

KENTUCKY

Licensure Terms

Assisted Living Communities (certified), Personal Care Homes (licensed)

General Approach

Assisted living communities must be certified by the Kentucky Department for Aging and Independent Living. Assisted living communities are considered private business entities and no public funding is available for services provided in this setting.

Personal care homes are licensed as long-term care facilities by the Kentucky Cabinet for Health Services, Office of Inspector General, Division of Health Care. Services may be reimbursed from the state general fund.

Adult Foster Care. Family care homes are licensed by the Cabinet for Health and Family Services and provide 24-hour supervision and personal care services in a residential accommodation to no more than three individuals who, because of impaired capacity for self-care, elect to have or require a protective environment but do not have an illness, injury, or disability for which constant medical care or skilled nursing services are required. Residents must be ambulatory or mobile non-ambulatory, and able to manage most of the activities of daily living (ADLs). Services may be reimbursed from the state general fund. *Regulatory provisions for family care homes are not included in this profile but a link to the provisions can found at the end.*

This profile includes summaries of selected regulatory provisions for assisted living communities and personal care homes. The complete regulations are online at the links provided at the end.

Definitions

Assisted living community means a number of living units on the same site, operated as one business entity, and certified to provide services for five or more adults not related within the third degree of consanguinity to the owner or manager. Services include assistance with ADLs and instrumental activities of daily living (IADLs), housekeeping, scheduled daily social activities, and assistance with self-administration of medication.

Personal care home means an establishment located in a permanent building, which has resident beds. Services provided include continuous supervision, basic

health and health-related services, personal care services, residential care services,¹ and social and recreational activities.

Resident Agreements

Assisted Living Communities. Lease agreements are required and must include information about a large number of topics, including: general services and fee structure; information regarding specific services that will be provided and associated fees; policies and procedures for payment, non-payment, refunds, and cancellations; discharge policies and procedures; terms of occupancy; reasonable rules of conduct for staff, management, and tenants; grievance policies and procedures; and tenant's rights.

Assisted living communities may not provide health care services. Upon entering into a lease agreement, an assisted living community must inform the resident in writing about policies relating to contracting or arranging for additional services.

Personal Care Homes. Upon admission to a personal care home, the resident and a responsible family member must be informed in writing of the home's policies, fees, reimbursement policies, visiting hours and visitation rights during serious illness, types of diets offered, and services to be provided.

Disclosure Provisions

Assisted Living Communities. An assisted living community must provide any interested person with a copy of relevant sections of the statute and administrative regulations; and a description of any special programming, staffing, or training if the assisted living community markets itself as providing care for residents with particular needs or conditions.

Personal Care Homes. No provisions identified.

Admission and Retention Policy

Assisted Living Communities. A resident must be ambulatory or mobile non-ambulatory, unless due to a temporary health condition for which health services are being provided in accordance with the relevant statute, and not be a danger to self or others.

Personal care homes may admit persons who are ambulatory or mobile non-ambulatory and whose care needs do not exceed the home's capability. Residents must

¹ Residential care means services which include but are not limited to: room accommodations, housekeeping and maintenance services, dietary services, and laundering of resident's clothing and bed linens.

be able to manage most of their ADLs. Residents whose care is not within the scope of services of a personal care home must be transferred to an appropriate facility.

Services

Assisted Living Communities. Services offered by assisted living communities include: help with personal ADLs such as bathing, dressing, grooming and hygiene, transferring, toileting, and eating; assistance with household and related activities, such as housekeeping, shopping, laundry, chores, and transportation; scheduled social activities determined by resident preferences; and assistance with self-administration of medications.

Personal Care Homes. All homes must provide basic health and health-related services, including: continuous supervision and monitoring of residents to ensure their health care needs are met, supervision of self-administration of medications, and arrangements for obtaining therapeutic services ordered by the resident's physician, which are not available in the facility. Other services include personal care, housekeeping, and laundry.

A personal care home must provide social and recreational activities to: (1) stimulate physical and mental abilities to the fullest extent; (2) encourage and develop a sense of usefulness and self-respect; (3) prevent, inhibit, or correct the development of symptoms of physical and mental regression due to illness or old age; and be of sufficient variety to meet the needs of the various types of residents.

Service Planning

Assisted Living Communities. An assisted living community must complete a functional needs assessment prior to entering into a lease and at least annually for all residents, including those living in special programming units. The assessment must be updated to meet the ongoing needs of the resident.

Personal Care Homes. Residents must have a complete medical evaluation within 14 days prior to admission or upon admission.

Third-Party Providers

Assisted Living Communities. Residents may arrange for additional services under direct contract or arrangement with an outside agent, professional provider, or other individual designated by the resident if permitted by the facility's policies.

