DEMENTIA SPECIAL CARE UNIT DRAFT REGULATIONS SUMMARY

Definitions:
- **Direct Care** means any service, whether clinical or not, that is provided directly to a patient or resident.

- **Direct Care Worker** means any person who delivers direct care to a patient, whether or not the person has clinical licensure or certification. The term “direct care worker” shall not be limited to those workers employed by the facility. The term “direct care worker” shall include, but not be limited to: Medical Director, registered nurses, licensed practical nurses, nurse practitioners, physician assistants, certified nurse aides, activities personnel, feeding assistants, social workers, housekeeping, dietary aides, and all occupational, physical, and speech therapy staff.

Staff Training:
- All direct care workers, activities personnel and supervisors of direct care workers in a DSCU:
  - 8 hours of initial training before providing care.
  - 8 additional hours every calendar year
  - If already providing care, must be trained within 90 days of promulgation of regulations

- All direct care workers, activities personnel and supervisors of direct care workers in a traditional nursing unit:
  - 8 hours of training within 90 days of hire
  - 8 additional hours every calendar year
  - If already providing care, must be trained within 180 days of promulgation of regulations

- The facility employing the worker is responsible for maintaining documentation of his or her training.

Content of Training:
- To be defined in guidelines, but shall include:
  - Overview of Alzheimer’s Disease (AD) and other types of dementia;
  - Communicating with AD residents;
  - Mitigating safety risks;
  - Managing behavioral symptoms of residents with dementia;
  - Promoting independence in activities of daily living (ADLs).

- Staff will have to pass a competency evaluation, as defined and administered by nursing home

- All training must reflect current knowledge/practice

Therapeutic Activity Director:
- Activity Director qualifications mirror federal requirements
- Responsibilities of the Director includes, among other things:
  - Posting in a conspicuous place a monthly calendar of activities and events;
- Contributing to each resident’s comprehensive assessment and plan of care;
- Writing a therapeutic activity note in each resident’s record once a month at a minimum documenting the resident’s participation in and reaction to activities;
- Ensuring that staffing levels are adequate for the operation of the therapeutic activity program.

- If the Therapeutic Activity Director is not an occupational therapist, the unit shall consult with an occupational therapist in the development of the activities program.

**Therapeutic Activities Program:**
- Ongoing, regularly scheduled, organized program of meaningful and purposeful therapeutic activities seven days per week, with the number of hours of activities evenly distributed throughout the week
- Planning shall incorporate the possible need for programming during night hours
- Characteristics of activities: see p. 4-5.

**Disclosure Form:**
- Must be submitted to:
  - DPH
  - All patients before admission
  - Any consumer who requests a copy
  - Publicly posted
- A new form must be completed every calendar year, whether or not changes have been made
- Draft Disclosure Form is attached

**Physical Plant:**
- The DSCU must encompass the entirety of a nursing care unit
- The facility must have secured outdoor space that allow residents to walk/wander
- Lighting which minimizes glare
- Finishes shall include a high visual contrast between floors and walls and between doorways and walls.
- Floors, walls and ceilings shall be non-reflective to minimize glare
- Flooring shall not include large or contrasted visual patterns
- No overhead paging systems shall be used
- The sound signal for the nurses’ call system shall be confined to the nurses’ station.
- Egress control:
- A multipurpose room or rooms for dining, group and individual activities, and family visits which comply with the licensure requirements for common space shall be included in the Dementia Special Care Unit. The floor areas of this multipurpose room or rooms shall accommodate the licensure requirements of 10 square feet per bed for dining, 8 square feet per bed for group activities and 9 square feet per bed for day room, for a total of 27 square feet per bed.
Dementia Special Care Unit Disclosure Form

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Unit Name and Floor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1:</td>
<td>Town or City:</td>
</tr>
<tr>
<td>Address Line 2:</td>
<td>Zip: Phone:</td>
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<tr>
<td>E-mail Address</td>
<td>Fax Number:</td>
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<td>Date:</td>
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</table>

