

Proposed Memory Care Certification Requirements for Assisted Living

EC.02.06.01

1 The organization establishes and maintains a safe, functional environment.

Elements of Performance (EPs) for EC.02.06.01

2 1. Interior spaces meet the needs of the resident populations for safety and suitability for the
3 care, treatment, and services provided.

4 Note: Interior spaces contain equipment and activities needed to achieve residents' goals, but
5 they are arranged in a way that does not compromise the safety of the environment.

6 4. The organization provides outside areas for resident use, suitable to the residents' needs, age,
7 or other characteristics.

8 5. The organization provides storage space to meet residents' needs.

9 9. Restrooms are adequate in size and number for people using the facility, and are in accordance
10 with state regulations and applicable safety codes.

11 11. Lighting is suitable for care, treatment, and services.

12 20. Areas used by residents are safe, clean, and comfortable.

13 22. Spaces are accessible for safe wandering and exploring.

14 24. Furnishings and equipment should reflect the ability and needs of the residents.

15 25. Door locks and other structural restraints (such as fences) have the following characteristics:

16 - They are consistent with the organization's mission, program goals, program policy, and law
17 and regulation.

18 - They provide the least-restrictive environment.

19 - They meet the needs of the residents.

20 - They provide for emergency access to locked, occupied spaces.

21 26. The organization keeps furnishings and equipment safe and in good repair.

22 34. A sufficient number of electrical outlets with sufficient capacities are present to support the
23 services offered to residents.

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

28 39. The organization encourages the display of objects in the resident's personal space that reflect
29 meaningful memories and religious, spiritual, or cultural traditions from their past.
30 (See also HR.01.05.03, EP 24)

31 **40. For organizations that elect The Joint Commission Memory Care Certification**
32 **option: The organization provides an environment in which noises that may**
33 **overstimulate or distress residents with dementia are minimized.**
34 **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.

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.

46. For organizations that provide care to residents with dementia who are at risk for unsafe wandering and elopement: The organization has a secure facility.

Note: Securing a facility can include delayed door opening, staff surveillance, alarms, and door locks.

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.

Elements of Performance (EPs) for EM.02.01.01

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2. The organization develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur.
Note: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the organization may experience. Response procedures could include the following:
 - Maintaining or expanding services
 - Conserving resources
 - Curtailing services
 - Supplementing resources from outside the local community
 - Closing the organization to new residents
 - Staged evacuation
 - Total evacuation
 3. The Emergency Operations Plan identifies the organization's capabilities and establishes response procedures for when the organization cannot be supported by the local community in the organization's efforts to provide communications, resources and assets, security and safety, staff, utilities, or resident care for at least 96 hours.
 6. The Emergency Operations Plan identifies the individual(s) who has the authority to activate the response and recovery phases of the emergency response.
 7. The Emergency Operations Plan identifies alternative housing or sites for care, treatment, and services that meet the needs of the organization's residents during emergencies.
 8. If the organization experiences an actual emergency, the organization implements its response procedures related to care, treatment, and services for its residents.
- 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

HR.01.04.01

The organization provides orientation to staff.

Elements of Performance (EPs) for HR.01.04.01

1. The organization orients its staff to the key safety content it identifies before staff provides care, treatment, and services. Completion of this orientation is documented.
Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, and services; the environment of care; and infection control.
3. The organization orients staff on the following:
 - Organizationwide and unit-specific policies and procedures related to job duties and responsibilities
 - Their specific job duties and responsibilities, including those related to infection prevention and control and, if applicable to their role, assessing and managing pain, and Alzheimer's disease and other forms of dementia
 - Characteristics of the resident population

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- Detecting and reporting change in resident physical or psychological condition
- Sensitivity to cultural diversity based on their job duties and responsibilities
- Resident rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities
- Abuse, exploitation, and neglect identification, prevention, and reporting
- Confidentiality of resident information
- Completion of this orientation is documented.

- 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.

