

# Prepublication Requirements

• Issued June 20, 2022 •



## New and Revised Requirements for Assisted Living Communities

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 COMMUNITIES ACCREDITATION PROGRAM

Effective January 1, 2023

### Human Resources (HR) Chapter

#### HR.01.01.01

The organization defines and verifies staff qualifications.

#### Element(s) of Performance for HR.01.01.01

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|----|---|--|--|---|
| 1. | The organization defines staff qualifications specific to their job responsibilities.   | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> |  | D |
|    | D   |  |  |   |
| 1. | <b>The organization defines staff qualifications specific to their job responsibilities.</b><br><u>Note: Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology).</u> | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> |  | D |
|    | D   |  |  |   |

#### 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

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| 42. | The organization has contingency plans for staff shortages. | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |
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#### HR.01.05.03

Staff participate in education and training.

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

**Element(s) of Performance for HR.01.05.03**

24. For organizations that provide care to residents with dementia: Staff participate in, at a minimum, annual education and training that aligns with current best practices in dementia care and includes the following: D
- Symptoms of dementia and its progression
  - How to recognize potential symptoms of delirium
  - Understanding how a resident's unmet needs are expressed through behaviors, such as inappropriate conduct or exit seeking
- Note: Unmet needs could encompass pain, hunger, thirst, bowel irregularity, bladder troubles, boredom, loneliness, spirituality, cultural issues, or an underlying medical condition.
- Communication techniques for the resident with dementia
  - Personalized approaches to behavioral expressions of unmet needs
  - Abuse prevention
  - Supporting the resident through environmental cues and landmarks
  - Environmental measures that promote comfort including room temperature, lighting, and sound.
- Participation in this education is documented.  
Staff participation is documented.
- Note: Valuable training resources include the Centers for Medicare & Medicaid Services' "Hand-in-Hand" training toolkit found at [https://qsep.cms.gov/pubs/ClassInformation.aspx?cid=0CMSHIH\\_ONL](https://qsep.cms.gov/pubs/ClassInformation.aspx?cid=0CMSHIH_ONL), the "Bathing Without a Battle" video found at [www.bathingwithoutabattle.unc.edu](http://www.bathingwithoutabattle.unc.edu), the "Mouthcare Without a Battle" video found at <http://www.mouthcarewithoutabattle.org>, and the Alzheimer's Association essentialZ® certification program found at <https://www.alz.org/professionals/professional-providers/certification-program>.  
(See also EC.02.06.01, EP 39; HR.01.06.01, EP 25)

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  - How to recognize potential symptoms of delirium
  - Understanding how a resident's unmet needs are expressed through behaviors, such as inappropriate conduct or exit seeking
- Note: Unmet needs could encompass pain, hunger, thirst, bowel irregularity, bladder troubles, boredom, loneliness, spirituality, cultural issues, or an underlying medical condition.
- Communication techniques for the resident with dementia
  - Personalized approaches to behavioral expressions of unmet needs
  - Abuse prevention
  - Supporting the resident through environmental cues and landmarks
  - Environmental measures that promote comfort including room temperature, lighting, and sound. Participation in this education is documented.
- Staff participation is documented.  
(See also EC.02.06.01, EP 39; HR.01.06.01, EP 25)

**HR.01.06.01**

Staff are competent to perform their responsibilities.

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

**Element(s) of Performance for HR.01.06.01**

1. The organization defines the competencies it requires of its staff who provide resident care, treatment, or services.

Note: Competencies may relate to the techniques, procedures, technology, equipment, and skills required to provide the population served with care, treatment, and services.

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1. **The organization defines the competencies it requires of its staff who provide resident care, treatment, or services. Staff competencies must include the proper use of personal protective equipment.**

Note: Competencies may relate to the techniques, procedures, technology, equipment, and skills required to provide the population served with care, treatment, and services.

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**HR.02.02.01**

The organization provides orientation to licensed ~~independent~~ practitioners.

The organization provides orientation to physicians and other licensed practitioners.

Leadership (LD) Chapter

**LD.03.01.01**

Leaders create and maintain a culture of safety and quality throughout the organization.

**Element(s) of Performance for LD.03.01.01**

10. **Leadership promotes staff wellness and provides ongoing resources and support to prevent physical or mental burnout and after difficult events.**

Note 1: Resources and support are particularly important when staff experience physically or emotionally demanding conditions such as public health emergencies, the death of a resident, and staff shortages.

Note 2: Staff support may include reflective meetings with leadership (or other ways for staff to express feelings) and encouraging and incentivizing wellness activities. Resources may include education on the importance of addressing job-related stressors through self-care, peer counseling, and referral to an Employee Assistance Program when appropriate.

