an ALR (see above under admissions)

SNALR: unmanageable assaultive or aggressive behavior, chronically uncooperative

EALR: requires 24-hr skilled nursing care or hospital care, unless hired privately and physician & facility agree appropriate care can be provided.

Personal Care Services:

Assisted Living Occupancy Criteria Analysis by State

Provided at all ALF levels

Nursing Services:

Provided at EALR, but not skilled nursing unless hired privately by resident

Medication Assistance:

Assistance provided. Resident must cooperate with treatment.

Limited injections by licensed staff

Bedridden Allowed:

No chronic bedridden.

Minimum Fire Life Safety Standards: (5 are required with a 6th for EALR's smoke barriers

All ALR's: 1. automatic sprinkler system, 2. supervised smoke detection system, 3. fire protection system, 4. handrails, 5. centralized emergency call system.

Limitations on Stories: dementia residents only on ground & 1 floor above in type V construction

Smoke Barriers Required: EALR & SNALR w/ 16+ residents smoke barriers must divide each floor into at least 2 smoke compartments, each not to exceed 100 feet in length.

Fire Drills: Monthly drills at varied times of day & night.

Other:

NFPA:

Not specifically referred to, but 5 minimum standards are listed above.

IBC (Estimated):

Other:

All SNALR's and EALR's must also be licensed as an ALR facility.

EALR beds may "float", but must meet all license requirements.

SNALR beds may not "float", but must be fixed.

Assisted Living Occupancy Criteria Analysis by State

STATE: **North Carolina**

Definitions:

Assisted living residence: any group housing & services program for 2 or more unrelated adults.

Types of Facilities: 3 types of assisted living

Adult Care Homes: for aged & disabled adults needing 24-hr supervision & assistance with personal care needs. Licensed by state under state regulations, monitored by County Dept

Adult Care Homes with special care units: for Alzheimers residents.

Multi-unit assisted housing with services:

Alzheimers Allowed:

Allowed in special care units for persons with Alzheimer's disease or related disorders., an entire facility or any section, wing or hallway within an adult care home separated by closed doors from the rest of the home.

Special care units shall not serve more than 12 residents. 1 unit per facility maximum.

24 Hour Care:

Admissions Criteria:

18 years or older due to temporary or chronic physical or mental disability, needs a home.

Not used for mental illness, alcohol or drug abuse, nor for maternity care

No admission for professional nursing care under continuous medical supervision

No direct threat to health or safety of others.

Discharge Criteria:

Resident's needs can not be met by the facility.

Safety or health of others at risk.

Needs ongoing nursing care and various physical conditions

Personal Care Services:

Nursing Services:

Through licensed health professional agency to provide personal care tasks or evaluations requiring professional training. (injections, feeding tubes, heat therapy, etc)

No skilled nursing services.

Medication Assistance:

Yes, staff can administer medication

Bedridden Allowed:

No, only provide assistance of daily living, no licensed care providers in the building.

Minimum Fire Life Safety Standards:

Limitations on Stories: Residence facilities w/ 7 or more residents are allowed only on ground floor in wood structures.

Smoke Barriers Required:

Fire Drills: minimum of 4 per year. Keep written report at facility.

Other: complete fire alarm system w/ pull stations on each floor & sound devices audible throughout building. Fire alarm transmits directly to fire department.

NFPA:

Assisted Living Occupancy Criteria Analysis by State

N.C. Fire Code used

IBC:

13 or more residents: I-2 Institutional Occupancy

7-12 residents: meet NC State Bldg Code requirements for Large Residential Care Facilities

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **North Dakota**

Definitions:

Assisted Living facility: building or structure containing a series of at least 5 living units operated as one entity to provide services for 5 or more individuals not related to owner...that provides or coordinates individualized support services to accommodate the needs & abilities to maintain as much independence as possible. Does not include congregate housing

Types of Facilities:

Note: Most of this information came from the Department of Health over the phone.

Assisted Living Facility: Most are attached to a Health Facility as a wing or group of rooms.

Apartment like setting, very independent, no nursing services.

Very few located in private housing. Require separate facilities between family & residents.

Alzheimers Allowed:

No

24 Hour Care:

No

Admissions Criteria:

No nursing at all.

Must be able to self evacuate. Very independent

Discharge Criteria:

Special care not allowed

Personal Care Services:

Nursing Services:

May provide health services to individuals by staff

Medication Assistance:

Assistance w/ self-medication

Bedridden Allowed:

No.

Minimum Fire Life Safety Standards:

Limitations on Stories: No

Smoke Barriers Required: No

Fire Drills: Not listed in code, most do though

Other: smoke detection or other approved alarm system

NFPA:

State codes modeled closely on NFPA 101

IBC (Estimated):

Other:

Fire and Life Safety Administrative Rules

Smoke detectors in every room

Assisted Living Occupancy Criteria Analysis by State

General alarms in corridors and common rooms
Hard of hearing devices - minimum 1 per facility
Testing of system
Maintenance of system

Assisted Living Occupancy Criteria Analysis by State

STATE: Ohio

Definitions:

Residential Care Facility: 17 or more unrelated individuals & supervision & personal care services for 3 or + dependent on services of others, or 3 or more unrelated individuals w/ at least one needing skilled nursing care

Personal Care Services: ADL, self-administration of medication, special diets, no nursing services

Types of Facilities:

Residential Care Facility - Large: 17 or more unrelated individuals, providing supervision & personal care services to 3 or more who are dependent on the services of others.

Residential Care Facility - Small: 3 or more unrelated individuals w/ at least 3 dependent on the services of others, and at least one needing skilled nursing care.

Alzheimers Allowed:

With special license

24 Hour Care:

Admissions Criteria:

Can not require skilled nursing care

Discharge Criteria:

Needing skilled nursing care more that part-time, intermittent & less than 120 days per 12 months

Needing services beyond facility authorization

Needing medical or skilled nursing 8 hours/day or 40 hrs/week

Requires chemical or physical restraints

Bedridden with limited potential for improvement

Stage III or IV pressure ulcers

Complex medical condition requiring constant monitoring & adjustment

Danger to self or others

Personal Care Services:

ADL, self-administration of medication, special diets

Nursing Services:

Supervision of special diets

Application of dressings

Administration of medication

Skilled nursing care on a part-time, intermittent basis not more that 120 days per 12 months

Skilled nursing care more than 120 days to a hospice patient is allowed

Medication Assistance:

Yes by a licensed staff

Bedridden Allowed:

No

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: 12 drills w/ 1 on each shift every 3 months.

