



The Commonwealth of Massachusetts
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INSTRUCTIONS

Special Care Residence (SCR) Staffing Exemption Application

In accordance with the Massachusetts Assisted Living Regulations 651CMR 12.00; 651 CMR Section 12.06(5)(c) allows certified Assisted Living Residences (ALRs) to request an exemption from the Special Care Residence (SCR) staffing requirements set forth in 651 CMR 12.06(5)(b). Specifically, the EOEA Secretary has the authority to grant an exemption allowing one staff member and one “Floater” to be on duty during an overnight shift if it is determined that:

- The physical design of the SCR is conducive to the provision of sufficient care to all residents;
- Staff members possess the means to conduct immediate communication with each other;
- The exemption request is not based on a fluctuation in Residence occupancy or level of care need; and
- The safety and welfare of Residents are not compromised.

651 CMR 12.02 defines a Floater as, “[a] staff member of the Residence who is available on an ad hoc basis to assist in times of unusually heavy workload or emergency situations and is not specifically assigned to a group of Residents or unit.”

Exemptions will only be considered appropriate in situations where the physical design and layout of the Residence can accommodate a modified staffing structure while still ensuring that there is sufficient staff to meet all Residents’ needs.

All ALRs interested in applying for an exemption to SCR staffing requirements must complete an application. Prior exemption status is not a guarantee of continued exemption; the ability of the ALR to continue to preserve resident safety in the SCR with altered staffing levels will be reviewed by EOEA during each compliance review. EOEA will review all complete applications submitted and respond in writing.

Completed applications should be submitted electronically to the EOEA Assisted Living Certification Unit using the following email address: ALRHelp@MassMail.State.MA.US.



EXECUTIVE OFFICE OF ELDER AFFAIRS

Assisted Living Certification Unit

www.mass.gov/elder

APPLICATION: Special Care Residence Staffing Exemption

Initial:

Renewal:*

* **651 CMR 12.03(2)(g)**, Applications for renewal Certification must also include a statement that the data required by **651 CMR 12.04(13)**, information documenting all substantial changes to the operating plan prior to the effective date, and all other information required by EOEa, have been submitted.

A. GENERAL INFORMATION

1. Date of Application:

2. ALR Name and Address:

3. ALR Certification Profile:

a. Traditional Units:

b. Number of Special Care Residences:

Number of Units per SCR: SCR #1: SCR #2: SCR #3: SCR #4: SCR #5:

4. As of the date of Application:

| <u>Current Occupancy</u> | <u>TRADITIONAL UNITS</u> | <u>SPECIAL CARE UNITS (SCR)</u> |
|--------------------------|------------------------------|-------------------------------------|
| # Units Occupied | | |
| # Single Occupancy | | |
| # Double Occupancy | | |

5. Using the table below, identify the number of times the listed scheduled and unscheduled care needs were provided to Residents **during the 11:00 pm to 7:00 am hours** in the week prior to the date of the application being completed.

| <u>Scheduled or Unscheduled Care Need</u> | <u>Frequency Provided to Traditional Residents</u> | <u>Frequency Provided to SCR Residents</u> |
|---|---|---|
| 2-person assist | | |
| scheduled medication assistance | | |
| PRN medication assistance | | |
| scheduled ADL care (including repositioning) | | |
| unscheduled care (including: addressing falls, behavioral issues, awake Residents, incontinence care, etc.) | | |

6. **For the 11:00 pm to 7:00 am shift only:** provide below the dates over the past 90 days on which the SCR(s) was staffed with greater than the minimum number of 2 Resident Care Staff on the 11:00 pm to 7:00 am shift. For renewal applicants, please identify any dates when staff exceeded the amount allowed under the exemption.

B. COMMUNICATION PROTOCOL

1. Describe the systems currently in place and utilized by staff to communicate on a regular and emergency basis.

- a. Will the systems be modified if the exemption to the staffing requirements is granted?

YES: **NO:**

If yes, please describe.

C. STAFFING

1. Describe the process utilized by the ALR to assess the staffing levels needed on an ongoing basis including the methods and measures that the ALR uses to ensure that the staffing is sufficient at all times (e.g., how residents are assessed for changes in condition, level of acuity, functional status, etc.).

2. Has the ALR utilized contracted “Agency” staff (contracted providers) in the past 12 months?

YES: **NO:**

If yes, the average number of days per month “Agency” staff was working:

7:00 a.m.-3:00 p.m.: 3:00 p.m.-11:00 p.m.: 11:00 p.m.-7:00 a.m.:

3. Is Agency Staff used on all three shifts? **YES:** **NO:**

If no, please identify the shift(s) exempt:

4. Is Agency staff used 7 days of the week? **YES:** **NO:**

If no, please identify the day(s) exempt:

5. Please attach a written policy on the use of Agency Staff, if applicable.

D. OPERATIONS

1. Assuming the exemption were granted, describe the operational plan that would be utilized if a Resident-specific emergency occurred in the ALR and the Floater was busy?

2. Assuming the exemption were granted, describe the disaster and emergency plan that would be utilized during a building-wide emergency if there was only one staff person dedicated to the SCR?

3. Describe the current responsibilities and routine of overnight staff in the traditional Assisted Living and SCR(s)?

4. Assuming the exemption were granted, describe how these responsibilities and routine of overnight staff in the traditional Assisted Living and SCR will change?

5. Does the SCR utilize emergency call buttons/pull cords in the SCR?

YES: **NO:**

If yes, how many residents in the past 12 months have demonstrated consistent ability to use the system? Provide information on the shortest and longest recorded response times; please explain the reason for delayed response.

6. Describe the time it takes to do a round of hourly checks and how was this determined?

7. Describe the availability of video monitoring in ALR-both SCR and traditional.

D. PHYSICAL SPACE

Attach a detailed, easy-to-read floor plan the Assisted Living Residence. The floor plan should include a scale to indicate all the dimensions of the residence. The plan should also clearly indicate the location of each of the following spaces within the ALR:

Traditional AL units and the capacity for each unit

Special Care Residences and the capacity for each unit

Designated work area of overnight staff for both the Traditional / SCR units

All common area

Wellness office/nursing stations

All stairs and/or elevators

All points of egress

Proposed location of Floater(s) if granted an exemption

E. CONTACT INFORMATION

Person who can answer questions related to this application.

Name:

Title:

Phone:

Email:

APPLICATION ADDENDUM: SCR Staffing Exemption

ALR NAME:

Date:

1. Does your operating plan limit unit occupancy to one Resident?

YES No

2. In accordance with your current operating plan; under what conditions would a Resident not be appropriate to live at your ALR? Check all that apply

Requiring Feeding Assistance by the ALR staff

Requiring two person assist by the ALR staff

Requiring reposition the Resident at scheduled intervals
by the ALR Staff

Requiring the use of a Hoyer Lift for safe transfer with
assistance by the ALR Staff

3. **Additional Comments:**