Elements of Performance (EPs) for HR.01.05.03

- 4. Staff participate in education and training whenever staff responsibilities change. Staff participation is documented.
- 5. Staff participate in education and training that is specific to the needs of the residents served by the organization. Staff participation is documented.
(See also PC.01.02.09, EP 3)
- 21. For organizations that provide rehabilitation services: The organization involves staff in identifying staff learning needs relevant to rehabilitation and advanced care services.
- 22. All staff participate in education and training that addresses how to identify early warning signs of a change in a resident's condition and how to respond to a resident's decline in condition. Participation in this education is documented.
- 23. All staff education and training incorporate person-centered care principles.
(See also HR.01.07.01, EP 6)
- 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:
 - 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 seekingNote: Unmet needs could encompass pain, hunger, thirst, bowel irregularity, bladder troubles, boredom, loneliness, spirituality, cultural issues, or an underlying medical condition.

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- 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, EPs 38, 39; HR.01.06.01, EP 25)

- 26. For organizations that elect The Joint Commission Memory Care Certification option: Staff and licensed practitioners 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.

HR.02.02.01

The organization provides orientation to physicians and other licensed practitioners.

Elements of Performance (EPs) for HR.02.02.01

1. The organization orients its licensed independent practitioners to the key safety content it identifies before they provide care, treatment, and services. Completion of this orientation is documented.
Note 1: Key safety content may include specific processes and procedures related to the provision of care, the environment of care, and infection control.
Note 2: The organization determines the specific responsibilities included in orientation. For example, a covering licensed independent practitioner may have different or fewer responsibilities than an attending licensed independent practitioner.
3. The organization orients licensed independent practitioners on the following:
 - Relevant policies and procedures
 - Their specific responsibilities, including those related to infection prevention and controlNote: The organization determines the specific responsibilities included in orientation. For example, a covering licensed independent practitioner may have different or fewer responsibilities than a licensed independent practitioner who is privileged.
 - Sensitivity to cultural diversity based on their specific responsibilitiesCompletion of this orientation is documented.
- 4. For organizations that elect The Joint Commission Memory Care Certification option: Physicians and other licensed practitioners authorized to order restraint or seclusion (per organizational policy in accordance with law and regulation) are trained on the organization's policies and procedures regarding the use of restraint and seclusion.
(See also LD.04.01.07, EP 13)**

IM.03.01.01

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

Elements of Performance (EPs) for IM.03.01.01

203 1. The organization provides access to knowledge-based information resources 24 hours a day, 7 days
204 a week (for example, online knowledge-based resources, print textbooks and journals).

205 5. For organizations that provide care to residents with dementia: The organization uses
206 dementia-related resources and tools to plan dementia programming and services.
207 Note: A valuable resource is the "Dementia Care Practice Recommendations for Assisted Living
208 Residences and Nursing Homes." It can be found on the Alzheimer's Association website at
209 <http://www.alz.org/>.

210 6. For organizations that elect The Joint Commission Memory Care Certification
211 option: To remain current with changes in dementia care, the organization
212 participates in activities sponsored by a national organization that relate to
213 dementia care.
214 Note 1: Examples of national organizations include the Alzheimer's Association and
215 the American Medical Directors Association.
216 Note 2: Examples of activities sponsored by a national organization include
217 participating on a task force or committee or attending an educational webinar or
218 conference.

LD.01.06.01

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

Elements of Performance (EPs) for LD.01.06.01

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

236 7. For organizations that elect The Joint Commission Memory Care Certification
237 option: The medical director or designated physician monitors the use of
238 psychotropic medications in order to minimize misuse or overuse of these
239 medications.
240 Note: Psychotropic medications include antipsychotics, antidepressants,
241 anxiolytics, and sedatives/hypnotics.

