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| **Assisted Living Residences** | **Personal Care Homes** |
| **CONCEPT** | |
| * 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 | * 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** | |
| * Provides a private living unit with private bathroom * Requires a private bath. * 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”. | * 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** | |
| * 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. | * 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. |