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**LD.03.01.02**

Leaders create and maintain a culture of person-centered care.

**Element(s) of Performance for LD.03.01.02**

- 1. Leaders work in partnership with residents, families, and staff to evaluate the organization's culture in regard to providing person-centered care. The evaluation is documented.   D  
 Note: Some commonly used resources for culture evaluation include The Artifacts of Culture Change, developed by the Centers for Medicare & Medicaid Services and Edu-Catering, LLP; Eden Alternative Principles in Action tool; and Long-Term Care Improvement Guide, published by Planetree and Picker Institute.  
 (See also PI.01.01.01, EP 14)
  
- 1. **Leaders work in partnership with residents, families, and staff to evaluate the organization's culture in regard to providing person-centered care. The evaluation is documented.**   D  
 (See also PI.01.01.01, EP 14)
  


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- 4. **Leadership supports the building of authentic, caring relationships between staff and residents.**   D  
 Note: Support may include education, competency exercises, conflict resolution, and relationship-building activities.

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

### 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.

#### Element(s) of Performance for PC.01.02.03

- 3. Each resident is reassessed in accordance with law and regulation, their plan of care, and changes in their physical or mental condition, ~~which include signs and symptoms of infectious disease.~~    
 Note: Reassessments may also be based on the resident's diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; ~~and/or their setting requirements, acuity, and needs.~~
  
- 3. **Each resident is reassessed in accordance with law and regulation, their plan of care, and changes in their physical or mental condition.**    
 Note: Reassessments may also be based on the resident's diagnosis; signs and symptoms of infectious disease(s) as defined by the state or local health authorities and/or the Centers for Disease Control and Prevention; desire for care, treatment, and services; and response to previous care, treatment, and services.

### PC.01.02.05

Qualified staff ~~or licensed independent~~ practitioners assess and reassess the resident.

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

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.

**Element(s) of Performance for PC.02.01.05**

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|--|---|--|--|
| <p>31. For residents with dementia, the organization discusses care, treatment, and services with the family or surrogate decision-maker on an ongoing basis including the following:</p> <ul style="list-style-type: none"> <li>- The presence of behavioral symptoms</li> <li>- Personalized approaches to behavioral expressions of unmet needs that minimize the use of psychotropic medications</li> <li>- Use of any psychotropic medications</li> <li>- Interventions to promote optimal physical function</li> </ul>   | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
|  |   |  |  |
| <p>31. <b>For residents with dementia, the organization discusses care, treatment, and services with the family or surrogate decision-maker on an ongoing basis including the following:</b></p> <ul style="list-style-type: none"> <li>- <b>The presence of behavioral symptoms (including expressions of unmet needs)</b></li> <li>- <b>Personalized approaches to behavioral expressions of unmet needs that minimize the use of psychotropic medications</b></li> <li>- <b>Use of any psychotropic medications</b></li> <li>- <b>Interventions to promote optimal physical function</b></li> </ul> | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
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**PC.02.01.15**

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

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

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|---|---|--|--|
| <p>1. The organization provides preventive care to avoid complications resulting from the resident's inactivity, including the following:</p> <ul style="list-style-type: none"> <li>- Encouraging and helping residents to spend time out of bed, <del>except when prohibited by a physician's order</del></li> <li>- Maintaining proper body position and alignment</li> <li>- Helping with ambulation, including maintenance of gait training</li> <li>- Providing active and passive range-of-motion exercises</li> </ul>             | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
|   |   |  |  |
| <p>1. <b>The organization provides preventive care to avoid complications resulting from the resident's inactivity, including the following:</b></p> <ul style="list-style-type: none"> <li>- <b>Encouraging and helping residents to spend time out of bed as appropriate to the plan of care</b></li> <li>- <b>Maintaining proper body position and alignment</b></li> <li>- <b>Helping with ambulation, including maintenance of gait training</b></li> <li>- <b>Providing active and passive range-of-motion exercises</b></li> </ul> | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
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4. The organization provides preventive care to avoid complications arising from social isolation, including the following:
- Encouraging and helping chair-fast residents to leave their rooms for a change in environment
  - Helping residents cope with the effects of illness, disability, treatment, or stay in the organization
4. **The organization provides preventive care to avoid complications arising from social isolation, including the following:**
- **Encouraging all residents to participate in activities based on their ability and preferences**
  - **Encouraging and helping chair-fast residents to leave their rooms for a change in environment**
  - **Helping residents cope with the effects of illness, disability, treatment, or stay in the organization**
  - **Using the least restrictive visitation practices and considering alternate options when restrictions are necessary**

