

Special Care Residence (SCR)
Staffing Exemption Application

Date of Application: _____

Initial: ☐

Renewal: ☐

GENERAL INFORMATION

- ALR Name and Address: _____
- Name / Title of person completing this application: _____
- Email: _____
- Direct phone number: _____
- Has the Residence applied for this Staffing Exemption Waiver previously and been denied?

YES ☐

NO ☐

If yes, please describe any updates or changes AGE should consider at this time.

- Does your Residence intend to apply for Basic Health Services?

YES ☐

NO ☐

UNKNOWN AT THIS TIME ☐

- In accordance with your current operating plan, please select all current services provided by ALR. Check all that apply.
 - Feeding Assistance ☐

- Two-person lift assist ☐
- Repositioning of any Resident ☐
- Use of a Hoyer Lift or any Lift Devices ☐

ALR Certification Profile:

Number of Traditional Units: _____

Number of Special Care Residences: _____

Number of Units per Special Care Residence (SCR):

SCR #1: _____

SCR #2: _____

SCR #3: _____

SCR #4: _____

Number of residents requiring Lift Device for Transfer

Traditional: _____

SCR: _____

Current Occupancy	TRADITIONAL UNITS	SPECIAL CARE UNITS (SCR)
# Units Occupied		
# Single Occupancy		
# Double Occupancy		

Using the table below, identify the frequency of scheduled and unscheduled care needs that were provided to Residents **during the 11:00 pm to 7:00 am hours in the 30-day period**, prior to the date of the application being completed.

<u>Scheduled /Unscheduled Care Need</u>	<u>Traditional Residents</u>	<u>SCR Residents</u>
2-person assist/ Mechanical Lift assist		
Scheduled medication assistance		
PRN medication assistance		
Scheduled ADL care (including repositioning)		
Unscheduled care (including addressing falls, behavioral concerns, validation, care, etc.)		

For the 11:00 pm to 7:00 am shift only: provide the number of days in the past three months when the SCR(s) was staffed with greater than the minimum number of 2 Resident Care Staff?

COMMUNICATION PROTOCOL Describe the systems currently in place and utilized by staff to communicate with each other on a regular and emergency basis. In a power failure, do they continue to work effectively? If not, what is the back-up plan?

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

YES: ☐ NO: ☐

If yes, please describe.

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.).

- Has the ALR utilized contracted “Agency” staff (contracted providers) in the past 12 months?
YES: ☐ NO: ☐
- If yes, has the ALR used “Agency” staff in both the Traditional and SCR?
YES: ☐ NO: ☐
- Is Agency Staff used on all shifts in the SCR?
YES: ☐ NO: ☐
- If no, please identify the shift(s) exempt: _____
- Is Agency staff used 7 days of the week in the SCR?
YES: ☐ NO: ☐
- If no, please identify the day(s) exempt: _____
- Provide the number of days in the past 12 months “Agency” staff has worked in any SCR unit (s) from 7pm to 7am: _____
- Please attach the ALR’s written policy on the use of Agency Staff, if applicable.

OPERATIONS

- Assuming the staffing exemption request is approved, describe the operational plan that would be commence if a Resident-specific emergency occurred in the ALR and the Floater was busy?

- Assuming the staffing exemption is approved, 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?

- Describe the current responsibilities in addition to personal care of overnight staff in the traditional Assisted Living and SCR(s), for example: laundry.

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

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

YES: ☐ NO: ☐

- If yes, how many current SCR residents have demonstrated consistent ability to use the system: _____
- Provide information on the shortest and longest recorded response times in the last 90 days; please explain the reason for delayed response, in both Traditional and SCR.

- Describe how long it takes to conduct a round of hourly checks? How was this determined?

- Describe the availability and locations of video surveillance in both SCR and traditional.



PHYSICAL SPACE

Attach detailed, easy-to-read floor plans of 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 areas
- Wellness office/nursing stations
- All stairs and/or elevators
- All points of egress
- Proposed location of Floater(s) if granted an exemption
- Restricted Views, Separate Hallways, or visibility restrictions on SCR unit (s)