Other: Staff may assist evacuation of residents w/ impaired mobility

Assisted Living Occupancy Criteria Analysis by State

Non-ambulatory residents are moved to a safe area or to building exterior.

NFPA:

Automatic sprinklers and alarm system, both required

IBC (Estimated):

Other:

From phone conversation with state office regulating compliance & life safety:

Ohio uses unique Ohio Code not NFPA

NFPA 101 is used for nursing homes, but not assisted living (called residential care facilities)

No evacuation requirements - code doesn't address it.

Assisted Living Occupancy Criteria Analysis by State

STATE: **Oklahoma**

Definitions:

Assisted living center: serves 2 or more unrelated adults needing assistance w/personal care or nursing supervision. May need intermittent or unscheduled nursing care, medication assistance, assistance w/transfer or ambulation.

Continuum of care facility: providing nursing facility services and 1 or both assisted living center services or adult day care center services.

Intermittent or unscheduled nursing care: skilled nursing care given by a licensed practical nurse or RN, not required 24-hr/day

Types of Facilities:

Assisted living center: between residential care home and nursing care.

Continuum of care facility: capable of providing more services than are available in typical nursing facility.

Alzheimers Allowed:

Yes, if center licensed to provide this service.

24 Hour Care:

No, only intermittent nursing care.

Admissions Criteria:

Facility description based on services provided: assistance w/personal care, nursing supervision, intermittent or unscheduled nursing care, medication administration, assistance w/cognitive orientation, transfer or ambulation.

Discharge Criteria:

Care or services that exceed care or services available.

Resident's physician determines resident requires physical or chemical restraints.

Threat to self or others

Center unable to meet resident's needs for privacy or dignity

Personal Care Services:

Nursing Services:

Can be provided in a continuum of care facility

Medication Assistance:

Yes

Bedridden Allowed:

No (provided by phone conversation w/ state fire marshal)

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills:

Other: Physical separation of assisted living residents and nursing care residents.

NFPA:

NFPA 101, 2003 edition (2006 edition in September)

Assisted Living Occupancy Criteria Analysis by State

IBC (Estimated):

Other:

Phone conversation with State Fire Marshal office:

Areas of refuge used in facilities w/ impractical to evacuate

Most facilities are now sprinklered

Smoke barriers used for slow and impractical to evacuate facilities

In process of bringing all facilities up to code.

Assisted Living Occupancy Criteria Analysis by State

STATE: **Oregon**

Definitions:

Assisted Living Facility: type based on occupancy classification, 6 residents

Facility: nursing facility, residential care facility, assisted living facility, not adult foster care

Assisted self-preservation: by evacuation score of less than 5 or drill less than 13 minutes

Assisted self-preservation Impractical: evacuation score of 5 or drill times over 13 minutes.

Types of Facilities:

Assisted Living facilities: Based on group SR occupancies, may require assisted self-preservation

SR-1: comply w/ Group I-1 occupancy requirements - Slow

SR-2: comply w/ Group I-2 occupancy requirements - Impractical

SR-3: comply w/ Group R-3 occupancy requirements

SR-4: comply w/ Group R-4 occupancy requirements

Alzheimers Allowed:

Special alzheimer's care unit: locked, segregated or secured to prevent or limit access

24 Hour Care:

Supportive services available on 24-hr basis to meet ADL needs

Admissions Criteria:

Based on facility level of license care

Discharge Criteria:

Exceed level of ADL services facility provides

Behavior that interferes with other's rights

Severe cognitive decline

Medical condition that is complex, unstable or unpredictable

Danger to self or others

Change in ability to evacuate

Requires 24 hr/ 7 day a week nursing supervision

Personal Care Services:

Self-preservation, assisted self-preservation, impractical

Nursing Services:

Limited

Medication Assistance:

Yes

Bedridden Allowed:

No

Minimum Fire Life Safety Standards:

Limitations on Stories: 2-stories to meet SR-1 standards, alzheimer units ground floor only

SR-2, Type IIIA and VA allow increase by 1 story

SR-1 & SR-4 Type IIB, III, IV & V not allowed any height increase

Smoke Barriers Required: SR-2 class shall inc. minimum of one 2-hr separation wall

Fire Drills: 1 per month, all shifts, all staff

Other: Fire alarm and smoke detectors

Assisted Living Occupancy Criteria Analysis by State

Separating resident or occupant counts into smaller, less restrictive occupancies by using fire walls is prohibited.

NFPA:

Oregon Uniform Fire Code

SR-1 Slow: 3 - 13 minutes, NFPA 13

SR-2 Impractical: excess of 13 minutes, NFPA13

SR-3: NFPA 13D

SR-4: NFPA 13R

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria by State

STATE: **Pennsylvania**

Definitions:

Personal care home: Require assistance or supervision with ADL

Mobility needs: resident can exit the building or fire safe area without assistance or prompting

Fire-safe area: requires 2-hour separation between other parts of bldg and self-closing fire doors

Types of Facilities:

Personal Care Homes: 4 or more unrelated residents, requiring assistance or supervision with ADL's, not long-term care

Small facilities: 4-9 residents, same regulations (phone conversation w state fire marshal office)

Large facilities: more than 9 residents, same regulations (phone conversation w/fire marshal)

Alzheimers Allowed:

Secured dementia care units

24 Hour Care:

Admissions Criteria:

Preadmission screening and medical evaluation

Assessment of mobility needs, medication administration needs, respite care

Can not admit residents needing nursing home services (phone w/ fire marshal)

Discharge Criteria:

Require care beyond capability of facility

Danger to self or other residents

Requires nursing care

Requires restraining

Personal Care Services:

Nursing Services:

Determined by physician, based on skilled nursing care (phone w/ fire marshal)

Medication Assistance:

Yes

Bedridden Allowed:

No, short term (phone w/ fire marshal)

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: minimum of 1/month, all shifts

Other: Fire safe area on each floor except ground level.

Homes w/9+ need emergency evacuation diagram on each floor and smoke detector each floor

Homes w/5+ with mobility needs need auto fire alarm system to fire department

NFPA:

Assisted Living Occupancy Criteria by State

IBC (Estimated):

Other:

From phone conversation with state fire marshal:

Do not use NFPA

State fire code based on International Fire Code

Small and large facilities have the same set of regulations for entire state. Based on mobility.

Use fire safe areas

Notify local fire department of bedroom location of resident not able to evacuate on own.