<table>
<thead>
<tr>
<th>Number of Beds:</th>
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<tbody>
<tr>
<td>In DSCU:</td>
<td>Not in DCSU:</td>
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<tr>
<td>Facility Total:</td>
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<table>
<thead>
<tr>
<th>Number of MassHealth Beds</th>
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<tbody>
<tr>
<td>In DSCU:</td>
<td>Not in DCSU:</td>
</tr>
<tr>
<td>Facility Total:</td>
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</tr>
</tbody>
</table>

| License Expiration Date: | |

### Ratio of Staff to Patients for Each Shift
For example, a ratio of 1:5 suggests that there is 1 staff member for every 5 patients.

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>Day/Morning</th>
<th>Afternoon/Evening</th>
<th>Night</th>
<th>Day/Morning</th>
<th>Afternoon/Evening</th>
<th>Night</th>
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</thead>
<tbody>
<tr>
<td>Registered Nurse and/or Licensed Practical Nurse</td>
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<tr>
<td>Certified Nurse Aide</td>
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<tr>
<td>Activity Personnel</td>
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</tbody>
</table>

Have all staff members received the required 8 hours of dementia-specific training as required by state regulation?  

[ ] Yes [ ] No

Does staff receive dementia-specific training beyond the annual 8-hour minimum required by regulation? If Yes, please describe the training:

[ ] Yes [ ] No

Does the care planning process for residents in the DSCU differ from the process in other units? If Yes, please describe:

[ ] Yes [ ] No

Does the unit employ specific techniques to address physical aggressiveness, wandering and/or elopement? If Yes, please describe:

[ ] Yes [ ] No
### Activities Disclosure
List the number of hours of therapeutic activities that are offered for each shift.

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</thead>
<tbody>
<tr>
<td>Morning (7:00am – 11:59am)</td>
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<tr>
<td>Afternoon (12:00pm – 4:59pm)</td>
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<tr>
<td>Evening (5:00pm – 10:00pm)</td>
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</tbody>
</table>

Are activities provided 24 hours a day for residents who need them?  [Yes]  [No]

### Physical Space Disclosure
Please indicate if your dementia special care unit has any of the following features.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the dementia special care unit located on the first floor of the nursing facility?</td>
<td></td>
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<tr>
<td>Does the facility have a secure outdoor space for patients to walk/wander?</td>
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<tr>
<td>Do patients on the dementia special care unit have direct access to a secure outdoor space?</td>
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<tr>
<td>Is the dementia special care unit locked?</td>
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<tr>
<td><strong>Does the dementia special care unit offer private bedrooms?</strong></td>
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<tr>
<td>Does the dementia special care unit have sufficient indoor space for patients to walk/wander?</td>
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</tbody>
</table>

### Additional Questions

- Does the program/unit have an Alzheimer's/dementia support group for family members? [Yes] [No]
- Does the program/unit have a family council? [Yes] [No]
- Are written guidelines on the use of chemical and physical restraints available to consumers? [Yes] [No]
- Are family members informed of procedures for registering, resolving, and appealing any complaints? [Yes] [No]
- Does the care planning team include a variety of professionals with skills in medicine and nursing, as well as in behavioral, emotional, and social needs? [Yes] [No]
- Do care plans include personal histories prior to dementia, such as skills, occupations, interests, and daily routine? [Yes] [No]
- Are care-planning meetings open to family members? [Yes] [No]
- Are care-planning meetings scheduled to accommodate family members? [Yes] [No]
- Does the DSCU practice consistent assignment of direct care staff? [Yes] [No]

### Services Available

**Are the following services available within the facility to patients on the dementia special care unit?**

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
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<tr>
<td>Occupational therapy</td>
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<tr>
<td>Optical</td>
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<tr>
<td>Mental Health</td>
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<tr>
<td>Podiatry</td>
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<tr>
<td>Physical Therapy</td>
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<tr>
<td>Speech Therapy</td>
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<tr>
<td>Audiology</td>
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</tbody>
</table>

### Contact Information

Who should family members contact with questions or concerns?

