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Title 0720@ Health Facilities Commission

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Chapter 0720-18@ Standards for Nursing Homes

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Section 0720-18-.07@ SPECIAL SERVICES: ALZHEIMER'S UNITS

## **0720-18-.07 SPECIAL SERVICES: ALZHEIMER'S UNITS**

Structurally distinct parts of a nursing home may be designated as special care units for ambulatory residents with dementia or Alzheimer's Disease and related disorders. Such units shall be designed to encourage self-sufficiency, independence and decision-making skills, and may admit residents only after the unit is found to be in compliance with licensure standards and upon final approval by the department. Units which hold themselves out to the public as providing specialized Alzheimer's services shall comply with the provisions of T.C.A. § 68-11-1404 and shall be in compliance with the following minimum standards:

### **(1)**

In order to be admitted to the special care unit: (a) A diagnosis of dementia must be made by a physician. The specific etiology causing the dementia shall be identified to the best level of certainty prior to admission to the special care unit; and, (b) The need for admission must be determined by an interdisciplinary team consisting at least of a physician experienced in the management of residents with Alzheimer's Disease and related disorders, a social worker, a registered nurse and a relative of the resident or a resident care advocate.

### **(a)**

A diagnosis of dementia must be made by a physician. The specific etiology causing the dementia shall be identified to the best level of certainty prior to admission to the special care unit; and,

**(b)**

The need for admission must be determined by an interdisciplinary team consisting at least of a physician experienced in the management of residents with Alzheimer's Disease and related disorders, a social worker, a registered nurse and a relative of the resident or a resident care advocate.

**(2)**

Special care units shall be separated from the remaining portion of the nursing home by a locked door and must have extraordinary and acceptable fire safety features and policies which ensure the well being and protection of the residents.

**(3)**

The residents must have direct access to a secured, therapeutic outdoor area. This outdoor area shall be designed and maintained to facilitate emergency evacuation.

**(4)**

There must be limited access to the designated unit so that visitors and staff do not pass through the unit to get to other areas of the nursing home.

**(5)**

Each unit must contain a designated dining/activity area which shall accommodate 100% seating for residents.

**(6)**

Corridors or open spaces shall be designed to facilitate ambulation and activity, and shall have an unobstructed view from the central working or nurses' station.

**(7)**

Drinking facilities shall be provided in the central working area or nurses' station and in the primary activities areas. Glass front refrigerators may be used.

**(8)**

The unit shall be designed, equipped and maintained to promote positive resident

response through the use of: (a) Reduced-glare lighting, wall and floor coverings, and materials and decorations conducive to appropriate sensory and visual stimulation; and, (b) Meaningful wandering space shall be provided that encourages physical exercise and ensures that residents will not become frustrated upon reaching dead-ends.

**(a)**

Reduced-glare lighting, wall and floor coverings, and materials and decorations conducive to appropriate sensory and visual stimulation; and,

**(b)**

Meaningful wandering space shall be provided that encourages physical exercise and ensures that residents will not become frustrated upon reaching dead-ends.

**(9)**

The designated units shall provide a minimum of 3.5 hours of direct care to each resident every day including .75 hours of licensed nursing personnel time. Direct care shall not be limited to nursing personnel time and may include direct care provided by dietary employees, social workers, administrator, therapists and other care givers, including volunteers.

**(10)**

In addition to the classroom instruction required in the nurse aide training program, each nurse aide assigned to the unit shall have forty (40) hours of classroom instruction which shall include but not be limited to the following subject areas: (a) Basic facts about the causes, progression and management of Alzheimer's Disease and related disorders; (b) Dealing with dysfunctional behavior and catastrophic reactions in the resident; (c) Identifying and alleviating safety risks to the resident; (d) Providing assistance in the activities of daily living for the resident; and, (e) Communicating with families and other persons interested in the

resident.

**(a)**

Basic facts about the causes, progression and management of Alzheimer's Disease and related disorders;

**(b)**

Dealing with dysfunctional behavior and catastrophic reactions in the resident;

**(c)**

Identifying and alleviating safety risks to the resident;

**(d)**

Providing assistance in the activities of daily living for the resident; and,

**(e)**

Communicating with families and other persons interested in the resident.

**(11)**

Each resident shall have a treatment plan developed, periodically reviewed and implemented by an interdisciplinary treatment team consisting at least of a physician experienced in the management of residents with Alzheimer's Disease and related disorders, a registered nurse, a social worker, an activity coordinator and a relative of the resident or a resident care advocate.

**(12)**

A protocol for identifying and alleviating job related stress among staff on the special care unit must be developed and carried out.

**(13)**

The staff of the unit shall organize a support group for families of residents which meets at least quarterly for the purpose of: (a) Providing ongoing education for families; (b) Permitting families to give advice about the operation of the unit; (c) Alleviating stress in family members; and (d) Resolving special problems relating

to the residents in the unit.

**(a)**

Providing ongoing education for families;

**(b)**

Permitting families to give advice about the operation of the unit;

**(c)**

Alleviating stress in family members; and

**(d)**

Resolving special problems relating to the residents in the unit.