Assisted Living Occupancy Criteria Analysis by State

STATE: **Rhode Island**

Definitions:

Assisted Living Residence: personal assistance for 2 or more unrelated adults, inc. sheltered care homes and board & care residences

Types of Facilities:

Assisted Living Residences: must have both an F and M classification

Level F1: not capable of self preservation, must have marked Safe Areas

Level F2: capable of self preservation (Base on construction type & fire code)

Level M1: require central storage &/or administration of medications

Level M2: require assistance with self-administration of medications

Dementia care

Alzheimers Allowed:

Alzheimer dementia special care unit: distinct living within an assisted living residence

24 Hour Care:

Provided by licensed hospice agency

Admissions Criteria:

Resident assessment and service plan based on health and cognitive needs

Discharge Criteria:

Needing medical or skilled nursing care

Danger to self or others

Needing restraints

Unable to evacuate if in Level F2

Beyond capability of facility license

Personal Care Services:

Personal assistance with ADL, medication, arranging for health & supportive services.

Nursing Services:

Can receive temporary care up to 21 days by outside provider, or if under care of licensed hospice agency

Medication Assistance:

Yes, M1 or M2

Injectable medications not self-administered must be by a licensed nurse.

Bedridden Allowed:

No

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: 6/year, minimum of 2 during sleeping, actual evacuation of residents

Other:

NFPA:

State Division of Fire Safety

Assisted Living Occupancy Criteria Analysis by State

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **South Carolina**

Definitions:

Facility: A community residential care facility licensed by the Department

Types of Facilities:

Community Residential Care Facilities: 2 or more unrelated adults, refers to any facility (other than a hospital) offering a beneficial or protected environment. Can be call assisted living.

Alzheimers Allowed:

Alzheimer's special care unit

24 Hour Care:

Assistance only

Admissions Criteria:

Assessment and individual care plan

Admit only adults who's needs can be met by facility

Discharge Criteria:

Danger to self or others

Needing nursing home care or continuous daily attending of licensed nurse

Unable to evacuate

Beyond capability of facility

Has a contagious disease

Needs restraints

Personal Care Services:

Assisting or directing with ADL

Aware if resident's general whereabouts.

Nursing Services:

Only short term intermittent care

Medication Assistance:

Yes

Bedridden Allowed:

No

Minimum Fire Life Safety Standards:

Limitations on Stories: based on Standard Building Codes (SBC) and type of construction

Smoke Barriers Required:

Fire Drills: Minimum unannounced quarterly for all shifts. Each staff at least once/year

Other: Staff will all have fire response training

6 or more beds (or 4 in require assistance) require NFPA 13 auto sprinkler system

NFPA:

Fire protection & suppression systems in accordance w/ NFPA 10, 13, 14, 15, 25, 70, 72 & 96

NFPA 101, 2003 edition (phone conversation w/ fire marshal)

IBC (Estimated):

Assisted Living Occupancy Criteria Analysis by State

5 beds or less licensed as Residential Occupancy

6 beds or more are Residential R-4 Occupancy

6 beds not capable of self-preservation are Institutional Occupancy

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: South Dakota

Definitions:

Assisted Living Center: 1 or more unrelated residents

Types of Facilities:

Assisted Living Center: 1 or more unrelated residents

Alzheimers Allowed:

yes in special care units

24 Hour Care:

Admissions Criteria:

Can only accept residents within facility licensed services

Must be free from communicable disease

Discharge Criteria:

Requires care in excess of the classification/ license of facility

Illness or disability requiring care beyond supervision, cueing, or limited hands-on physical assist.

Danger to self or others

Personal Care Services:

Nursing Services:

Intermittent nursing care or rehab services limited to less than 8 hrs/day & 28 or less hrs/week

Medication Assistance:

Both self-administration and staff (supervised by RN) medical administration

Bedridden Allowed:

No (phone conversation w/ state health dept)

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills:

Other: Manually operated, elect supervised fire alarm system must be installed in each facility

NFPA:

NFPA 101, 2000 edition, Applied Chapters 32 (new Res B&C), 33 (Exist Res B&C) must comply w/ these standards

Residents not capable of self preservation, facility must meet NFPA 101, Chap 18 & 19 Health Care Occupancy standards or equip the facility w/ complete automatic sprinkler protection

Staffing exception for assisted living centers during sleeping hours:

10 beds or less: 1 staff person & may sleep if: residents all prompt evacuation, alarms (3 min)

11-16 beds: 1 staff person who is awake & all residents are prompt evacuation, alarms, etc.

16 or less beds in stand-alone facility: 1 awake staff & residents evacuate in 5 min or less, fire alarms, automatic sprinklers, auto alarm dialer, & staff call system

16 or less beds & physically attached to a nursing facility or hospital: 1 awake staff &

residents evacuate in 8 min or less, and all alarm, sprinkler and call systems as above

Assisted Living Occupancy Criteria Analysis by State

IBC (Estimated):

Must comply w/ IBC 2000 edition

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **Tennessee**

Definitions:

Assisted-Care Living Facility (ACLF): accepts primarily aged persons for domiciliary care and provides non-medical assistance services

Assisted-care living facility resident: an aged ambulatory person needing non-medical assistance

Types of Facilities:

Assisted-Care Living Facility: Serving 1 or more adults

Alzheimers Allowed:

Early stage allowed if facility able to provide needed services as determined by an interdisciplinary team

24 Hour Care:

Only if provided by 3rd party home-care organization

Admissions Criteria:

Aged ambulatory person requiring domiciliary care and may require non-medical assistance or medical services typically self-administered and home care services as prescribed by a physician and administered by 3rd party.

Discharge Criteria:

Later stages of Alzheimer's

Requires physical or chemical restraint

Unable to evacuate

Serious threat to self or others

Ongoing medical or skilled nursing care

Unable to communicate needs

Beyond capability of facility

Personal Care Services:

May provide medical services that are typically self-administered, limited to oral medications, topical, suppositories, and non-intravenous injections.

Nursing Services:

Provided only by a licensed home care organization in the facility

21 day limit with 21 day extension if approved by commissioner of health

Medication Assistance:

Yes, for typically self-administered services

Bedridden Allowed:

No

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: minimum of 1/quarter for each work shift inc. sleeping shift

Other: Residents who cannot evacuate in 13 minutes may be retained in designated areas according to NFPA

Assisted Living Occupancy Criteria Analysis by State

NFPA:

New facilities shall conform to current NFPA requirements

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **Texas**

Definitions:

Assisted living facility: 4 or more unrelated adults

Assisted living resident: may exhibit mental or emotional disturbance, but not at risk of harm to others & self, need assistance w/ movement, need assistance w/ ADL, require temporary services by professional personnel, administration of medication, non-medical assistance & supervision

Short term acute episode: illness less than 30 days, attend by licensed staff

Types of Facilities: Assisted Living Facilities

Type A: capable of evacuating facility unassisted, not require routine nighttime attendance, capable of following direction under emergency conditions

Type B: require staff assistance to evacuate, incapable of following directions under emergency conditions, require nighttime attendance, not permanently bedfast, but may require transfer assistance

Type C: 4-bed facility, adult foster care facility seeking assisted living license. Not ALF

Type E: (16 or less residents) limitation on types of residents: must be capable of evacuation unassisted, may inc. mobile, nonambulatory having capacity to transfer and evacuate in an emergency, not require nighttime attendance, capable of following directions under emergency conditions. Staff may only provide medication supervision and limited assistance with ADL

Alzheimers Allowed:

Yes in licensed Type B facilities

24 Hour Care:

Admissions Criteria:

Facility must meet needs of resident

Individuals that are with a terminal condition or experiencing short-term acute episodes are excluded from requirements if facility can provide care for them.