LD.01.07.01

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

Elements of Performance (EPs) for LD.01.07.01

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

LD.03.08.01

250 New or modified services or processes are well designed.

Elements of Performance (EPs) for LD.03.08.01

- 251 1. The organization's design of new or modified services or processes incorporates the following:
252 - The needs of residents, staff, and others
253 - The results of performance improvement activities
254 - Information about potential risks to residents
255 - Evidence-based information in the decision-making process
256 - Information about sentinel events
257 Note 1: A proactive risk assessment is one of several ways to assess potential risks to
258 residents. For suggested components, refer to the "Proactive Risk Assessment" section at the
259 beginning of this chapter.
260 Note 2: Evidence-based information could include practice guidelines, successful practices,
261 information from current literature, and clinical standards.
262 (See also LD.03.09.01, EPs 3, 8)

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

LD.03.10.01

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

Elements of Performance (EPs) for LD.03.10.01

- 269 **5. For organizations that elect The Joint Commission Memory Care Certification**
270 **option: The program uses current clinical practice guidelines and evidence-based**
271 **practices to guide the provision of care, treatment, and services and evaluate and**
272 **modify the program.**
273 **Note: Clinical practice guidelines and evidence-based practices include nationally**
274 **recognized guidelines and practices, as well as guidelines and practices developed**
275 **by individual organizations to address their particular circumstances.**

LD.04.01.07

276 The organization has policies and procedures that guide and support resident care, treatment,
277 and services.

Elements of Performance (EPs) for LD.04.01.07

278 1. Leaders review, approve, and manage the implementation of policies and procedures that guide and
279 support resident care, treatment, and services.

280 **13. For organizations that elect The Joint Commission Memory Care Certification**
281 **option: The organization has written policies and procedures that guide the use of**
282 **restraint or seclusion. The organization's policies and procedures in accordance**
283 **with law and regulation include the following:**
284 - A definition of restraint and seclusion
285 - The criteria for using restraints or seclusion
286 - The circumstances under which restraint or seclusion is discontinued
287 - Processes that minimize the use of restraints or seclusion
288 - Who has authority to order and discontinue the use of restraint and seclusion
289 - Who can initiate the use of restraint or seclusion
290 - Who is responsible for monitoring and assessing residents in restraint or
291 seclusion
292 - Time frames for assessing and monitoring residents in restraint or seclusion
293 - Licensed practitioner training requirements
294 - Staff training requirements
295 (See also HR.02.02.01, EP 4)

MM.01.01.05

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

Elements of Performance (EPs) for MM.01.01.05

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

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

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

312 5. For organizations that elect The Joint Commission Memory Care Certification
313 option: The organization evaluates compliance with its process for monitoring the

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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 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

PC.01.01.01

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

Elements of Performance (EPs) for PC.01.01.01

1. The organization discloses to prospective residents and their families which services they are capable of providing prior to entering into a residence agreement with an individual. This disclosure includes the reasons and procedures for termination of residency. The disclosure is provided in a manner that the resident and family understand and is documented.
7. The organization follows a written process for accepting a resident based on its ability to provide for the care, treatment, and services required by the resident and in accordance with law and regulation.
21. If a prospective resident is not accepted after the initial screening, the reasons for denying residency are documented.

50. For organizations that elect The Joint Commission Memory Care Certification option: Prior to moving in, the organization provides the resident or 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
- Guidelines for the use of physical or chemical restraints and seclusion
- Family involvement and support services

Note: The disclosure form must be signed by the resident or responsible party.

PC.01.02.01

357 The organization obtains resident assessments.

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

Elements of Performance (EPs) for PC.01.02.01

360 1. The organization defines, in writing, the scope and content of screening, assessment, and
361 reassessment information it collects. Resident information is collected according to these
362 requirements.

363 (See also RC.02.01.01, EP 2)

364 2. The organization defines, in writing, criteria that identify when additional, specialized, or
365 more in-depth assessments are performed.

366 13. The organization defines, in writing, the information to be gathered during the initial
367 assessment(s), including the following:
368 - The resident's current health condition, including infectious disease screening, diagnosis,
369 pertinent history, medication history (including allergies and sensitivities), current
370 medication, and current treatments

371 - The resident's physical and neuropsychiatric status

372 - The resident's skin condition

373 - The resident's decision-making capacity

374 - The resident's communication status

375 - The resident's functional status

376 - Whether or not the resident smokes, and if so, the resident's ability to meet the
377 organization's written criteria under which one may smoke

