New Assisted Living Community Accreditation Memory Care Certification Option

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE ASSISTED LIVING COMMUNITY ACCREDITATION PROGRAM

Effective July 1, 2023

Environment of Care (EC) Chapter

EC.02.06.01

The organization establishes and maintains a safe, functional environment.

Element(s) of Performance for EC.02.06.01

38. For organizations that elect The Joint Commission Memory Care Certification option: The organization meets the needs of residents with dementia by providing visual cues or landmarks in the physical environment to assist with wayfinding.
   (See also HR.01.05.03, EP 24)

40. For organizations that elect The Joint Commission Memory Care Certification option: The organization provides an environment in which noises that may overstimulate or distress residents with dementia are minimized.
   Note: Examples of noises that may overstimulate or distress residents with dementia include alarms and maintenance activities.

41. For organizations that elect The Joint Commission Memory Care Certification option: To minimize overstimulation and distress for residents with dementia, the organization provides an environment that minimizes confusing visual stimuli.
   Note: Examples of visual stimuli that may cause confusion include lighting that creates shadows or glare; furnishings with busy patterns; lack of color contrast with walls, tables, seating, and floor surfaces.

Key: ☑ indicates that documentation is required; ☐ indicates an identified risk area;
42. For organizations that elect The Joint Commission Memory Care Certification option: The organization provides access to outdoor space(s) for residents with dementia. This space has the following characteristics:
- Safety and security (Refer to EC.02.01.01, EPs 1 and 3)
- Seating for residents
- Pleasant stimulation such as flowers, birds, and sunlight
Note: If the provision of outdoor space is not possible, organizations may simulate outdoor space, such as a sunroom, to meet this requirement.

43. For organizations that elect The Joint Commission Memory Care Certification option: To minimize distress for residents with dementia, the organization provides an environment for walking and exploring that is free of obstructions and barriers that may cause falls.
Note: Examples of obstructions or barriers that may cause falls include rugs or floor mats, changes in floor elevation, and movable equipment in corridors.

44. For organizations that elect The Joint Commission Memory Care Certification option: To minimize distress for residents with dementia, the organization limits the use of its intercom paging system.

45. For organizations that elect The Joint Commission Memory Care Certification option: The organization creates interest points in the physical environment that encourage visual or tactile stimulation for residents with dementia.
Note: Examples of interest points include a fish tank, a colorful tapestry, or objects with varying textures and shapes.

Emergency Management (EM) Chapter

**EM.02.01.01**

The organization has an Emergency Operations Plan.
Note: The organization’s Emergency Operations Plan (EOP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and clinical and support activities during an emergency. Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This all-hazards approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the plan’s response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.

**Element(s) of Performance for EM.02.01.01**

26. For organizations that elect The Joint Commission Memory Care Certification option: The Emergency Operations Plan must address the special needs of residents diagnosed with dementia. The plan must include the following:
- How supervision will be maintained during evacuations
- How to manage agitation or anxiety when the environment changes or circumstances change
- How staff will maintain access to the resident’s medical history, current medication orders, physician information, and family contacts

Human Resources (HR) Chapter

Key: ☐ indicates that documentation is required; ☐ indicates an identified risk area;
HR.01.02.05

The organization has the necessary staff to support the care, treatment, and services it provides.

Element(s) of Performance for HR.01.02.05

41. For organizations that elect The Joint Commission Memory Care Certification option: The organization has a process for recruiting and retaining qualified nursing staff.

HR.01.04.01

The organization provides orientation to staff.

Element(s) of Performance for HR.01.04.01

8. For organizations that elect The Joint Commission Memory Care Certification option: Based on their responsibilities, staff and licensed practitioners are oriented about psychotropic medications, including the following:
   - The need for a medication in relation to the resident’s documented diagnosis and condition
   - The potential for drug-drug and drug-food interactions
   - Effects and adverse reactions to psychotropic medications
   - The use of a medication for an appropriate duration
   - Optimal dosages
   - Frequent monitoring of the medication’s effectiveness
   - Nonmedication interventions and alternatives developed through interdisciplinary team assessment
   - Reduction and discontinuation of a medication

HR.01.05.03

Staff participate in education and training.