Facility must apply for a waiver if it doesn't meet evacuation requirements for some residents

Discharge Criteria:

Unable to evacuate if in A facility

Needs are beyond capability of facility

Danger to self & others

Ongoing nursing care

Personal Care Services:

Assistance w/ ADL, administration or supervision of medication

Nursing Services: (phone call to state health services office)

Type A & B - intermittent, limited

Type E - none

Medication Assistance:

Yes by staff licensed by state

Bedridden Allowed:

No (phone call to state health services office)

Assisted Living Occupancy Criteria Analysis by State

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: minimum 1/month, each shift quarterly

Other: must meet local fire ordinances, alarms and sprinklers

NFPA:

NFPA 101 Life Safety Code 1988 - based on evacuation capability

All Type A and small (16 or fewer) Type B facilities must conform to Chptr 21 - slow evacuation

NFPA 13D Large A Type may have an NFPA 13R (up to & inc 3 stories)

Type B large (over 17) must conform to Chapter 12, limited care - impractical evacuation

NFPA 13

Type E (16 or less) 2-story buildings must meet NFPA 101 1988 Section 21-2.3.1

Classified as prompt evacuation (less than 3 min without assistance)

IBC (Estimated):

Other: From phone conversation with state health services office)

Type A: small facilities (16 or less): self-evac - slow, NFPA 13D, Residential B&C - slow

Type A: large facilities (17+): self-evac - slow, NFPA 13R, up to & inc. 3 stories, Res B&C - slow

Type B: small facilities: self evac - slow, NFPA 13, Resid B&C - slow or NFPA 13D with additional requirements for all habitable areas & closets.

Type B: large facilities: impractical to evac, NFPA 13 - limited care

Type E: small facilities: self-evac - prompt, NFPA 13C, Residential B&C - prompt

Type E: large - these are regular apartments and not classified.

Assisted Living Occupancy Criteria Analysis by State

STATE: **Utah**

Definitions:

- Assisted Living Facility: large is 17 or more residents
- Assisted Living Facility: small is 6 to 16 residents
- Assisted Living Facility: limited capacity is 2-5 residents
- Adult Day Care Services: Type I & II may offer adult day care (functionally impaired adults) without a special license if they set up policies and procedures for Dept. approval

Types of Facilities:

- Assisted Living facility Type I: able to evacuate (mobile)
- Assisted Living Facility Type II: may require assistance or transfer to evacuate

Alzheimers Allowed:

- Type II with approved secure units if the resident can evacuate with limited assistance.

24 Hour Care:

- Can contract hospice care. Type I must be able to evacuate, Type II must have 24-hr 3rd party help.

Admissions Criteria:

- Type I: able to evacuate, mobile, stable health, no communicable disease, may receive assistance w/medication, no more than assist w/ 2 ADL's, not require nighttime assistance
- Type II: may need assist with evacuation, full assist w/ ADL's, may have medication assist, may receive general nursing care, no communicable disease

Discharge Criteria:

- Can't meet admissions criteria for type of facility. Type I assist to evacuate, assist w/ ADL's
- Danger to self or others
- Needs skilled nursing care. (limited nursing care up to 60 days can be allowed)
- Needs restraints
- Unable to evacuate, can be slow, except hospice with 24-hour private staff who will evacuate

Personal Care Services:

Nursing Services:

- Up to 60 days for limited nursing care.
- Type I & II can receive intermittent care from a licensed health care professional thru contract.

Medication Assistance:

- Yes, with licensed staff or supervised by licensed staff

Bedridden Allowed:

- Only for hospice care, only 25% of total residence.

Minimum Fire Life Safety Standards:

- Limitations on Stories:
- Smoke Barriers Required:
- Fire Drills:
- Other:

NFPA:

Assisted Living Occupancy Criteria Analysis by State

IBC (Estimated):

Other:

From phone conversation with State Fire Marshal office:

Small assisted living facilities shall comply with R-4 IBC

Large assisted living facilities shall comply with I-1 IBC

Limited capacity assisted living facilities shall comply with R-3 IBC

Assisted Living Occupancy Criteria Analysis by State

STATE: **Vermont**

Definitions:

Residential care home: provides board and personal care to 3 or more adults unrelated to operator

Assisted living residence: Level III residential care homes

Types of Facilities:

Residential care homes Level III: provide personal care, supervision/management of medications, nursing overview, aging in place

Residential care homes Level IV: same as Level III without nursing overview

Alzheimers Allowed:

Special care units

24 Hour Care:

Admissions Criteria:

Assessment and service plan of individual that facility level can meet needs

Discharge Criteria:

Facility can not meet needs of resident, care exceeds facilities license

Serious, acute illness requiring nursing care

Threat to self or others

Personal Care Services:

Only nursing overview and medication management.

Nursing Services:

Nursing services if fewer than 3 times/week, or up to 7 days/week up to 60 days

Provided by certified hospice program

Facility able to meet resident's needs without detracting from other residents.

Services not permitted without special variance: intravenous therapy, ventilators, daily catheter irrigation, feeding tubes, stage III or IV decubitus, suctioning, sterile dressings.

May receive home health services, inc skilled nursing if less than 3 time/week or more intensively for less than 60 days.

Medication Assistance:

Yes under supervision and delegation of a registered nurse

Bedridden Allowed:

No. (phone conversation with fire marshal)

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills:

Other: Blind or physically disabled residents not housed above the 1st floor unless home complies w/ all applicable codes.