Name:

E-mail Address:

Signature and Date:
150.XXX.000 Standards for Dementia Special Care Units

(A) 105 CMR 150.XXX sets forth the minimum Alzheimer’s Disease and related disorders staff training requirements for all nursing facilities, and to set forth the minimum standards with which a Dementia Special Care Unit (“DSCU”) must comply.

XXX.XXX: Definitions

The following definitions shall apply to regulations in 105 CMR 150.XXX:

Dementia Special Care Unit – A licensee under section 71, or unit thereof, that holds itself out to the public or advertises that it is a provider of specialized services and programming for residents with Alzheimer’s disease and related disorders in a long term care facility.

Direct Care means any service, whether clinical or not, that is provided directly to a patient or resident.

Direct Care Worker means any person who delivers direct care to a patient, whether or not the person has clinical licensure or certification. The term “direct care worker” shall not be limited to those workers employed by the facility. The term “direct care worker” shall include, but not be limited to: Medical Director, registered nurses, licensed practical nurses, nurse practitioners, physician assistants, certified nurse aides, activities personnel, feeding assistants, social workers, housekeeping, dietary aides, and all occupational, physical, and speech therapy staff.

XXX.XXX: Staff Qualifications and Training

(A) The training requirements listed in 105 CMR.XXX shall be interpreted to supplement current training requirements and must be completed in addition to those training requirements in 105 CMR 150.000 et seq.

(B) Each nursing facility must maintain written documentation that all direct care workers, activities directors and supervisors of direct care workers have met the required training standards set forth in 105 CMR XXX.XXX:

1. Before providing care to residents in a Dementia Special Care Unit, all direct care workers, activities directors, and supervisors of direct care workers shall receive a minimum of 8 hours of initial training, as defined in 105 CMR 150.XXX.

2. The Medical Director or staff development coordinator of each Dementia Special Care Unit shall ensure that all direct care workers, activities directors, and supervisors of direct care workers that were providing care prior to the promulgation of 105 CMR 150.XXX have been trained.
according to the standards therein within 90 days of the effective date of the regulation.

(3) Before providing care in a nursing facility without a Dementia Special Care Unit or in a unit within a nursing facility other than the Dementia Special Care Unit, all direct care workers, activities directors, and supervisors of direct care workers shall receive a minimum of 8 hours of initial training, as defined in 105 CMR 150.XXX, within 90 days of hire.

(4) The Medical Director or staff development coordinator of each nursing facility shall ensure that all direct care workers, activities directors, and supervisors of direct care workers who are working in a unit other than a Dementia Special Care Unit, and who were providing care prior to the promulgation of 105 CMR 150.XXX, have been trained according to the standards therein within 180 days of the effective date of the regulation.

(5) All direct care workers, activities directors, and supervisors of direct care workers providing care in a nursing facility, whether or not that care is provided to patients in a Dementia Special Care Unit shall receive 8 hours of ongoing training, as specified in 105 CMR XXX.XXX, each calendar year.

(C) The DSCU and facility shall maintain documentation of staff training which shall be available for the Department's review.

XXX.XXX: Content of Training

(A) All training required for all direct care workers, activities directors, and supervisors of direct care workers providing care in a nursing facility or a Dementia Special Care Unit will be in accordance with the Department’s guidelines.

(B) Training must include a competency evaluation, as deemed appropriate by the facility’s staff development coordinator or his/her designee.

(1) No training shall be considered complete until the staff member has taken and passed the competency evaluation.

(2) Written documentation that the staff member has passed the competency evaluation must be available for the Department’s review during inspection.

(C) All training modules, presentations, materials and evaluations must reflect current knowledge and best practices in the treatment of Alzheimer's Disease and related disorders.

XXX.XXX Therapeutic Activity Directors in Dementia Special Care Units
(A) A Dementia Special Care Unit shall have a Therapeutic Activity Director who:

(1) Is a qualified therapeutic recreation specialist or an activities professional who:

   (i) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or

   (ii) Has two years of experience in a social or recreational program within the last five years, one of which was full-time in a patient activities program in a health care setting; or

   (iii) Is a qualified occupational therapist or occupational therapy assistant; or

   (iv) Has completed a training course approved by the state.

