



Residents Receiving Hospice Services in an Assisted Living Center

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The Office of Licensure and Certification (OLC) occasionally receives inquiries regarding hospice residents in an assisted living center (ALC) and the administrative rules of South Dakota (ARSD) that relate to the additional services. A primary goal of our office is to ensure the health, safety, and quality of care of South Dakota's residents. Through partnership with providers, we ensure quality health care for ALC residents, including for those receiving hospice care, and we ensure licensed ALC facilities follow the ARSD.

Each ALC should only accept and retain residents based on their facility's licensed services and their staff's ability to care for those residents safely and effectively. The ALC must have policies and procedures that provide guidance to their staff for the care and services provided in the facility. Staff must be trained and/ or qualified to perform their assigned tasks to ensure safe and effective care for all residents. Each ALC is responsible to meet their residents' needs from the time they are admitted until discharge. When a resident is receiving hospice services in an ALC, hospice staff visits are in addition to the ALC's staff and services. Typically, hospice staff are not available to assist with the resident's care daily. Therefore, the ALC needs to ensure they can meet the residents' needs overall and in-between hospice staff's visits.

We encourage you to consider your staff's training and qualifications. That includes reviewing the differences and quality of training that your staff may receive based on their background, role in the facility, their certifications or licenses (if applicable), and their on-the-job training. Let's review some staff roles in an ALC setting.

- Most ALCs employ unlicensed medication aides (UMAs) as the main caregivers in their facilities. UMAs receive training specific to medication administration and are delegated the task of medication administration by the licensed nurse. UMAs do not receive training to assist residents with activities of daily living (ADLs) as part of their certification.
- Licensed nurses and other licensed professionals have training and knowledge based on their specific license's rules and laws. Most ALCs do not have a licensed nurse working onsite 24/7. In some ALCs the nurse may work limited hours and is not readily available to the unlicensed staff who are responsible for providing the daily care needs for residents.
- Other unlicensed staff in an ALC may be called caregivers, assistants, techs, or another title. These staff may only receive training within 30 days of their hire date and then annually for the topics required within ARSD 44:70:04:04. Some of these unlicensed staff may receive additional training depending on each facility's training program. Often, the unlicensed staff's training does not include providing care for residents who require ADL assistance which is likely what hospice residents will need.
- Some ALCs employ certified nursing assistants (CNAs). Through our surveys it seems most ALCs do not regularly employ CNAs. CNAs may have been certified prior to being hired or the ALC may have a CNA training program. Please note, these CNAs have received a more thorough training through a CNA training program for resident care areas such as assisting

with personal care and ADLs (dressing, hygiene, toileting, bathing, etc.), safe transfers, and many other topics. CNAs are also required to be a part of a state registry for their certification.

Please review your facility's staffing to ensure the residents are receiving safe and effective care by appropriately trained and qualified individuals.

In relation to the staff's training and competence in caring for residents on hospice services it is important to note that hospice residents typically decline as part of their health condition(s). These residents may need assistance with some or all ADLs as their status changes. If the unlicensed staff are assisting residents who require ADL assistance due to the resident's inability to perform those tasks on their own, the facility needs to determine if those staff have been trained and if they are competent to perform the tasks safely. Ultimately, it should be up to the nurse to determine if certain tasks are appropriate to delegate and if the staff performing the tasks are competent. Unlicensed nursing staff, including the roles identified above, work under the delegation and supervision of a licensed nurse. Nursing delegation should be done according to the SD Board of Nursing guidance and rules. You may refer to the Board of Nursing website for more information.

Hospice services according to ARSD 44:79:01:01(14) is defined as a coordinated interdisciplinary program of health care that provides or coordinates palliative and supportive care to meet the needs of a terminally ill resident and the resident's family. The needs may arise out of physical, psychological, spiritual, social, and economic stresses experienced during the final stages of illness and dying and include formal bereavement programs as an essential component.

Keep in mind, if the word hospice is not mentioned in a specific ARSD, it does not mean the rule does not relate to that type of service. Below are some ARSD requirements that are directly or indirectly related to hospice and the care of residents:

- 44:70:01:05. Acceptance and retention of residents.
- 44:70:04:03. Personnel.
- 44:70:04:04. Personnel training.
- 44:70:04:06. Admissions or retention of residents.
- 44:70:04:11. Care policies.
- 44:70:04:13. Resident admissions.
- 44:70:05:01. Nursing policies and procedures.
- 44:70:05:02. Resident care plans, service plans, and programs.
- 44:70:05:03. Resident care.
- 44:70:05:05. Hospice services.
- 44:70:05:06. Total activities of daily living assistance.
- 44:70:06:18. Dining assistance program.
- 44:70:08:01. Record service.
- 44:70:09:07. Choice in planning care.
- 44:70:09:09. Quality of life.

As previously mentioned, hospice residents' health status typically declines resulting in additional assistance needed from staff. Some key questions to ask yourselves would be:

- Do we have sufficient staff to meet all residents' needs?

- Have the staff been trained to meet the resident's needs in addition to the facility's licensed additional services, including hospice related services? Is that training documented?
- Prior to or when a resident's decline in condition and abilities occurs, do the staff need additional training and/or qualifications to meet those needs safely and effectively?
- Has the facility reviewed ARSD 44:70:05:06 and 44:70:06:18 requirements to ensure one or both are being followed, if residents require that type of care?
- Does the current facility license list the additional services you are providing (if applicable)?
- Does the facility have an effective and prompt discharge plan in place if the facility is not able to meet a resident's additional needs to always ensure safe care of the resident?
- Is discharge planning coordinated to ensure the resident is transferred or discharged to an appropriate setting that can meet their individualized needs? Is the discharge planning documented?

If your facility is planning to add care of a resident on hospice services to your license, please inform our office so we can update our records and your license. If your facility is already providing care to hospice residents, then this information is a good refresher. We want to ensure safe and effective care to all residents accepted and retained at a facility while also following the requirements for ARSD. We hope this information is helpful to those navigating this area in an ALC setting. For questions, contact Jennifer Maeschen at 605-995-8147.