NFPA:

Department of Labor and Industry, Division of Fire Prevention

Assisted Living Occupancy Criteria Analysis by State

IBC (Estimated):

Other:

From phone conversation with State Fire Marshal:

Vermont Fire and Building Safety Code 2005 edition incorporates both
NFPA 101 2003 edition & IBC 2003 edit. By reference

Assisted living facilities/Residential care homes base their occupancy and building type on
Small, medium and large facilities and prompt, slow, impractical time

Assisted Living Occupancy Criteria Analysis by State

STATE: **Virginia**

Definitions:

Ambulatory: physically & mentally capable of self-preservation by evacuation

Assisted Living Facility: provides 24-hour supervision and assistance to 4 or more unrelated adults.

Residential living care: level of service provide by AL facility, minimal assistance w/ ADL

Safe, secure environment: self-contained special care unit for severe cognitive impairment

Types of Facilities:

Assisted Living Facilities: 4 or more unrelated adults

Assisted living dedicated hospice facility: licensure of hospice

Alzheimers Allowed:

Yes in "safe, secure environment units" (special care unit) for severe cognitive impairment

Exception if facility licensed for 10 or fewer with no more than 3 with severe cognitive impairment

24 Hour Care:

Admissions Criteria:

Meets level of care needs of facility

Facility has staff appropriate with skill level needed by resident

Discharge Criteria:

Requiring continuous licensed nursing care - prohibited condition (phone w/ fire marshal)

Threat or danger to self or others

If resident's needs cannot be met by facility

Infectious disease in a communicable state

Ventilator dependency, dermal ulcers stage III or IV, intravenous therapy

Personal Care Services:

Nursing Services:

May be provided on a limited basis (2-weeks) by a licensed home care agency

Can be provided by facility licensed nurse or contractual

Medication Assistance:

Yes, by licensed or trained staff

Bedridden Allowed:

Yes, if licensed for non-ambulatory (phone with fire marshal)

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: unannounced each shift each quarter

Other:

NFPA:

NFPA 101, 2000 edition (phone with fire marshal)

Assisted Living Occupancy Criteria Analysis by State

IBC (Estimated):

Other:

From phone conversation with state fire marshal office:

Use NFPA 101 2000 edition for life safety requirements

Use IBC for building occupancy type:

Small group homes (1-6) are R-3 occupancy. Residents require no medical attention. Called assisted living facility, but really are small group homes.

All other facilities are rated I-2 occupancy

Assisted Living Occupancy Criteria Analysis by State

STATE: **Washington**

Definitions:

Adult Family Home: residential home which provides personal care, special care, room and board to more than 1, but not more than 6 adults (unrelated).

Boarding Homes: Provide housing to 7 or more unrelated adults. Provides basic services and assumes general responsibility for safety & well being of residents. Provides assisted living services.

Types of Facilities:

Adult Family Home: 1 - 6 unrelated adults receiving personal care and/or special care

Level 1: physically & mentally capable or self-preservation w/o assistance

Level 2: Physically & mentally capable of normal path to safety, but not stairs, w/o assistance

Level 3: physically & mentally not capable of self-preservation w/o physical assistance

Boarding Homes: 7+ unrelated adults receiving personal care and/or special care, and the same levels of care as adult family homes.

Alzheimers Allowed:

Yes w/ special care license

24 Hour Care:

Admissions Criteria:

Residents that the facility is licensed to provide for & has the staff to give care.

Assessment evaluation and negotiated care plan.

Discharge Criteria:

Unable to meet needs of resident's care with current staff or through reasonable accommodations

Endanger the safety of self, others or facility

Can not safely evacuated, or be evacuated, in an emergency. Facility must be licensed to serve semi- or non-ambulatory residents by the state fire director's office.

Requiring more care that facility able to provide with staff or license.

Requires presence & frequent evaluation of RN, unless from short term illness less than 14 days.

Personal Care Services:

Nursing Services:

Intermittent nursing services only. No skilled care at any of the 3 levels.

Nursing services provided by qualified staff or 3rd party.

Medication Assistance:

Both assistance with self-administration and staff- administered medication

Bedridden Allowed:

14 day maximum for short term illness or terminal resident in hospice

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: Drills are not to exceed 5 minutes to evacuate everyone. Drills conducted minimum of every 2 months w/ at least 1 evacuation per year w/ full evacuation from house to safe location.

Assisted Living Occupancy Criteria Analysis by State

Other: Level 2 & 3 residents must be housed on the ground level w/ 2 means of egress that do not require stairs, elevator or lift to exit
Visual & hearing impaired must have alternative emergency evacuation protections as needed
All facilities must be equipped w/ smoke alarms, and escape & rescue windows

NFPA:

Must meet state & local fire safety regulation for a single-family residence.

IBC (Estimated):

Adult Family Home is Group R-3 Adult Family Home Occupancy

Other:

From phone conversation with State Fire Marshal:

Boarding homes and assisted living facilities are now classified as R2 occupancies.

Assisted Living Occupancy Criteria Analysis by State

STATE: **West Virginia**

Definitions:

Classification of Standards: 3 levels of assisted living residents: Class I, II, and III (I most impact)

Types of Facilities: 3 types of facilities in the Assisted Living Program

Class I: Legally Unlicensed Health Care Home (L/U): 1-3 persons not related to operator, may be dependent on services, or may require limited and intermittent nursing care, inc hospice care.

Class II: Assisted Living Residence (ALS): 4 or more unrelated residents needing personal assistance, supervision or both, may require nursing care at a level no greater than limited and intermittent nursing care. Small residence is 4 - 16, large residence in 17 or more.

Class III: Residential Care Community (RCC): 17 or more residential apartments in a large independent living community, providing accommodations, personal assistance and supervision on a monthly basis, who may require limited and intermittent nursing care, but are capable of self preservation and are not bed fast.

Really rental apartments, self-evacuation (by phone w/ building official)

Alzheimers Allowed:

Yes in special care units offering 24-hour specialized care to alzheimers and dementia care

24 Hour Care:

Admissions Criteria:

Admit only residents that facility is licensed to provide services to.

Admission based on facility's ability to meet individual's needs

Discharge Criteria:

Ongoing or extensive nursing care

Beyond level of care facility licensed to provide

Risk to self or others

Personal Care Services:

Nursing Services:

If health declines may receive services from a licensed hospice or certified home health agency provided the facility has the capacity to care for the resident

Medication Assistance:

yes, qualified RN trained unlicensed staff and tested

Bedridden Allowed:

Yes in assisted living licensed for impractical or in a room with direct access to the outside.
(provided by phone with building official)

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills:

Other: 4 or more beds require a sprinkler and alarm system, State Fire Marshal office approved

Assisted Living Occupancy Criteria Analysis by State

NFPA:

State fire code requirements: Fire Code 87CSR1

IBC (Estimated):

Other:

Phone conversation with state fire marshal and building official:

State uses the most current NFPA and IBC requirements as the state code.

