**Section 295.4060 Alzheimer's and Dementia Programs**

a) *In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act.* (Section 150(a) of the Act)

b) *No person shall be admitted or retained* in an *assisted living or shared housing establishment* if the establishment *cannot provide or secure appropriate care, if the resident requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services.* (Section 150(b) of the Act)

c) *No persons shall be accepted for residency or remain in residence if the person's mental or physical condition has so deteriorated to render residency in such a program to be detrimental to the health, welfare or safety of the person or of other residents of the establishment. The assessment must be approved by the resident's physician and shall occur prior to acceptance for residency, annually, and at such time that a change in the resident's condition is identified by a family member, staff of the establishment, or the resident's physician.* (Section 150(c) of the Act)

d) Individual residents shall be assessed prior to admission to the establishment using any one or a combination of the following assessment tools, based on the resident's condition and stage in the disease process:

1) Functional

A) Functional Activities Questionnaire (FAQ)

B) Physical Self-Maintenance Scale (PSMS); Activities of Daily Living

C) Instrumental Activities of Daily Living (IADL)

D) Clock Drawing Task (CDT)

E) Progressive Deterioration Scale (PDS)

F) Functional Assessment Staging (FAST)

2) Cognitive

A) Allen Cognitive Disabilities Theory

B) Alzheimer's Disease Assessment Scale, Cognitive Subsection (ADAS-Cog)

C) Blessed Information-Memory Concentration Test (BIMC)

D) Short Test of Mental State (STMS)

E) Clinical Dementia Rating Scale (CDR)

F) Mini-Mental State Examination (MMSE)

3) Global

A) Clinical Global Impression of Change (CGIC)

B) Clinical Interview-Based Impression (CIBI)

C) Global Deterioration Scale (CDS)

D) Brief Cognitive Rating Scale (BCRS) (to use with Global Deterioration Scale)

e) *No person shall be accepted for residency or remain in residence if the person is dangerous to self or others and the establishment would be unable to eliminate the danger through the use of appropriate treatment modalities.* (Section 150(d) of the Act)

f) *No person shall be accepted for residency or remain in residence if the person meets the criteria provided in subsections (b) through (g) of Section 75 of the Act.* (Section 150(e) of the Act)

g) If an establishment accepts any individuals with cognitive impairments that prevent them from safely evacuating the establishment independently, sufficient staff members shall be present and awake 24 hours a day to assist in evacuation.

h) *An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall:*

1) *Disclose to the Department and to a potential or actual resident of the establishment information as specified under the Alzheimer's Special Care Disclosure Act;*

2) *Ensure that a resident's representative is designated for the resident;*

3) *Develop and implement policies and procedures that ensure the continued safety of all residents in the establishment including, but not limited to, those who:*

A) *May wander; and*

B) *May need supervision and assistance when evacuating the building in an emergency;*

4) *Provide coordination of communications with each resident, resident's representative, relatives and other persons identified in the resident's service plan;*

5) *Provide,* in the service plan, appropriate *cognitive stimulation and activities to maximize functioning,* which include a structure and rhythm that are comfortable and predictable; offer an appropriate balance of rest and activity and private and social time; allow residents to express their accustomed social roles, whatever they may be; offer residents access to familiar activities that they enjoyed doing and that tap memories and retained abilities; and provide the flexibility to accommodate variations in the resident's mood, energy level, and inclination;

6) *Provide an appropriate number of staff for its resident population.* The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times;

7) At a minimum, provide 1.4 hours of services per resident per day. For purposes of this Section, services shall mean assistance with activities of daily living, activities-based programming, and services delivered to the resident to meet the unique needs of residents with dementia;

8) *Require the* manager *and direct care staff to complete sufficient comprehensive and ongoing dementia and cognitive deficit training* as set forth in subsection (i) of this Section;

9) *Develop emergency procedures and staffing patterns to respond to the needs of residents;* (Section 150(f) of the Act)

10) Provide encouragement to eat snacks and meals and to take liquids; and

11) Have a supervisor of the program with training as outlined in subsection (i)(1) of this Section.

i) Training requirements for individuals working in a special program:

1) Manager qualifications and training:

A) The manager of an establishment providing Alzheimer care or the supervisor of an Alzheimer program must be 21 years of age and have:

i) a college degree with documented course work in dementia care, plus one year of experience working with persons with dementia; or

ii) at least two years of management experience with persons with dementia.

B) The manager or supervisor must complete, in addition to the training required in subsection (i)(2) of this Section and in Section 295.3020, six hours of annual continuing education regarding dementia care.

2) Staff training:

A) All staff members must receive, in addition to the training required in Section 295.3020, four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program. Training must cover, at a minimum, the following topics:

i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders;

ii) techniques for creating an environment that minimizes challenging behavior;

iii) identifying and alleviating safety risks to residents with Alzheimer's disease;

iv) techniques for successful communication with individuals with dementia; and

v) residents' rights.

B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover:

i) encouraging independence in and providing assistance with the activities of daily living;

ii) emergency and evacuation procedures specific to the dementia population;

iii) techniques for creating an environment that minimizes challenging behaviors;

iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and

v) techniques for successful communication.

C) Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders. Topics may include:

i) assessing resident capabilities and developing and implementing service plans;

ii) promoting resident dignity, independence, individuality, privacy and choice;

iii) planning and facilitating activities appropriate for the dementia resident;

iv) communicating with families and other persons interested in the resident;

v) resident rights and principles of self-determination;

vi) care of elderly persons with physical, cognitive, behavioral and social disabilities;

vii) medical and social needs of the resident;

viii) common psychotropics and side effects;

ix) local community resources; and

x) other related issues.

(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)