378 - The resident's rehabilitation status, potential, and needs

379 - The resident's nutritional and hydration status

380 - The resident's oral health status, including the condition of the oral cavity, teeth, and
381 tooth-supporting structures; the presence or absence of natural teeth or dentures; and the
382 ability to function with or without natural teeth or dentures

383 - The resident's pain status, including recent pain history, origin, location, and severity;
384 alleviating and exacerbating factors; current treatment for pain; and response to treatment

385 - The resident's psychosocial and spiritual needs

386 - The resident's cultural and ethnic factors that can influence care, treatment, and services

387 - The resident's personal preferences regarding schedules, activities, and grooming

388 - For the dying resident, the social, spiritual, and cultural variables that influence both the
389 resident's and family's perceptions and experience of the process of dying

390 **41. For organizations that elect The Joint Commission Memory Care Certification**
391 **option: When assessing residents for changes in cognition, a qualified clinician**
392 **uses evidence-based cognitive and functional assessment tools.**

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

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

399 **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)

43. Prior to moving in a resident with dementia, the organization obtains a history from the resident and family that includes the following:

- Recent changes in behavior or cognition
- The resident's pre-dementia personality
- Social patterns
- Responses to stress and effective interventions
- Resident lifelong interests, preferences, and routines
- Eating habits, food and beverage preferences
- Religious, spiritual, and cultural customs

(See also PC.01.03.01, EP 2; PC.02.02.03, EP 9)

54. For organizations that elect The Joint Commission Memory Care Certification option: The organization uses validated tools to assess the 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

445 providers.

Elements of Performance (EPs) for PC.01.02.03

- 446 1. The organization obtains the resident's initial assessment in accordance with written time
447 frames it defines and law and regulation.
- 448 3. Each resident is reassessed in accordance with law and regulation, their plan of care, and
449 changes in their physical or mental condition.
- 450 Note: Reassessments may also be based on the resident's diagnosis; signs and symptoms of
451 infectious disease(s) as defined by the state or local health authorities and/or the Centers for
452 Disease Control and Prevention; desire for care, treatment, and services; and response to
453 previous care, treatment, and services.

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

PC.01.02.05

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

Elements of Performance (EPs) for PC.01.02.05

- 458 1. Based on the initial assessment, the organization determines the resident's need for nursing
459 care, as required by organization policy and in accordance with law and regulation.
- 460 6. All resident assessments and screenings obtained for the use of determining care, treatment, and
461 services or the level of care needed are conducted by qualified staff or licensed independent
462 practitioners in accordance with law and regulation.

463 **7. For organizations that elect The Joint Commission Memory Care Certification**
464 **option: Residents without an established dementia diagnosis who exhibit symptoms**
465 **of dementia are evaluated in order to establish a differential diagnosis. This**
466 **evaluation is conducted by a neurologist, psychiatrist, or geriatrician, if**
467 **available, or another physician qualified to establish this diagnosis.**
468 **Note: A useful reference on dementia evaluations can be found on the Alzheimer's**
469 **Association website at www.alz.org/hcps.**

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

PC.01.03.01

473 The organization plans the resident's care.

Elements of Performance (EPs) for PC.01.03.01

- 474 1. The organization plans the resident's individualized care, treatment, and services based on
475 needs identified by the resident's assessment (including strengths and goals) and reassessments.
- 476 **2. For organizations that elect The Joint Commission Memory Care Certification**
477 **option: The resident's written plan for individualized care, treatment, and**
478 **services is developed by an interdisciplinary team comprised of health care**

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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)

3. An interim plan for care, treatment, and services is developed and documented for each resident prior to the resident moving in. The plan includes the following as applicable:
 - Fall risk reduction
 - Skin treatment(s) or maintaining skin integrity
 - Pain management
 - Medication assistance or administration
 - Assistance with activities of daily living
4. The organization develops the resident's plan for care, treatment, and services as soon as possible after moving in and in accordance with law and regulation.

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.