Element(s) of Performance for HR.01.05.03

26. For organizations that elect The Joint Commission Memory Care Certification option: Staff and licensed practitioners who provide care to residents diagnosed with dementia participate in annual education and training that aligns with current best practices in dementia care and includes the following:
   - Team building
   - Creating a therapeutic environment
   - Assessing and addressing pain
   - Palliative care for advanced dementia
   - Internal or external transitions in the resident’s level of care
   Staff participation is documented.

Information Management (IM) Chapter

IM.03.01.01

Knowledge-based information resources are available, current, and authoritative.

Key: © indicates that documentation is required; Indicates an identified risk area;
Element(s) of Performance for IM.03.01.01

6. For organizations that elect The Joint Commission Memory Care Certification option: To remain current with changes in dementia care, the organization participates in activities sponsored by a national organization that relate to dementia care.

Note 1: Examples of national organizations include the Alzheimer’s Association and the American Medical Directors Association.

Note 2: Examples of activities sponsored by a national organization include participating on a task force or committee or attending an educational webinar or conference.

Leadership (LD) Chapter

LD.01.06.01

For organizations that elect The Joint Commission Memory Care Certification option: A medical director or other physician designated by the organization oversees the care, treatment, and services provided to residents.

Element(s) of Performance for LD.01.06.01

3. For organizations that elect The Joint Commission Memory Care Certification option: The medical director or designated physician provides clinical leadership by doing the following:
   - Directing and coordinating medical care in the organization
   - Participating in the creation of policies, procedures, and guidelines for clinical care, treatment, and services and the development of emergency treatment procedures for residents
   - Participating in the provision of in-service training programs
   - Making recommendations to governance on whether or not a licensed practitioner can provide care, treatment, and services at the organization
   - Monitoring the performance of medical services
   - Understanding the policies and programs of public health agencies that affect resident care programs
   - Acting as the organization’s medical representative in the community

7. For organizations that elect The Joint Commission Memory Care Certification option: The medical director or designated physician monitors the use of psychotropic medications in order to minimize misuse or overuse of these medications.

   Note: Psychotropic medications include antipsychotics, antidepressants, anxiolytics, and sedatives/hypnotics.

LD.01.07.01

For organizations that elect The Joint Commission Memory Care Certification option: Individual leaders have the knowledge needed for their roles in the organization or they seek guidance to fulfill their roles.

Element(s) of Performance for LD.01.07.01

4. For organizations that elect The Joint Commission Memory Care Certification option: If the facility’s medical director or designated physician does not have the expertise to direct specialty programs, another physician with that expertise is identified to direct the medical care provided, and the relationship between these two positions is clearly defined.
**LD.03.08.01**

New or modified services or processes are well designed.

**Element(s) of Performance for LD.03.08.01**

4. For organizations that elect The Joint Commission Memory Care Certification option: Dementia care practices must be evaluated routinely and modified based on current evidence, best practices, resident needs, and changes to care, treatments, or services.

**LD.03.10.01**

For organizations that elect The Joint Commission Memory Care Certification option: The organization uses clinical practice guidelines to guide the provision of memory care services.

**Element(s) of Performance for LD.03.10.01**

5. For organizations that elect The Joint Commission Memory Care Certification option: The program uses current clinical practice guidelines and evidence-based practices to guide the provision of care, treatment, and services and evaluate and modify the program.

Note: Clinical practice guidelines and evidence-based practices include nationally recognized guidelines and practices, as well as guidelines and practices developed by individual organizations to address their particular circumstances.

**Medication Management (MM) Chapter**

**MM.01.01.05**

For organizations that elect The Joint Commission Memory Care Certification option: The organization monitors the use of psychotropic medications.

