



The Differences between Assisted Living Residences and Personal Care Homes

Pennsylvania Assisted Living Association



Assisted Living Residences	Personal Care Homes
CONCEPT	
<ul style="list-style-type: none"> • A residence that offers a long-term care alternative to skilled care. • Offers a philosophy of service that promotes independence, privacy, dignity, and choice. • Focused on resident directed service and care. • Provides for a minimum package of services and care. • Arranges or provides for transportation. • Requires disclosure to Services and Pricing prior to admission. • Emphasis on “Aging in Place” • Informed Consent process for a resident to exercise independence in their care. • Only a licensed ALR can advertise and represent themselves as Assisted Living. • Expanded Resident Rights 	<ul style="list-style-type: none"> • A home for those “who do not require the services in or of a long-term care facility” • Offers a philosophy of keeping residents “as safe” as possible. • Focused on “regulatory & facility” directed service & care • Provides for a “defined by PCH” package or service & care. • No requirements to arrange or provide transportation. • No regulatory requirement for disclosure of pricing prior to residency. • Discharge to higher levels when necessary • No regulatory process required to exercise independence in their care. • PCH cannot use the term Assisted Living in any marketing materials or a fine will be issued. • Basic Resident Rights required
CONSTRUCTION	
<ul style="list-style-type: none"> • Provides a private living unit with private bathroom • Requires a private bath. *(HB1442 pending) • New Construction requires a private kitchenette. • Requires individual heating & cooling units for the living unit. • New construction requires 225 square feet for a living unit that enhances a “home like setting”. • Requires a telephone jack in each living unit. • Requires an emergency response system in the bathroom and the living unit. • Requires each living unit has a lockable door. • More space is required in the common area (15 square feet per living unit up to 50 living units) indicated as “Indoor Living & Activity Space”. 	<ul style="list-style-type: none"> • A “resident bedroom” that can be shared by up to four residents. • Requires a “flushable toilet and shower for up to six residents”. • No requirement of individual heating & cooling units but requires a screened window. • Requires each bedroom to have 80 square feet of floor space. • Require “a phone available in the home”. • No emergency response system required. • No locks required • Requires that the combined living room and lounge area can accommodate all residents at one time.
CLINICAL	
<ul style="list-style-type: none"> • Requires higher clinical assessment with an RN review of assessments and support plans. • Requires an Initial Assessment & Preliminary Support Plan developed within 30 days prior to residency. • Requires a Final Support Plan developed and implemented with 30 days after move-in. • Requires a licensed nurse on site or available 24/7. • Requires a registered dietician on staff or under contract. • Provides for a higher level of clinical needs, including those needing skilled care. • Provides supplemental health services. • Provides a waiver of exclusionary factors for ALR. • Requires higher training standard for direct care and management staff. 16 annually for direct care staff. • CPR requirements are 1 staff trained per 35 residents. • Four hours of Dementia Training required for all staff within 30 days of hire and two hours annually. • A residence can care for skilled nursing care residents, if they so choose, with written approval for excludable conditions. 	<ul style="list-style-type: none"> • No licensed nurse required at all with PCH regulations. • Requires Pre-Screening and an initial assessment completed within 15 days after residency. • No requirement • No requirement • No requirement • Does not provide for those needing a higher level of care than can be provided. • No requirement • Requires a resident to move if needing a higher level of care. • No change to requirements for PCH. Direct care staff annually training requirement is 12 hours. • CPR requirements are 1 staff trained per 50 residents. • No requirement in PCH on dementia specific training for all staff upon hire or annually. • A physician determined PCH suitability or requirement of a higher level of care.