**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**

4. For residents with dementia, the organization provides activities that accomplish the following:
- Recognize the resident with dementia as a mature adult
  - Encompass both small groups with similar cognitive levels and one-to-one opportunities
  - Match the resident's cognitive, sensory, and physical capabilities
  - Promote engagement in a manner that supports the resident's communication ability
  - Match the resident's past and current interests
  - Promote creative artistic expression
  - Meet the resident's spiritual or religious needs
  - Allow for flexibility based on the resident's sleep and wake patterns
- (See also PC.01.03.01, EP 48)
4. **For residents with dementia, the organization provides activities that accomplish the following:**
- **Recognize the resident with dementia as a mature adult**
  - **Encompass both small groups with similar cognitive levels and one-to-one opportunities**
  - **Match the resident's cognitive, sensory, and physical capabilities**
  - **Promote engagement in a manner that supports the resident's communication ability**
  - **Match the resident's past and current interests**
  - **Promote creative artistic expression**
  - **Meet the resident's spiritual or religious needs**
  - **Allow for flexibility based on the resident's sleep and wake patterns**
  - **Allow for unplanned participation (such as table games, crafts, music, and sensory activities)**
- (See also PC.01.03.01, EP 48)

8. The organization provides opportunities for family of residents with dementia to be involved in activity programs. ☐☐
8. **The organization provides planned and unplanned opportunities for family of residents with dementia to be involved in activity programs.** ☐☐

**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**

10. ~~Based on the resident’s condition and assessed needs, the education and training provided to the resident by the organization include the following:~~ ☐ (D)
- An explanation of the procedures and plan for care, treatment, and services
  - Procedures to follow if care, treatment, or services are disrupted by a natural disaster or an emergency
  - Basic health practices and safety
  - Fall reduction strategies
  - Resident’s rights and responsibilities
  - Medication management and storage
  - Modified diets
  - Infection prevention and control policies and procedures
  - Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management
  - Basic physical and structural facility safety
  - Information on the identification, handling, and safe disposal of hazardous medications
10. **The organization provides education and training to the resident for the following topics, based on the resident’s condition and assessed needs:** ☐ (D)
- **An explanation of the procedures and plan for care, treatment, and services**
  - **Procedures to follow if care, treatment, or services are disrupted by a natural disaster or an emergency**
  - **Basic health practices and safety**
  - **Fall reduction strategies**
  - **Person-centered care strategies**
  - **Resident’s rights and responsibilities**
  - **Medication management and storage**
  - **Modified diets**
  - **Infection prevention and control policies and procedures, including reasons for using personal protective equipment**
  - **Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management**
  - **Basic physical and structural facility safety**
  - **Information on the identification, handling, and safe disposal of hazardous medications**

Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

**PC.04.02.01**

When a resident is transferred to a higher level of care, the organization gives information about the care, treatment, and services provided to the resident to other service providers who will provide the resident with care, treatment, and services.

**Element(s) of Performance for PC.04.02.01**

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|---|---|--|--|
| <p>8. For residents with dementia, the organization provides the following resident information to <del>other</del> service providers at the time of transfer:</p> <ul style="list-style-type: none"> <li>- A complete list of medications</li> <li>- Successful communication techniques</li> <li>- Successful personalized anxiety-reducing interventions that may promote a feeling of safety</li> </ul> <p>(See also PC.02.02.01, EPs 1, 2)</p>   | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
|   |   |  |  |
| <p>8. For residents with dementia, the organization provides the following resident information to <u>receiving</u> providers at the time of transfer:</p> <ul style="list-style-type: none"> <li>- A complete list of medications</li> <li>- Successful communication techniques</li> <li>- Successful personalized anxiety-reducing interventions that may promote a feeling of safety</li> <li>- <u>Identification of potential underlying cause(s) of behavioral expressions</u></li> <li>- <u>Effective personalized approaches to care</u></li> <li>- <u>The resident's cognitive, sensory, and physical capabilities</u></li> <li>- <u>Advanced care planning</u></li> </ul> <p>(See also PC.02.02.01, EPs 1, 2)</p> | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
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Rights and Responsibilities of the Individual (RI) Chapter

**RI.01.06.05**

The resident has the right to an environment that preserves dignity and contributes to a positive self-image.

**Element(s) of Performance for RI.01.06.05**

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|---|---|--|--|
| <p>32. The organization preserves the psychological safety and well-being of residents when implementing infection prevention and control protocols.</p> <p><b>Note:</b> Interventions to minimize disruptions include allowing residents to return to their original accommodations when safe to do so; alternative visitation options; and flexible activity and meal planning.</p> | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
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