**Element(s) of Performance for MM.01.01.05**

2. For organizations that elect The Joint Commission Memory Care Certification option: The organization uses an interdisciplinary process that includes the physician, pharmacist, nurse, and other members of the health care team, as identified by the organization, to monitor residents' psychotropic medications.

(See also MM.01.01.05, EP 6)

3. For organizations that elect The Joint Commission Memory Care Certification option: Psychotropic medications are prescribed only as follows:
   - When indicated by assessment and medical necessity
   - After other nonpharmacological interventions or alternatives have been considered or used
   - At the lowest effective therapeutic dose

4. For organizations that elect The Joint Commission Memory Care Certification option: The organization reviews the use of “as needed” orders (PRN orders) for psychotropic medications to determine their appropriateness and effectiveness and to minimize use.

Key: ☐ indicates that documentation is required; ☐ ☐ indicates an identified risk area;
5. For organizations that elect The Joint Commission Memory Care Certification option: The organization evaluates compliance with its process for monitoring the use of psychotropic medications within a time frame defined by the organization.

6. For organizations that elect The Joint Commission Memory Care Certification option: The organization involves the resident (to the extent possible) and their family or legal representative in the decision about placing the resident on an antipsychotic medication. (See also MM.01.01.05, EP 2; PC.02.01.08, EP 7)

7. For organizations that elect The Joint Commission Memory Care Certification option: For residents admitted on an antipsychotic medication, the physician and consulting pharmacist review the resident’s medication list. The review verifies the following:
   - Clinical indication for the antipsychotic medication
   - Necessity for ongoing use of the antipsychotic medication, based on the resident’s potential to cause harm to self or others
   - Consideration of gradual dose reduction of the antipsychotic medication
   - Consideration of alternatives to antipsychotic medication use

Provision of Care, Treatment, and Services (PC) Chapter

PC.01.01.01

The organization accepts the resident for care, treatment, and services based on its ability to meet the resident’s needs.

Element(s) of Performance for PC.01.01.01

50. For organizations that elect The Joint Commission Memory Care Certification option: Prior to moving in, the organization provides the resident and responsible party a disclosure form that includes the following information:
   - Philosophy and mission of the specialty care unit or program
   - Additional specialized care, treatment, or services that will be provided
   - Criteria and process for placement in the specialty care unit or program
   - Policies and procedures for transfers
   - Process for establishing, implementing, and modifying the plan of care
   - How residents are assessed for the use and effects of medications, including psychotropics
   - Behavior-related interventions
   - Staff credentials, job duties, training, and coverage
   - Environmental adaptations to ensure optimal functioning and security features
   - Frequency and types of activities
   - Family involvement and support services
   Note: The disclosure form must be signed by the resident or responsible party.

PC.01.02.01

The organization obtains resident assessments.

Note: The information can be obtained from the organization’s staff, contracted staff, or other providers.

The organization obtains resident assessments.

Element(s) of Performance for PC.01.02.01

Key: D indicates that documentation is required; R indicates an identified risk area;
41. For organizations that elect The Joint Commission Memory Care Certification option: When assessing residents for changes in cognition, a qualified clinician uses evidence-based cognitive and functional assessment tools.

Note 1: For a clinician to be qualified they must have received training on the assessment tool they are administering.

Note 2: Assessment tool examples include the Confusion Assessment Method (CAM), the Clock Test, the Global Deterioration Scale (GDS), the Functional Activities Questionnaire (FAQ), the Montreal Cognitive Assessment (MoCA), and the Allen Cognitive Disability Scale.

