

Senate Bill 714

Sponsored by Senators GELSER, PATTERSON, MANNING JR; Senator RILEY, Representatives REARDON, WILLIAMS

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Establishes minimum staffing ratio for residential care facilities and facilities with memory care endorsements.

A BILL FOR AN ACT

Relating to residential care facility staffing; amending ORS 443.432 and 443.886.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 443.432 is amended to read:

443.432. (1) The Department of Human Services shall develop or obtain, maintain and use, in collaboration with residential care facilities, an objective, technology-based, acuity-based staffing tool. The department may use the tool to:

(a) Evaluate whether a residential care facility has qualified awake caregivers sufficient in number to meet the 24-hour scheduled and unscheduled needs of each resident; and

(b) Assess the number of direct care staff hours required by a particular residential care facility to meet each resident's scheduled and unscheduled needs.

(2) The acuity-based staffing tool shall be made available to residential care facilities to:

(a) Enable the residential care facilities to assess their staffing needs and determine whether they have a sufficient number of qualified awake caregivers to meet the 24-hour scheduled and unscheduled needs of each resident;

(b) Communicate the required staffing needs and each residential care facility's staffing plan to residents, their family members and other persons; and

(c) Demonstrate to the department that the residential care facility's staffing plan meets the 24-hour scheduled and unscheduled needs of each resident.

[(3) The department is not required to use the tool described in this section in every circumstance in which residential care facility staffing is evaluated, but the department must use the tool in collaboration with the facility if the department is considering imposing a staffing requirement on a facility as part of a licensing condition and the department and the facility are not in agreement about whether staffing meets the residents' scheduled and unscheduled needs or the staffing standards proposed by the department.]

(3) Unless a residential care facility can demonstrate to the department that the facility has completed the acuity-based staffing tool for each week based on the scheduled and unscheduled needs of the current residents and has the staffing plan indicated by the acuity-based staffing tool on file for each day of operation, documenting that the level of staffing identified by the acuity-based staffing tool on file was in effect for each day of operation and documenting the reasons why the acuity based staffing tool indicated a less rigorous staffing

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 **need, the staffing ratio in a residential care facility may be no less than one awake caregiver**
 2 **for every:**

3 **(a) Seven residents from 7 a.m. to 3 p.m.;**

4 **(b) Nine and one-half residents from 3:01 p.m. to 11 p.m.; and**

5 **(c) Seventeen residents from 11:01 p.m. to 6:59 a.m.**

6 **(4) In any investigation conducted by the department in response to a complaint or con-**
 7 **cern raised regarding the safety of residents in a residential care facility, the department**
 8 **shall ensure that the facility was in compliance with the requirements of subsection (3) of**
 9 **this section.**

10 **SECTION 2.** ORS 443.886 is amended to read:

11 443.886. (1) If a facility intends to provide care for residents with Alzheimer's disease or other
 12 forms of dementia by means of an endorsed memory care community, the facility must obtain a
 13 memory care endorsement on its license or registration.

14 (2) The Department of Human Services, with the input from representatives of advocate groups
 15 and the long term care industry, shall adopt by rule standards that ensure that the special needs
 16 of any resident with Alzheimer's disease or other form of dementia who is cared for in an endorsed
 17 memory care community are met and that quality care is provided. The standards must include but
 18 are not limited to provisions for:

19 (a) Care planning, including physical design, staffing, staff training, safety, egress control, indi-
 20 vidual care planning, admission policy, family involvement, therapeutic activities and social services;

21 (b) Continuity of basic care requirements; and

22 (c) Marketing and advertising of the availability of and services from endorsed memory care
 23 communities.

24 **(3) Staffing standards established under subsection (2) of this section must provide that**
 25 **unless the facility can demonstrate to the department that it has completed the acuity-based**
 26 **staffing tool described in ORS 443.432 for each week based on the scheduled and unscheduled**
 27 **needs of the current residents and has the staffing plan indicated by the acuity-based staffing**
 28 **tool on file for each day of operation, documenting that the level of staffing identified by the**
 29 **acuity-based staffing tool on file was in effect for each day of operation and documenting the**
 30 **reasons the acuity-based staffing tool indicated a less rigorous staffing need, the staffing**
 31 **ratio in a residential care facility may be no less than one direct care provider for every:**

32 **(a) Five residents from 7 a.m. to 3 p.m.;**

33 **(b) Nine and one-half residents from 3:01 p.m. to 11 p.m.; and**

34 **(c) Ten residents from 11:01 p.m. to 6:59 a.m.**

35 **(4) In any investigation conducted by the department in response to a complaint or con-**
 36 **cern raised regarding the safety of residents in a facility, the department shall ensure that**
 37 **the facility was in compliance with the requirements of subsection (3) of this section.**

38 [(3)] (5) The department shall adopt a fee schedule for memory care endorsement, taking into
 39 account the type of facility and the number of residents.

40 [(4)] (6) The department shall enforce rules adopted under [subsection (2)] **subsections (2) and**
 41 **(3)** of this section and shall allow a licensee or registrant to retain the memory care endorsement
 42 required to care for residents with Alzheimer's disease or other forms of dementia only as long as
 43 the licensee or registrant complies with the rules.

44 [(5)] (7) The memory care endorsement may be suspended or revoked in the same manner as the
 45 license or registration is suspended or revoked.

1 [(6)] (8) Unless a facility has obtained the memory care endorsement required by subsection (1)
2 of this section, the facility may not:

3 (a) Advertise the facility as providing an Alzheimer’s care unit or memory care community; or

4 (b) Market the facility as providing an Alzheimer’s care unit or memory care community.

5 [(7)] (9) As used in this section:

6 (a) “Endorsed memory care community” means a special care unit in a designated, separated
7 area for residents with Alzheimer’s disease or other forms of dementia that is locked or secured to
8 prevent or limit access by a resident outside the designated or separated area.

9 (b) “Facility” means a long term care facility, residential care facility, assisted living facility
10 or any other like facility required to be licensed by the department.

11 [(c) “Registry” means a facility will provide the department with information relating to the en-
12 dorsed memory care community, including the number of residents in the community, the stage of
13 dementia for each resident, a description of how services are provided and the length of time the com-
14 munity has been operating.]

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