Personal Care Homes. *No provisions identified.*

Medication Provisions

Assisted Living Communities. Medication administration is not permitted. The statute allows assistance with self-administration of medications which means: reminding the resident to take medications; reading the medication's label; confirming that medication is being taken by the resident for whom it is prescribed; opening the dosage packaging or medication container, but not removing or handling the actual medication; storing the medication in a manner that is accessible to the resident; and making available the means of communicating with the resident's physician and pharmacy for prescriptions by telephone, facsimile, or other electronic device.

Personal Care Homes. *No provisions identified.*

Food Service and Dietary Provisions

Assisted Living Communities. *No provisions identified.*

Personal Care Homes. Three meals a day and snacks are required and therapeutic diets may be provided. If provided, consultation with a qualified dietician or nutritionist is required unless the person responsible for food service has those qualifications. Menus must meet residents' nutrition needs as contained in the current recommended dietary allowances of the Food and Nutrition Board. Training for food staff must cover therapeutic diets.

Staffing Requirements

Assisted Living Community

Type of Staff. An assisted living community must have a designated *manager*.

Staff Ratios. *No minimum ratios.* Staffing in assisted living communities must be sufficient in number and qualification to meet residents' 24-hour scheduled and unscheduled needs and to provide all needed services. One awake staff member must be on site at all times.

Personal Care Home

Type of Staff. All personal care homes must have an *administrator* who is responsible for the facility's operation and who must delegate such responsibility in his or her absence. The administrator must designate a staff person responsible for each of the following areas: the activities program, basic health and health-related services, food service, and record-keeping.

Staff Ratios. *No minimum ratios.* Staffing patterns are based on residents' needs. One attendant must be awake and on-duty on each floor in the facility at all times, and staffing must be sufficient in number and qualifications to meet resident's 24-hour scheduled needs.

Training Requirements

Assisted Living Communities. All staff and management must receive orientation within 90 days of hire. Annual in-service education is required on topics appropriate to employees' assigned duties, including residents' rights, community policies, adult first-aid, cardiopulmonary resuscitation, adult abuse and neglect, Alzheimer's disease and other types of dementia, emergency procedures, the aging process, and assistance with ADLs and IADLs.

Personal Care Homes. All employees must receive in-service training corresponding to the duties of their respective jobs. In-service training must cover a range of topics, including:

- Facility policies in regard to the performance of employees' duties.
- Facility services.
- Procedures for reporting abuse, neglect, or exploitation.
- Residents' rights.
- Methods of helping residents to achieve maximum abilities in ADLs.
- Procedures for the proper application of physical restraints.
- Procedures for maintaining a clean, healthful, and pleasant environment.
- The aging process; the emotional problems of illness; use of medication; and therapeutic diets.

Provisions for Apartments and Private Units

Assisted Living Communities. Each living unit in an assisted living community must include at least one unfurnished room with a lockable door, private bathroom with a tub or shower, provisions for emergency response, window to the outdoors, and a telephone jack. If an assisted living community has more than 20 units, each living unit must have an individual thermostat control. Any assisted living community that was open or under construction on or before July 14, 2000, is exempt from the requirement for each living unit to have a bathtub or shower. Such communities must have a minimum of one bathtub or shower for every five residents.

Most assisted living community units are single-occupancy. Dual-occupancy units are available only for married couples or for residents of the same sex who wish to share a unit. A maximum of two residents is allowed per unit and only by mutual agreement.

Personal Care Homes. The maximum number of beds per room is four. No more than 34 percent of beds in a facility may have rooms with more than two beds. In single-occupancy and dual-occupancy bedrooms with a private toilet room, the sink may be located in the toilet room. Where two residents' rooms share a common toilet, a sink must be provided in each resident room.

Facilities with central bathing areas must have bathrooms and showers/baths for each sex on each floor. One toilet is required for every eight residents, a sink for every 16 residents, and a shower/bathtub for every 12 residents. One shower stall and at least one toilet for each sex must be designed for wheelchair use.

Provisions for Serving Persons with Dementia

Dementia Care Staff and Unit Requirements

No provisions identified for either setting.

Dementia Staff Training

Assisted Living Communities. The assisted living community must maintain a description of dementia-specific staff training that is provided, including at a minimum the content of the training, the number of offered and required hours of training, the schedule for training, and the staff who are required to complete the training.

Personal Care Homes. *No provisions identified.*

Background Checks

Each assisted living community or personal care home must request all conviction information from the Justice and Public Safety Cabinet for any applicant for employment. Persons are precluded from employment if they have been convicted of a felony offense related to theft; abuse or sale of illegal drugs; abuse, neglect, or exploitation of an adult; or a sexual crime.