(B) The responsibilities of the Therapeutic Activity Director shall include:

(1) Developing and implementing the therapeutic activity program for each resident;

(2) Supervising the activities personnel who assist with therapeutic activities;

(3) Planning and scheduling activities and events;

(4) Posting in a conspicuous place a monthly calendar of activities and events;

(5) Contributing to each resident’s comprehensive assessment and plan of care;

(6) Writing a therapeutic activity note in each resident’s record once a month at a minimum documenting the resident’s participation in and reaction to activities;

(7) Assisting as necessary with other DSCU services;

(8) Providing sufficient oversight of the activities staff; and

(9) Ensuring that staffing levels are adequate for the operation of the therapeutic activity program.

(C) If the Therapeutic Activity Director is not an occupational therapist, the Therapeutic Activity Director and the Medical Director shall consult with an occupational therapist in
the development of a therapeutic activities program that meets the individual needs of each participant.

XXX.XXX: Activities in Dementia Special Care Units

(A) A DSCU shall provide an on-going, regularly scheduled, organized program of meaningful and purposeful therapeutic activities seven days per week, with the number of hours of activities evenly distributed throughout the week. Activities shall be planned throughout the day and evening and incorporate the possible need for therapeutic programming during night hours based upon the needs of individual residents.

(B) Therapeutic activities shall be individualized and designed to improve or maintain residents’ self-awareness and level of functioning and shall be reasonably suited to the needs and interests of residents. Therapeutic activities shall be provided in a congenial environment on an individual and group basis.

(C) DSCU personnel shall seek ways to engage residents in therapeutic activities.

(D) The DSCU shall provide, maintain, and store basic supplies and equipment for therapeutic activities.

(E) A DSCU shall provide sufficient space for therapeutic activities that is contained within the DSCU. The space shall conform to the physical plant requirements listed in 105 CMR 150.XXX

(F) Therapeutic activities shall be:

(1) Habilitative;

(2) Structured and planned to promote or help sustain the physical and emotional well-being of each resident and maximize functional independence.

(3) Based on an assessment of each resident’s past and current interests and gross motor, self-care, social, sensory, cognitive, and memory skills;

(4) Purposeful and cognitively stimulating;

(5) Designed to enhance or maintain memory, to the extent practical; (?)

(6) Designed to provide opportunities for physical, social and emotional outlets and self-expression
(7) Implemented in accordance with current standards of practice for treatment of residents with Alzheimer’s Disease and related disorders and appropriate to the resident’s stage of disease.

XXX.XXX: Dementia Special Care Unit Disclosure Requirement

(A) A nursing facility that holds itself out to the public or advertises having a Dementia Special Care Unit shall complete a Dementia Special Care Unit Disclosure Form, as provided in the Department guidelines.

(B) A nursing facility that holds itself out to the public or advertises having a Dementia Special Care Unit must submit a new Dementia Special Care Unit Disclosure Form to the Department by February 15th of each calendar year, regardless of whether or not the information reported in the form has changed.

(C) The current disclosure form shall be provided by the nursing facility to each of the following parties:

(1) Each resident or the resident’s authorized representative, seeking to be admitted to the Dementia Special Care Unit, prior to the resident’s admission.

(2) Any member of the public who requests a copy of the disclosure statement;

(D) The disclosure form must be posted in a conspicuous place in the nursing facility. All pages of the disclosure form must be visible to the public.

XXX.XXX: Physical Environment for Dementia Special Care Units

(A) GENERAL REQUIREMENTS

(1) A home-like environment is encouraged for design of Alzheimer’s/Dementia Care Units. The design and environment of a unit shall assist residents in their activities of daily living, enhance their quality of life, reduce tension, agitation and problem behaviors, and promote their safety.

(2) The Dementia Special Care Unit must encompass the entirety of a nursing care unit, as defined by licensure regulations.
(3) In addition to the physical design standards required for the facility’s license, a Dementia Special Care Unit shall meet the requirements listed in the following sections.