Under 16 residents is considered small, over 16 is large facility.

When differences between the NFPA and IBC - use the most stringent requirement

Assisted Living Occupancy Criteria Analysis by State

STATE: **Wisconsin**

Definitions:

Community Based Residential Facilities (CBRF): 5 or more unrelated adults, do not require care above intermediate level nursing care, reside and receive care, treatment or services that are above the level of room and board, but include no more than 3 hours of nursing care per week per resident

Adult Family Homes (AFH): 3 or 4 unrelated adults reside and receive care, treatment or services that are above the level of room and board, but include no more than 7 hours of nursing care per week per resident.

2 types: those w/owner living on site and provide care, & those owned by an entity that provides shift staff.

Residential Care Apartment Complexes (RCAC): 5 or more adults reside in independent apartments, each w/individual lockable entrance and exit, a kitchen, including a stove, individual bathroom, sleeping and living areas, and that provides to resident not more than 28 hours/week of services that are supportive, personal and nursing services. Must be registered (serving private pay tenants) or certified (eligible for public funding)

Types of Facilities: 3 types of assisted living facilities

Community Based Residential Facilities (CBRF): 3 sized

small: 5-8, medium: 9-20, large: 21 or more

also differ by class determined by resident's ability to move (ambulation), follow directions (mental capacity), and self-preservation under emergency conditions.

Class A ambulatory: capable of self preservation without any assistance or prompting

Class A semi-ambulatory: capable of self-preservation without any assistance or prompting

Class A nonambulatory: mentally & physically capable of exiting without help or prompting

Class C ambulatory: not mentally capable of self-preservation without help or prompting

Class C semi-ambulatory: not mentally capable of self-preservation without help or prompting

Class C nonambulatory: not mentally capable of self-preservation without help or prompting

Alzheimers Allowed:

Yes in Class C facilities

24 Hour Care:

Assistance and supervision

Admissions Criteria:

Based on assessment and resident service plan

Discharge Criteria:

Bedridden except for temporary incapacity or terminally ill and receiving care or services.

Destructive to self or others

Needs are outside the services of the facility

Needing more than 3-hrs of nursing care/week except for temporary condition less than 90 days unless condition is stable and facility has ability to continue treatment.

Requiring 24-hr supervision by a registered nurse or license practical nurse

Personal care needs that cannot be met by facility

Requiring chemical or physical restraint

Personal Care Services:

Assisted Living Occupancy Criteria Analysis by State

Nursing Services:

Maximum of 3-hr/week whether provided or arranged unless condition is stable then up to 90 days
Terminally ill residents may have more than 3-hr/week if served by hospice or home health care

Medication Assistance:

yes by licensed or supervised staff

Bedridden Allowed:

Not allowed except for terminally ill receiving care or temporary conditions less than 90 days

Minimum Fire Life Safety Standards:

Limitations on Stories: based on building type, size of facility and beds

Smoke Barriers Required: evac time of 2+ minutes require smoke separation between all floors

Fire Drills: minimum 1/quarter, 1 nighttime drill annually

Other: facility classification based on ability and time to evacuate, determine construction type

NFPA:

NFPA 13D and 13R for facilities less than 16 beds

NFPA 13 for facilities over 16 beds

IBC (Estimated):

Other:

Assisted Living Occupancy Criteria Analysis by State

STATE: **Wyoming**

Definitions:

Assisted Living Facility: non-institutional dwelling operated by person, firm or corporation engaged in providing limited nursing care, personal care & boarding home care, but not habilitative care, for persons not related to the owner.

Types of Facilities: Assisted Living Facilities

Type based on evacuation capability:

Small: facility with 8 or less residents shall meet Prompt rating (3 min max)

Large: facility with 9 or more residents shall meet Prompt (3 min max) or Slow (3-13 minutes) evacuation rating

Exception: facility constructed to meet Impractical evacuation rating (13 minutes+) (large facility)

Alzheimers Allowed:

Yes, in special units

24 Hour Care:

Admissions Criteria:

Must meet facility license capabilities, individual resident plan

Discharge Criteria:

Resident's level of care exceeds that provided by facility

Facility can't meet resident's needs

Resident behavior is a threat or danger to self or others

Unable to evacuate without assistance or be evacuated in accordance with the Life Safety Code

Continuous assistance with transfer and mobility

Unable to feed self independently

Total assistance with bathing and dressing

Several medical monitoring or assistance needs

Personal Care Services:

Nursing Services:

May receive contracted services from an outside agency

Medication Assistance:

RN responsible for supervision and management of all medication administration

Bedridden Allowed:

No

Minimum Fire Life Safety Standards:

Limitations on Stories:

Smoke Barriers Required:

Fire Drills: 12 yearly on monthly basis, min of 1/shift a quarter

Other: Portable fire extinguishers NFPA 10

NFPA:

Assisted Living Occupancy Criteria Analysis by State

NFPA 101, 2000 edition

NFPA 99, 2002 edition

IBC (Estimated):

IBC 2003 edition

Other:

APPENDIX B

LONG TERM CARE INFRASTRUCTURE PLAN

Building Code Requirements*	IBC ** 2003/2006	Staffing	Aging in Place	Assurance of quality care	Recommendations
Institutional (I) occupancy – has requirements for structure and fire that allows for “defend in place”. Includes nursing homes and Type II ARCH. If Type II ARCH does not meet fire requirements, cannot have Expanded ARCH licensure.	Will need to meet current code if construction changes made; for Hawaii depending on % of changes made (up to 25% code at that time; up to 50% renovated area needs to meet current code; 50% or more entire facility needs to conform to current code).	Regulations have specific requirements for medical director, licensed nursing personnel, etc. CMS recommendations available to allow for quality care; ANA guidelines for staffing; acuity based determination. Type II regulations have requirements for staffing.	CMS culture change initiative encourages consumers to receive care in the community when appropriate; nursing home is determine to be resident's home, includes activities/restorative care, home like environment, able to provide care and services commensurate to needs of resident, other than acute episodes. Type II if meet fire/building code can have nursing home level residents.	Ongoing assessment, monitoring and evaluation. Measures in place for prevention of malnutrition, dehydration, pressure sores, restraint use, falls, deterioration in all areas. Ongoing training of staff and competency determination of staff to assure ability to provide appropriate care/services.	Maintain ongoing training and initiatives from CMS for quality improvement. Type II ARCHs – enhance training of staff and look at instituting similar measures as required by CMS. OHCA has been providing ongoing training in the areas of resident abuse/neglect and prevention of pressure sores, as well as need for preventive immunizations/vaccines and Emergency Preparedness