Inspection and Monitoring

Assisted Living Communities. Unless there is a formal complaint lodged against a facility, the state does not conduct oversight and monitoring of the quality of care in assisted living communities. The state conducts a certification review upon application, and a recertification review every 2 years. These reviews ensure compliance with the certification requirements. The initial and recertification review process for assisted living communities includes an unannounced on-site visit.

Personal Care Homes. The regional offices of the Division of Health Care are responsible for conducting annual on-site visits of all long-term care facilities in the state, including personal care homes, to determine compliance with applicable licensing regulations. All inspections are unannounced.

Public Financing

The state does not use Medicaid to cover services in assisted living communities or personal care homes. Services in personal care homes and family care homes are covered in part through the State Assistance Programs for Supplemental Security Income (SSI) recipients as described below.

Room and Board Policy

The state provides an optional state supplement (OSS) to every aged, blind, and disabled person who is an SSI recipient and resides in a personal care home or a family care home. In 2014, the maximum amount paid to a personal care home was \$1,241 a month--\$520 from the state and \$721 from the resident's federal SSI payment.² A personal care home must accept as full payment for room, board, and cost of care the amount of the combined OSS and SSI payment less a \$60 personal needs allowance (PNA) that is retained by the resident.

Location of Licensing, Certification, or Other Requirements

Kentucky Revised Statutes, Title XVII, Chapter 194A, 700 to 729: Assisted Living Communities. [November 23, 2014]
<http://www.lrc.ky.gov/Statutes/chapter.aspx?id=38056>

Kentucky Administrative Regulations, Title 902, Chapter 20:036: Operation and services; personal care homes. [January 19, 1999]
<http://www.lrc.state.ky.us/kar/902/020/036.htm>

Kentucky Administrative Regulations, Title 902, Chapter 20:03: Facility specifications; personal care homes. [January 12, 1990]
<http://www.lrc.state.ky.us/kar/902/020/031.htm>

Kentucky Administrative Regulations, Title 902, Chapter 20:041: Operation and services; family care homes. [March 17, 1999]
<http://www.lrc.state.ky.us/kar/902/020/041.htm>

² In 2014, the combined OSS and SSI payment for an eligible resident of a family care home was \$893 and the PNA was \$40. The OSS amount was \$132.

Kentucky Revised Statutes 216.789: Prohibition against employing certain felons at long-term care facilities, in nursing pools providing staff to nursing facilities, or in assisted-living communities. [July 15, 1994]

<http://www.lrc.ky.gov/statutes/statute.aspx?id=9114>

Kentucky Administrative Regulations, Title 921, Chapter 2:015: Supplemental programs for persons who are aged, blind, or have a disability. [February 19, 2014]

<http://www.lrc.ky.gov/kar/921/002/015.htm>

Information Sources

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Executive Director
Kentucky Assisted Living Facilities Association

Marilyn Ferguson, RN, NCI
Department for Medicaid Services
Division of Community Alternatives

COMPENDIUM OF RESIDENTIAL CARE AND ASSISTED LIVING REGULATIONS AND POLICY: 2015 EDITION

Files Available for This Report

FULL REPORT

Executive Summary	http://aspe.hhs.gov/execsum/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-executive-summary
HTML	http://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition
PDF	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition

SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alabama-profile
Alaska	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alaska-profile
Arizona	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arizona-profile
Arkansas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arkansas-profile
California	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-california-profile
Colorado	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-colorado-profile
Connecticut	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-connecticut-profile
Delaware	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-delaware-profile
District of Columbia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-district-columbia-profile
Florida	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-florida-profile

Georgia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-georgia-profile
Hawaii	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-hawaii-profile
Idaho	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-idaho-profile
Illinois	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-illinois-profile
Indiana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-indiana-profile
Iowa	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-iowa-profile
Kansas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-kansas-profile
Kentucky	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-kentucky-profile
Louisiana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-louisiana-profile
Maine	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-maine-profile
Maryland	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-maryland-profile
Massachusetts	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-massachusetts-profile
Michigan	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-michigan-profile
Minnesota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-minnesota-profile
Mississippi	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-mississippi-profile
Missouri	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-missouri-profile
Montana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-montana-profile
Nebraska	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-nebraska-profile
Nevada	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-nevada-profile
New Hampshire	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-hampshire-profile
New Jersey	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-jersey-profile

New Mexico	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-mexico-profile
New York	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-york-profile
North Carolina	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-carolina-profile
North Dakota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-dakota-profile
Ohio	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-ohio-profile
Oklahoma	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oklahoma-profile
Oregon	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oregon-profile
Pennsylvania	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-pennsylvania-profile
Rhode Island	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-rhode-island-profile
South Carolina	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-carolina-profile
South Dakota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-dakota-profile
Tennessee	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-tennessee-profile
Texas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-texas-profile
Utah	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-utah-profile
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Virginia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-virginia-profile

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Wyoming	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wyoming-profile