42. For organizations that elect The Joint Commission Memory Care Certification option: For residents with dementia, the organization involves, to the degree possible, the resident and their family in the assessment and reassessment of the following:
   - Understanding an individual's perceptions that contribute to their own reality
   - Health status and medical and psychiatric comorbidities
   - Medications, including any contraindications and antipsychotic medications and the reason they have been prescribed
   - Behavioral expressions, including signs of potential delirium
   - Sensory capabilities
   - Swallowing abilities
   - Decision-making capacity
   - Sleep patterns
   - Weight loss patterns, if applicable
   - Depression screening
   - Wandering patterns, if applicable, and conditions under which wandering occurs
   - Elopement risk assessment
   - Physical function capabilities
   - Pain management
   - Variances in physical and cognitive function based on time of day
   - Attention span during meals that may affect hydration and food consumption
   - Environmental factors that minimize distress
   - Psychological, social, and spiritual activity and well-being
   - The outcomes of therapeutic interventions

Note 1: Examples of environmental factors that may create distress for residents with dementia include lighting that creates shadows or glare; furnishings with busy patterns; lack of color contrast with walls, tables, and floor surfaces; and flooring patterns that create the perception of level changes.

Note 2: Assessments are used to get to know the person living with dementia and establish and develop a relationship with the resident.

(See also PC.01.03.01, EP 48)

54. For organizations that elect The Joint Commission Memory Care Certification option: A qualified licensed practitioner assesses a resident's decision-making capacity.

PC.01.02.03

The organization obtains resident assessments according to defined time frames.

Note: The information can be obtained from the organization's staff, contracted staff, or other providers.

The organization assesses and reassesses the resident and the resident's condition according to defined time frames.

Key: ③ indicates that documentation is required; ④ indicates an identified risk area;
Element(s) of Performance for PC.01.02.03

30. For organizations that elect The Joint Commission Memory Care Certification option: A qualified provider reassesses residents diagnosed with dementia every six months and when there is a change in condition.

PC.01.02.05

Qualified staff, physicians, or other licensed practitioners assess and reassess the resident.

Element(s) of Performance for PC.01.02.05

7. For organizations that elect The Joint Commission Memory Care Certification option: Residents without an established dementia diagnosis who exhibit symptoms of dementia are evaluated in order to establish a differential diagnosis. This evaluation is conducted by a neurologist, psychiatrist, or geriatrician, if available, or another physician qualified to establish this diagnosis.

Note: A useful reference on dementia evaluations can be found on the Alzheimer’s Association website at www.alz.org/hcps.

8. For organizations that elect The Joint Commission Memory Care Certification option: A qualified licensed practitioner conducts a behavioral health assessment at least quarterly for residents on a psychotropic medication.

PC.01.03.01

The organization plans the resident’s care.

Element(s) of Performance for PC.01.03.01

2. For organizations that elect The Joint Commission Memory Care Certification option: The resident’s written plan for individualized care, treatment, and services is developed by an interdisciplinary team comprised of health care professionals, including the treating physician, and in partnership with the resident, family, and staff. This plan reflects the resident’s personal goals, personal preferences, lifelong interests, routines for daily activities, and freedom of choice.

(See also PC.01.02.01, EP 43)

7. For organizations that elect The Joint Commission Memory Care Certification option: The interdisciplinary team collaborates on the review and revision of the plan for care, treatment, and services.

PC.02.01.01

The organization provides care, treatment, or services for each resident.

Element(s) of Performance for PC.02.01.01

31. For organizations that elect The Joint Commission Memory Care Certification option: The organization supervises residents based upon their individual needs.

Key: [D] indicates that documentation is required; [R] indicates an identified risk area;
PC.02.01.05

The organization provides collaborative care, treatment, and services.

The organization provides interdisciplinary, collaborative care, treatment, and services.

Element(s) of Performance for PC.02.01.05

14. For organizations that elect The Joint Commission Memory Care Certification option: Information from consultation and evaluation reports is communicated to the resident’s physician.

PC.02.01.08

The organization responds effectively to behavioral expressions of unmet needs by residents with dementia.