8. The plan for care, treatment, and services identifies the following:
 - The care, treatment, and services
 - The frequency at which care, treatment, and services will occur
 - The team members responsible for providing care, treatment, and services
14. The plan for care, treatment, and services identifies any advance directives of the resident.
(Refer to PC.01.03.01, EP 8)
47. The resident and/or family is involved in developing an individualized plan of care.
48. For residents with dementia, the plan of care includes the following:
 - Personalized approaches to behavioral expressions of unmet needs that minimize the use of psychotropic medications
 - Flexibility for providing personal care based on the resident's sleep and wake patterns
 - Interventions to promote optimal physical function
 - Activities that promote the resident's quality of life
 - Nutrition and hydration needs
 - Environmental interventions that minimize distress
(See also PC.01.02.01, EP 42; PC.02.01.08, EP 3; PC.02.02.09, EP 4)

PC.02.01.01

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

Elements of Performance (EPs) for PC.02.01.01

1. The organization provides the resident with care, treatment, or services according to the resident's needs and preferences.
3. Only residents with a diagnosis of dementia, who a provider has determined will benefit from a specialized distinct environment, may be moved into the organization's secured, distinct dementia care unit or area.

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

PC.02.01.05

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

Elements of Performance (EPs) for PC.02.01.05

- 521 1. Care, treatment, and services are provided to the resident in a collaborative manner.
- 522 9. Information about the resident is shared among all care providers, including the physician, home
523 health agency, and contracted services, within the organization's defined time frames.
- 524 13. Changes in the resident's condition are communicated to the resident's provider or other
525 authorized health care professional(s), the resident, and the resident's family.
- 526 **14. For organizations that elect The Joint Commission Memory Care Certification**
527 **option: Information from consultation and evaluation reports is communicated to**
528 **the resident's physician.**
- 529 31. For residents with dementia, the organization discusses care, treatment, and services with the
530 family or surrogate decision-maker on an ongoing basis including the following:
531 - The presence of behavioral symptoms (including expressions of unmet needs)
532 - Personalized approaches to behavioral expressions of unmet needs that minimize the use of
533 psychotropic medications
534 - Use of any psychotropic medications
535 - Interventions to promote optimal physical function
- 536 32. For residents with dementia, direct care staff communicate with each other between shifts
537 regarding the following:
538 - Residents with behavioral symptoms
539 - Identification of potential underlying cause(s) of behavioral symptoms
540 - Successful personalized approaches to care
541 - Successful communication techniques with residents
542 - Emotional support provided to family
- 543 39. When staff identify signs of a change in a resident's condition, they respond in accordance with
544 policies and procedures. Policies and procedures include who should be notified of changes and
545 what information needs to be documented in the resident's record.

PC.02.01.08

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

Elements of Performance (EPs) for PC.02.01.08

- 548 1. The organization monitors typical behavioral expressions of unmet needs including the nature of
549 behaviors. Behavioral expressions of unmet needs are documented.
550 Note: Behavioral expressions of unmet needs may include yelling or calling out, motor
551 restlessness, facial grimacing, teeth clenching, rigidity of body posture, wandering, rummaging,
552 combativeness, or resistance to care.
- 553 2. The organization assesses underlying causes of resident behavioral expressions of unmet needs.
- 554 3. The process used to alleviate typical behavioral expressions of unmet needs includes

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- 555 personalized approaches that do not rely solely on the use of psychotropic medications.
556 Note: Examples of personalized approaches to meet the resident's needs include modifications to
557 the environment and daily routine, such as the use of soothing music, pleasant aromas, gentle
558 massage, reduction of environmental noise, taking a walk, or engaging the resident.
559 (See also PC.01.03.01, EP 48)
- 560 4. The organization assesses the effectiveness of personalized approaches to behavioral expressions
561 of unmet needs.
- 562 5. When a resident exhibits a sudden and severe onset of confusion or delirium beyond typical
563 behavioral expressions of unmet needs, the organization determines and addresses probable
564 cause(s), including possible psychological or medical issues.
- 565 6. The organization involves the direct care staff and family, to the degree possible, in
566 developing personalized approaches to address behavioral expressions of unmet needs.
- 567 **7. For organizations that elect The Joint Commission Memory Care Certification**
568 **option: The organization provides family education that includes the following:**
569 **- Dementia progression and related behavioral expressions of unmet needs**
570 **- Communication techniques for the resident with dementia**
571 **- Personalized approaches to care for the resident with dementia**
572 **- Use of psychotropic medications, reason(s) for use, risks versus benefits,**
573 **including potential side effects**
574 **(See also MM.01.01.05, EP 6)**

