The Differences Between Personal Care Homes & Assisted Living Residences: The 3 C's

Assisted Living Residences

Conceptual

Personal Care Homes

- A residence that offers a long term care alternative to skilled care.
- Offers a philosophy of service that promotes independence, privacy, dignity, and choice.
- Focused on resident directed service and care.
- Provides for a minimum package of services and care.
- Arranges or provides for transportation.
- Requires disclosure to Services, Pricing, and Exclusions of Residency prior to residency.
- Philosophy with emphasis on "Aging in Place".
- Provides for an informed consent process to allow a resident to make decisions even if the decision is not the best choice for him/her.
- Provides a waiver process when a residence wants to do something that is not in line with the regulations. The residence must indicate what regulation it wants to waive, what process the residence wants to follow and how the deviation would improve care/life for the resident and would not harm anyone.
- Provides for an exceptions process that allows the residence to care for someone
 with certain conditions that could not normally be served in Assisted Living
 (excludable conditions).
- Only licensed ALR providers can publicly advertise and represent themselves as an Assisted Living Residence.
- Exceeds and expands on Resident rights for Personal Care Homes.
- Must provide for a 14 day Notice of Termination of Residency by resident.
- Residents have an "Opt Out" Clause of the Minimum Package of Services and Care.
- Provides a private living unit with private bathroom.
- Residents can share living units if it is the resident's choice, but no more than two people can share a unit.
- Requires a private bath.
- New construction requires a private kitchenette.
- Requires individual heating and cooling units for the living unit.
- New construction requires 225 square feet for a living unit that enhances a "home like setting" for a single resident.
- Requires a telephone jack in each living unit, as well as, a phone for use by all residents.
- Requires an emergency response system in the bathroom and the living unit.
- Requires each living unit has a lockable door.
- More space is required in the Commons Area (15 square feet per living unit up to 50 living units) indicated as "Indoor Living and Activity Space".

- A home for those "who do not require the services in or of a
- Offers a philosophy of keeping residents "as safe" as possible.
- Focused on "regulatory and facility directed" service and care.
- Provides for a "provider defined" package of services and care.
- No requirement to arrange or provide for transportation.
- Less required with regards to disclosure prior to residency.
- Discharges to higher levels of care when necessary.
- Provides regulatory & physician required services.
- No requirement.

long term care facility".

- No Requirement
- Personal Care Homes must remove all references to assisted living from their marketing materials.
- Basic Resident Rights required.
- Must provide for a 30 day Notice of Termination of Residency by resident.
- No allowance, residents cannot opt out of services provided.

Construction

- No requirement
- Provides a "resident bedroom" that can be shared by up to four residents.
- Requires a "flushable toilet and shower for up to six residents".
- No requirement.
- Requires a screened window.
- Requires each bedroom to have 80 square feet of floor space.
- Requires "a phone available in the home".
- No requirement.
- No locks required.
- Requires that the combined living room and lounge area can accommodate all residents at one time.

Clinical

- Requires higher clinical assessment with an RN review of assessments and support plans.
- Requires an Initial Assessment and Preliminary Support Plan developed
 within 30 days prior to residency.
- The Support Plan must be reviewed quarterly.
- Requires a Final Support Plan developed and implemented within 30 days after move-in.
- Requires a licensed nurse on site or available 24/7.
- Requires a registered dietician on staff or under contract.
- Provides for a higher level of clinical needs, including those needing skilled care.
- Provides supplemental health services.
- Requires a higher training standard for direct care and management staff.
- Requires that all direct care staff be certified in first aid before allowed to provide care.
- Requires that all direct care staff be certified in CPR before allowed to provide care.
- Requires a residence must have an AED
- Requires more training in dementia for all workers- four hours within 30 days of hire, two hours annually thereafter.
- Requires Tuberculin skin tests and x-rays.
- ALR residence can care for skilled nursing care residents, if they so choose, with written approval for excludable conditions.
- Progress notes are required in resident records.

- No nursing requirement at all with PCH regulations.
- Requires a Pre-Screening within 30 days prior to admission and an initial assessment completed within 15 days of admissions
- The Support Plan will be reviewed annually.
- No requirement.
- No requirement.
- No requirement.
- Does not provide for those needing a higher level of care including skilled care, a resident must move if these services are needed.
 - No requirement.
- No change to requirements for PCHs.
- Requires that one staff member for every 50 residents be trained (not certified) in first aid.
- Requires that one staff member for every 50 residents be certified in CPR.
- No corresponding requirement.
- No corresponding requirement.
- No such requirement in PCH
- A physician determines PCH suitability or requirement for a higher level of care.
- No such requirement in PCH