Element(s) of Performance for PC.02.01.08

7. For organizations that elect The Joint Commission Memory Care Certification option: The organization provides family education that includes the following:
   - Dementia progression and related behavioral expressions of unmet needs
   - Communication techniques for the resident with dementia
   - Personalized approaches to care for the resident with dementia
   - Use of psychotropic medications, reason(s) for use, risks versus benefits, including potential side effects
   (See also MM.01.01.05, EP 6)

PC.02.01.13

The resident has access to health care professionals as needed.

Element(s) of Performance for PC.02.01.13

1. For organizations that elect The Joint Commission Memory Care Certification option: The assigned physician visits the resident in accordance with the resident’s needs.

2. For organizations that elect The Joint Commission Memory Care Certification option: The assigned physician visits the resident at least once during the 30 days following move in.

PC.02.01.15

Residents at risk for health-related complications receive preventive care.

Element(s) of Performance for PC.02.01.15

9. For organizations that elect The Joint Commission Memory Care Certification option: The organization coordinates the management of each resident’s comorbidities and dementia care.

PC.02.02.01

The organization coordinates the resident’s care, treatment, and services based on the resident’s needs.

Key: ☐ indicates that documentation is required; ☐ indicates an identified risk area;
Element(s) of Performance for PC.02.02.01

27. For organizations that elect The Joint Commission Memory Care Certification option: The interdisciplinary team conducts regular resident care conferences with its members and other program staff members as needed to discuss resident-centered goals of care, disease prognosis, and advanced care planning. The frequency of these resident care conferences is defined by the program and based on the needs of its population.

Note: Resident care conferences include members of the interdisciplinary team and other program staff members as required to meet the needs of the program’s residents and families. These conferences may be done in a variety of formats, including face-to-face meetings, teleconference, or videoconference.

PC.02.02.02

For organizations that provide specialty care: An individual(s) coordinates the provision of specialty care, treatment, or services for residents.

For organizations that elect a Joint Commission Certification option: An individual(s) coordinates the provision of specialty care, treatment, and services for residents.

Element(s) of Performance for PC.02.02.02

3. For organizations that elect The Joint Commission Memory Care Certification option: The organization designates a qualified individual(s), experienced and trained in the care of residents with dementia, who coordinates the provision of dementia care and services.

4. For organizations that elect The Joint Commission Memory Care Certification option: The individual(s) who coordinates the provision of dementia care and services does the following:
   - Coordinates resident activities that match the individual’s interests, cognitive ability, memory, attention span, language, reasoning ability, and physical function
   - Monitors staff performance regarding personalized approaches to address behavioral expressions of unmet needs (Refer to HR.01.05.03, EP 24)
   - Monitors staff performance regarding communication techniques for residents with memory impairment

   Note: Examples of communication techniques include speaking clearly; staying calm; using simple sentences; using visual cues; and offering clear, step-by-step guidance when giving instructions.
   - Fosters an authentic learning environment through coaching and modeling of effective dementia care practices (Refer to IM.03.01.01, EP 5 and HR.01.05.03, EP 24)
   - Coordinates internal resources and provides information on how to access external resources in response to family support needs (Refer to PC.02.01.08, EP 7)
   - Communicates the dementia program’s quality and safety needs to leadership (For more information, refer to Standard LD.02.03.01)
   - Participates in the evaluation of cognitive devices and equipment to support the care and treatment of residents with dementia

   Note: An organization may designate more than one individual to coordinate the provision of dementia care and services as long as each individual performs the roles listed above.

PC.02.02.03

The organization makes food and nutrition products available to its residents.
Element(s) of Performance for PC.02.02.03

23. For organizations that elect The Joint Commission Memory Care Certification option: The organization engages residents with dementia in the mealtime experience by creating opportunities for them to assist with the mealtime process, according to their abilities. Note: Examples include having the resident help plan the menu or place decorative centerpieces on the tables.