PC.02.01.13

575 The resident has access to health care professionals as needed.

Elements of Performance (EPs) for PC.02.01.13

- 576 **1. For organizations that elect The Joint Commission Memory Care Certification**
577 **option: The assigned physician visits the resident in accordance with the**
578 **resident's needs.**
- 579 **2. For organizations that elect The Joint Commission Memory Care Certification**
580 **option: The assigned physician visits the resident at least once during the 30**
581 **days following move in.**
- 582 5. Visiting schedules of physicians, physician assistants, advanced practice registered nurses, and
583 registered nurses comply with law, regulation, and organization policy.

PC.02.01.15

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

Elements of Performance (EPs) for PC.02.01.15

- 585 1. The organization provides preventive care to avoid complications resulting from the resident's
586 inactivity, including the following:
587 - Encouraging and helping residents to spend time out of bed as appropriate to the plan of care
588 - Maintaining proper body position and alignment
589 - Helping with ambulation, including maintenance of gait training
590 - Providing active and passive range-of-motion exercises

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- 591 2. The organization provides the resident with preventive care to avoid complications resulting
592 from incontinence, including implementing the following:
593 - A skin integrity program
594 - A bowel management program
595 - A bladder management program
- 596 3. The organization provides preventive care to avoid aspiration, dehydration, and malnutrition.
- 597 4. The organization provides preventive care to avoid complications arising from social isolation,
598 including the following:
599 - Encouraging all residents to participate in activities based on their ability and preferences
600 - Encouraging and helping chair-fast residents to leave their rooms for a change in environment
601 - Helping residents cope with the effects of illness, disability, treatment, or stay in the
602 organization
603 - Using the least restrictive visitation practices and considering alternate options when
604 restrictions are necessary
- 605 5. Assess and periodically reassess each resident's risk for developing a pressure injury and take
606 action to address any identified risks.
- 607 6. Create a written plan for the identification of risk for and prevention of pressure injuries and
608 reporting procedures.
- 609 7. Take action to address any identified risks to the resident for pressure injuries, including the
610 following:
611 - Protecting against the adverse effects of external mechanical forces
- 612 8. Educate staff on how to identify risk for and prevent pressure injuries.
- 613 **9. For organizations that elect The Joint Commission Memory Care Certification**
614 **option: The organization coordinates the management of each resident's**
615 **comorbidities and dementia care.**

PC.02.02.01

- 616 The organization coordinates the resident's care, treatment, and services based on the
617 resident's needs.

Elements of Performance (EPs) for PC.02.02.01

- 618 1. The organization follows a process to receive or share resident information when the resident is
619 referred to other internal or external providers for care, treatment, or services.
620 (See also PC.04.02.01, EPs 1, 8)
- 621 2. The organization's process for hand-off communication provides for the opportunity for
622 discussion between the giver and receiver of resident information.
623 Note: Such information may include the resident's condition, care, treatment, medications,
624 services, and any recent or anticipated changes to any of these.
625 (See also PC.04.02.01, EP 8)
- 626 3. The organization coordinates the resident's care, treatment, and services within a time frame
627 that meets the resident's needs or preferences.
628 Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment,
629 and services.
- 630 10. When the organization uses external resources to meet the resident's needs, it coordinates the

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resident's care, treatment, and services.

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.

Elements of Performance (EPs) for PC.02.02.02

1. The organization designates a qualified individual (such as a registered nurse, occupational therapist, physical therapist, speech therapist, or social worker) who is competent to coordinate the provision of rehabilitation and advanced care services.
2. The individual coordinates the provision of rehabilitation and advanced care services with staff and each resident and/or family by making sure of the following:
 - Assessments are completed within time frames per organizational policy
 - Resident's needs are supported in a person-centered manner in order to meet self-managed care goals

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

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**

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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.