(B) ACCESS

(1) The design of the Dementia Special Care Unit shall not require visitors or staff to pass through the Unit to reach other areas of the facility.

(C) OUTDOOR RECREATION SPACE

(1) Secured outdoor space and walkways that allow residents to ambulate, with or without assistive devices such as wheelchairs or walkers, but prevent undetected egress. Such outdoor space and walkways shall be wheelchair accessible. Unrestricted access to secured outdoor space and walkways shall be provided, and such areas shall have fencing or barriers that prevent injury and elopement. Fencing shall be no less than 72 inches high.

(D) LIGHTING

(1) The Dementia Special Care Unit shall provide adequate and evenly distributed lighting which minimizes glare and shadows and is designed to meet the specific needs of the residents.

(E) FINISHES

(1) Finishes shall include high visual contrasts between floors and walls and doorways and walls in resident use areas. Except for fire exits, door and access ways may be designed to minimize contrast to obscure or conceal areas the residents should not enter;

(2) Floors, walls and ceilings shall be non-reflective to minimize glare.

(3) Flooring shall not include large or contrasted visual patterns to avoid resident confusion.
(F) RESIDENT CENTERED ENVIRONMENT

(1) The Dementia Special Care Unit shall promote a resident centered environment that includes the following:

(i) Freedom of movement within the dementia special care unit for the residents including to common areas and to their personal spaces, including bedrooms, at all times.

(ii) Assistive equipment that maximizes the independence of individual residents;

(iii) Comfortable seating in the common use areas;

(iv) Bedroom decoration and furnishings that include residents’ personal items based on the resident’s needs, preferences and appropriateness;

(v) Individual identification of each resident’s bedroom based on the resident’s cognitive level to assist residents in locating their bedrooms, and to permit them to differentiate their bedroom from the bedrooms of other residents; and

(vi) Corridors and passageways through common-use areas kept free of objects which may cause falls, or which may obstruct passage by physically impaired individuals.

(G) NOISE CONTROL

(1) Acoustical Ceiling and carpeting shall be provided in corridors, dining areas and activity areas to reduce noise levels.

(2) No overhead paging system shall be used in the Dementia Special Care Unit.

(3) The sound signal for the nurses call system shall be confined to the nurses station.

(H) EGRESS CONTROL
(1) The facility shall develop policies and procedures to ensure the safety of residents who may wander. The procedures shall include actions to be taken to prevent elopement and those in case a resident elopes.

(2) Locking devices shall be used on exit doors, as approved by the local building inspector and fire department having jurisdiction over the facility. The locking devices shall be electronic and release when the following occurs: (a) Activation of the fire alarm or sprinkler system; (b) Loss of electrical power; or (c) Use of a keypad located at each locked door for routine staff access. The electronic locking devices shall be connected to the emergency power circuits.

(3) If the unit uses keypads to lock and unlock exits, then directions for their operation shall be posted on the outside of the door to allow individuals access to the unit. However, if the unit is a whole facility, then directions for the operation of the locks need not be posted on the outside of the door. The units shall not have entrance and exit doors that are closed with non-electronic keyed locks, nor shall a door with a keyed lock be placed between a resident and the exit.

(I) SAFETY

(1) Windows shall be securely locked and made of shatterproof glass.

(2) In conjunction with locked windows, the Dementia Special Care Unit shall be equipped with a cooling system which is capable of maintaining a maximum temperature of 75°F throughout resident areas at all times at summer design temperatures. Temperatures must be maintained at a level which ensures the comfort and health of residents.

(3) The use of plants that are poisonous or toxic for human contact or consumption shall be prohibited.

(J) COMMON SPACE

(1) A multipurpose room or rooms for dining, group and individual activities, and family visits which comply with the licensure requirements for common space shall be included in the Dementia Special Care Unit. The floor areas of this multipurpose room or rooms shall accommodate the licensure requirements of 10 square feet per bed for dining, 8 square feet per bed for group activities and 9 square feet per bed for day room, for a total of 27 square feet per bed.