Building Code Requirements*	IBC ** 2003/2006	Staffing	Aging in Place	Assurance of quality care	Recommendations
preserving residents; evacuate building.			and case management, except for acute episodes.	<p>quality care. Staffing ratios based on ability of facility to provide quality care.</p> <p>OHCA has been providing ongoing training in the areas of resident abuse/neglect and prevention of pressure sores, as well as need for preventive immunizations/vaccines and Emergency Preparedness</p>	
R-1 (residential) – not intended to be care facility, but single family, apartment building for multi-families. If providing care, then may need to reassess occupancy code; all individuals evacuate the building.	ALF – when submit plans for review can be designated R-4 which would have specific requirements and may allow for “defend in place.”	ALF – regulations have requirements for Administrator, RN for assessment, training, care planning. Able to use unlicensed personnel for medication based on nurse delegation.	<p>If ALF is R-1 – resident not capable of self-preservation may need to be transferred, or moved to ground level.</p> <p>If ALF is R-4 – may remain in facility with appropriate assessment and provision of services except for acute episodes.</p> <p>Submit request to County Building alternative method of design plan for consideration.</p>	Same as above	Same as above

Building Code Requirements*	IBC ** 2003/2006	Staffing	Aging in Place	Assurance of quality care	Recommendations
<p>Single family dwelling – family is up to five non-related individuals. With change to HRS 46-15.3 counties need to review.</p> <p>RACC – no structural requirements, staffing requirement for non-self preserving residents; evacuate building.</p>	<p>RACC – if provider chooses to increase to three residents not capable of self-preservation then may need to look at structural requirements, staffing.</p> <p>DHS has been begun HAR amendments to offer increased structural requirements as an optional substitute for one-to one staffing for residents not capable of self-preservation.</p>	<p>RACC – NA operator; if two or three non-self preserving, then one staff per non self-preserving resident.</p>	<p>Residents admitted at nursing home level – allows for aging in place with case management except for acute episodes.</p>	<p>Ongoing assessment, monitoring and evaluation. Review 100% of adverse events and conduct trend analysis, track APS confirmations</p> <p>Explore allowing structural requirements to substitute for staffing for non self preserving clients.</p> <p>DHS has been begun HAR amendments to offer increased structural requirements as an optional substitute for one-to one staffing for residents not capable of self-preservation.</p>	<p>Providers continue to improve their initial assessment and matching of client with provider to increase the likelihood of successful placements able to meet the aging in place needs of clients accepted into a CCFFH.</p>
<p>ARCH – has requirements per Title 11 Chapter 100/100.1 re: structure and definition of resident, non-self preserving residents; evacuate building. Expanded ARCH – has requirements per Title 11 Chapter 101/100.1 re: structure, definition of resident, non-self-</p>	<p>ARCH – if increase to six may need to meet requirements of R-4 which would require sprinkler system and also determine staffing for individuals not capable of self-preservation.</p>	<p>ARCH – nurse aide operator; if two non-self preserving, then one staff per resident.</p> <p>Expanded ARCH - nurse aide operator; if two non-self preserving, then one staff per resident.</p>	<p>ARCH – if not expanded, then resident at nursing home level needs to be transferred; choice of operator to be licensed. Waivers may be given on case-by-case basis.</p> <p>Expanded – able to age in place, ARCH level resident can remain in home as expanded resident with appropriate staffing, assessment, care planning</p>	<p>OHCA developing training options for operators which would include <u>assessment/critical thinking</u>; prevention of pressure sores/abuse/neglect of residents; similar initiative as required by CMS.</p> <p>OHCA working with providers on training of CMS initiatives for quality indicators to improve</p>	<p>Work with providers to enhance knowledge and skill level to provide appropriate and quality care based on resident needs.</p> <p>Work with providers to enhance training and consider instituting similar CMS quality initiatives in requirements.</p>

Building Code Requirements*	IBC ** 2003/2006	Staffing	Aging in Place	Assurance of quality care	Recommendations
R-4 (Residential)	Will be a residential option when adopted.				

* Codes are updated regularly. When changes in building or fire codes are made, facilities are not required to upgrade to current code unless they renovate. If a facility was approved under the old code, they are considered “existing non-conforming facilities.”

** International Building Code

APPENDIX C
RECOMMENDATIONS OF THE DEPARTMENTS OF HEALTH AND HUMAN
SERVICES TO SCR 144 TASK FORCE

1. Study the feasibility of legislation that would allow a combination of loans and grants to assist property owners or prospective and current providers interested in Community-Based Long-Term Care in upgrading their property to allow for more aging in place. Under the current rules, the previous year's work are in bold italics and the progress are listed below it:

- a. ***For CCFFHs, low interest loans could be available to remodel the areas of home where non-self-preserving RACC clients will reside to meet fire safety requirements that would include fire rated walls, appropriate smoke detectors, possible residential sprinkler system, or other appropriate fire/life safety measures. This would mean that all three clients would then be able to be evacuated safely with sufficient time to a safe area of refuge.***

Mechanisms to consider ways to assist CCFFHs with the cost of remodeling homes to meet life safety standards for non-self-preserving clients are being considered by the Department of Human Services.

- b. ***ARCHs/E-ARCHs could be offered the same loan program that would allow them to make structural changes to the home to meet appropriate fire/life safety standards.***

DOH is considering offering a similar grant program for ARCHs/E-ARCHs who wish to meet these safety standards.

- c. ***Low interest loans could be offered to interested ALFs that desired to upgrade sections of their building so they could apply for Type II ARCH/E-ARCH within the ALF or upgrade sections to Group I occupancy. This is one solution to the aging in place program. (See below for additional solutions for ALFs.)***

The Department of Human Services is studying the work of the National Consumer Cooperative Bank, and its NCB Capital Impact program. In partnership with the Robert Wood Johnson Foundation, it has developed numerous tools to assist Assisted

Living Facilities and States to break down barriers to ALFs serving Medicaid clients.

- d. All loans could be forgiven over time if the providers served a certain percentage of Medicaid clients. For example, if a CCFFH served two (2) Medicaid clients in their three (3)-bed facility (67%) for five (5) years, a high portion of the loan could be forgiven.***

This concept is being considered as part of the mechanisms to fund upgrades in CCFFHs and ARCHs for non-self-preserving clients.

- e. Since many providers are being encouraged to apply for State sponsored grants and loans to upgrade their facilities to encourage greater civil defense preparedness for “sheltering in place,” there may be opportunities for combining renovations and funding to cover both the civil defense upgrade and making changes to allow for aging in place.***

After careful study, it has been determined that the upgrades for “sheltering in place” do not intersect with those upgrades needed for “aging in place,” although both types of retrofitting are desirable to ensure safety for residents and providers.