25. For organizations that elect The Joint Commission Memory Care Certification option: To minimize confusion and promote independence for residents with dementia, the organization does the following at mealtime:
   - Serves food in a manner that offers visual contrast between the plate, food, and place setting
   - Limits how many food choices are provided at once
   - Provides finger foods when cutlery use becomes challenging
   - Provides other methods of assistance, as needed, such as a cup with a lid and straw

PC.02.02.09

Residents are provided with opportunities to participate in social and recreational activities.

Element(s) of Performance for PC.02.02.09

5. For organizations that elect The Joint Commission Memory Care Certification option: The organization provides interactive activity programming for residents with dementia, according to their abilities, that stimulates cognition, facilitates or enhances communication, and adapts to each resident’s unique abilities and interests. Note: This can include technology-based activities such as internet access and telehealth services.

7. For organizations that elect The Joint Commission Memory Care Certification option: The organization provides opportunities for residents with dementia to go on outings on a routine basis if it is determined that the resident can benefit from the activity without posing a safety risk to self or others.

9. For organizations that elect The Joint Commission Memory Care Certification option: The organization provides opportunities for intergenerational activities for residents with dementia.

10. For organizations that elect The Joint Commission Memory Care Certification option: The organization provides daily physical activities for residents with dementia. These activities are provided daily, but individual resident’s participation is based on what they can tolerate. Note: Physical activity that involves balance and coordination may ultimately decrease the need for an assistive device and reduce the risk of falls.

PC.02.03.01

The organization provides resident education and training based on each resident’s needs and abilities.

Element(s) of Performance for PC.02.03.01

Key: ◦ indicates that documentation is required; ◼ indicates an identified risk area;
25. For organizations that elect The Joint Commission Memory Care Certification option: The organization evaluates the resident’s understanding of the education and training it provided.

27. For organizations that elect The Joint Commission Memory Care Certification option: The organization provides the resident education on how to communicate concerns about resident safety issues that occur before, during, and after care is received.

29. For organizations that elect The Joint Commission Memory Care Certification option: The organization provides support to family members of residents with dementia. Note: One example is offering a support group lead by a healthcare professional or providing families with a list of support groups available in the community.

34. For organizations that elect The Joint Commission Memory Care Certification option: The organization provides information to residents, families, and caregivers on the following topics:
   - Brain health and cognitive aging
   - Disease stages and progression
   - Person-centered dementia care strategies
   - Transfer protocols, including criteria for transfers and transition processes
   - End-of-life considerations

**PC.04.01.01**

The organization follows a process that addresses transitions in the resident’s care.

**Element(s) of Performance for PC.04.01.01**

34. For organizations that elect The Joint Commission Memory Care Certification option: The organization documents the process for transitioning the responsibility for a resident’s care from one clinician, organization, program, or service to another. The process includes the following:
   - Identification of potential underlying cause(s) of behavioral symptoms
   - Successful personalized approaches to care
   - Successful communication techniques with the resident
   - The resident’s cognitive, sensory, and physical capabilities
   - Advanced care planning

35. For organizations that elect The Joint Commission Memory Care Certification option: The organization discusses the resident’s transfer plan with the family and relevant practitioners across different care settings. (For more information, refer to PC.04.01.03, EP 3)

**Record of Care, Treatment, and Services (RC) Chapter**

**RC.02.01.15**

Resident record documentation includes the provision of and response to medical treatment and care, and changes in the resident’s condition.

**Element(s) of Performance for RC.02.01.15**

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**Key:**  < indicates that documentation is required;  < indicates an identified risk area;
1. For organizations that elect The Joint Commission Memory Care Certification option: The following are documented in the resident's clinical record:
   - The provision of medical treatment and care
   - The resident's response to medical treatment and care
   - Medical observations and recommendations made after the initial medical assessment, as well as progress notes that are reported at the time of observation
   - Progress notes recorded by the physician at each visit
   - Significant changes, as determined by the organization, in the resident's condition, care, treatment, and services