- f. DHS would take the lead (since RACC waiver is under its jurisdiction and work closely with DOH OHCA which licenses E-ARCHs, ARCHs, and ALFs) in exploring the feasibility of this type of loan/grant forgiveness program and in crafting legislation for the 2008 Legislature if a loan/grant forgiveness program is feasible.***

This option is being considered for inclusion in the Governor’s Legislative Priorities.

- g. DHS will develop a pilot program to assist property owners or prospective and current providers interested in developing Community-Based Long-Term Care residences in retro-fitting their buildings to meet current or proposed codes by:***

Hiring a long term care retrofitting service contractor to be available upon request to

- a) Evaluate current home and community based facilities for their amenability to retrofitting to meet either current or proposed standards***
 - b) Assess the needed services and provide an estimate of the work that would need to be done***
 - c) Assist the property owner or prospective and current providers of the facility in understanding the applicable County permitting process, including the process to obtain variances or submit an alternate method of design.***
- ii. Prepare the information in a format that will assist DHS and DOH in preparing their legislation on loans/grants for the 2008 Legislative session.***

On June 22, 2007, DHS was able to hire a consultant to assist CCFFHs in retrofitting their homes. The consultant will be able to assess a minimum of 120 CCFFHs using the proposed new Hawaii Administrative rules. These are based on NFPA standards, He will make recommendations with cost estimates to providers.

DHS is also optimistic that, working with the NCB Capital Impact, they may be able to develop a community strategy with a financial component that may create the ability of ALFs to retro-fit or encourage new development.

- 2. DHS will hire a consultant to explore the amendments used in other states in the portions of their building and fire codes related to ALFs that allow further flexibility for aging in place. These amendments create a true in-between occupancy level which allows for different evacuation standards for residents who may require assistance with self-preservation. The consultant's report will be available to assist the SCR 144 Task Force members in formulating additional recommendations to decrease barriers to aging in place while maintaining health and safety standards.***

- a. *Currently 7 of the 10 ALFs have occupancy designations for Residential apartment buildings (R-1) with non-skilled supportive services provided for more than 15 residents. These facilities are currently able to provide services to individuals who are able to evacuate on their own from the facility in the event of an emergency. In order to allow the facilities to admit and allow residents who are non-ambulatory and not able to evacuate the building, retrofitting to the structure may be necessary. Should the facility wish to change their occupancy designation, they will need to submit a request to County Building to ask for an Alternate Method of Design. In some cases, It would be costly and in most instances impractical for these facilities to upgrade the entire building to Group I building occupancy, however, certain portions of the facility may be able to be upgraded.*
- b. *Several States have developed amendments of their respective building codes that incorporate life safety codes for ALFs that satisfy both safety needs and consumer preference for residential care settings. The facilities are required to meet certain criteria and designation. In conjunction with the life safety codes, facilities must meet certain move-in/move-out criteria for residents within the life safety code designations.*
- c. *The process of obtaining information from other states and analyzing how this fits with their respective building, fire and other regulatory codes is a complicated process that exceeds the time availability or the individual expertise of the current Task Force membership. Hiring a consultant with the required expertise increases the timeliness of conducting the necessary review and obtaining information for Task Force members' review.*
- d. *While the counties are in the process of adopting the 2003 to 2006 International Building Codes (IBC), the consultant contracted by DHS will gather the information on how other states are addressing aging-in-place and have amended or are interpreting their respective codes, especially those that are allowing variances which address alternate methods of design which would allow for assistance in evacuation from a building. Each County can then review this information to determine its applicability to their respective County codes.*
- e. *The Task Force will serve as the forum for a discussion of the consultant's findings, and determine the feasibility of considering a uniform amendment across the State. These*

recommendations, if adopted, will impact facilities that are considering licensure in the future, and may provide guidance on how to address similar issues of evacuation in Senior Housing complexes and condominiums or apartments with large numbers of elderly which are not being directly addressed by this Task Force. The Task Force also understands that changes made to the existing building and fire codes may not have a direct impact on currently licensed facilities.

DHS hired a consultant who studied what other States do regarding their building and fire codes. The consultant met with the Task Force during December 2007.

- 3. The DHS will develop a business friendly checklist for the public that points to and briefly summarizes the building, zoning, occupancy, fire and other regulatory codes that apply to developing a CCFFH, using the formatting currently used by DOH. The Task Force members will be asked to critique both DOH and DHS checklists for accuracy and ease of use by the general public.***

DHS will prepare a business friendly checklist as soon as the CCFFH Administrative Rules are approved.

- 4. The Departments will explore the possibility of the use of State owned property in specific geographic areas for the development of facilities and Community-Based Long-Term Care that specialize in needed services that are not currently readily available i.e., for residents with behavioral or dementia/Alzheimer needs or residents with other complex medical care needs.***

Development of a public/private partnership may play a major role in the development of various types of residential healthcare settings throughout the State. With the increasing aging population, Hawaii, which is aging at a rate of 2.5 times the National average, needs to address the ability of the State to provide sufficient health care settings to provide quality care and services for our frail elderly and disabled population. Further, creative alternatives may be developed to meet the needs of residents with challenging behaviors, dementia/Alzheimer/other cognitive needs or complex medical needs such as gross obesity, ventilator dependency and end stage renal disease, many of which are waitlisted at the major hospitals throughout the State.

APPENDIX D

COMMITTEE MEMBERS

- Dianne Okumura, Consultant, Office of Health Care Assurance, Department of Health
- Patricia Johnson, Adult and Community Care Services Branch, Department of Human Services
- Terri Byers, Alternate, Office of Health Care Assurance, Department of Health
- Sandra Joy Eastlack, Alternate, Adult and Community Care Services Branch, Department of Human Services
- Robert Ogawa, Hawaii Long Term Care Association
- Coral Andrews, Healthcare Association of Hawaii
- Miriam Tabaniag, Alliance of Residential Care Administrators
- Aga Antonio, Adult Foster Home Association of Hawaii
- Ruth Dias Willenbourg, Assisted Living Options of Hawaii
- Rita Barreras, Maui Long Term Care Partnership
- Wes Lum, UH Center on Aging Research and Education
- Waynette Cabral, Developmental Disabilities Council
- Virginia Pressler, Hawaii Pacific Health
- Timothy Hiu, City and County of Honolulu
- Don Lutao, Kauai County
- Vacant, Maui County
- Brian Kajikawa, Hawaii County
- Valeriano Martin, representing all County Fire Departments
- Ann Trygstad, Community member