Elements of Performance (EPs) for PC.02.02.03

6. The organization prepares food and nutrition products under proper conditions of sanitation, temperature, light, moisture, and ventilation.
7. If the organization accommodates special diets, food and nutrition products are consistent with each resident's care, treatment, and services.
8. The organization accommodates a resident's diet schedule, unless contraindicated.
9. When possible, the organization accommodates the resident's cultural, religious, or ethnic food and nutrition preferences, unless contraindicated.
(See also PC.01.02.01, EP 43)
11. The organization stores food and nutrition products under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.
13. Staff assist those residents who require help with dining.
14. Resident dining areas are supervised consistent with residents' needs.
21. A food service supervisor oversees general kitchen management. The organization verifies that the qualifications of this individual is in accordance with law and regulation.

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.

24. The organization promotes a social environment during mealtime by seating residents with dementia according to similar abilities or interests.

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

Proposed Memory Care Certification Requirements for Assisted Living

- 714 - Provides finger foods when cutlery use becomes challenging
715 - Provides other methods of assistance, as needed, such as a cup with a lid and
716 straw

- 717 26. The organization monitors safe storage of food that is brought into the facility by residents or
718 their visitors.

PC.02.02.09

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

Elements of Performance (EPs) for PC.02.02.09

- 720 1. The organization offers residents a variety of social and recreational activities according to
721 their abilities and interests.
- 722 3. The organization helps residents to participate in social and recreational activities according
723 to their abilities and interests.
- 724 4. For residents with dementia, the organization provides activities that accomplish the following:
725 - Recognize the resident with dementia as a mature adult
726 - Encompass both small groups with similar cognitive levels and one-to-one opportunities
727 - Match the resident's cognitive, sensory, and physical capabilities
728 - Promote engagement in a manner that supports the resident's communication ability
729 - Match the resident's past and current interests
730 - Promote creative artistic expression
731 - Meet the resident's spiritual or religious needs
732 - Allow for flexibility based on the resident's sleep and wake patterns
733 - Allow for unplanned participation (such as table games, crafts, music, and sensory activities)
734 (See also PC.01.03.01, EP 48)
- 735 5. **For organizations that elect The Joint Commission Memory Care Certification**
736 **option: The organization provides interactive, technology-based activity**
737 **programming for residents with dementia, according to their abilities, that**
738 **stimulates cognition, facilitates or enhances communication, and adapts to each**
739 **resident's unique abilities and interests.**
- 740 6. The organization documents the life story of residents with dementia to create opportunities for
741 meaningful engagement that includes major life events, important people, lifelong occupation,
742 hobbies, interests, favorite music, favorite foods, cultural practices, spiritual practices, and
743 other activities of enjoyment.
- 744 7. **For organizations that elect The Joint Commission Memory Care Certification**
745 **option: The organization provides opportunities for residents with dementia to go**
746 **on outings on a routine basis if it is determined that the resident can benefit**
747 **from the activity without posing a safety risk to self or others.**
- 748 8. The organization provides planned and unplanned opportunities for family of residents with
749 dementia to be involved in activity programs.
- 750 9. **For organizations that elect The Joint Commission Memory Care Certification**
751 **option: The organization provides opportunities for intergenerational activities**
752 **for residents with dementia.**
- 753 10. **For organizations that elect The Joint Commission Memory Care Certification**
754 **option: The organization provides daily physical activities for residents with**

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dementia, such as dance or exercise. 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.

Elements of Performance (EPs) for PC.02.03.01

1. The organization assesses the resident's learning needs.
4. The organization provides education and training to the resident based on the resident's assessed needs.
10. The organization provides education and training to the resident for the following topics, based on the resident's condition and assessed needs:
 - 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
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 a support group for family members of residents with dementia that meets at a frequency determined by the organization.**
Note: If the organization does not offer a support group, it must provide the family 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

- 797 - Disease stages and progression
- 798 - Person-centered dementia care strategies
- 799 - Treatment options, including nonpharmaceutical interventions and medications
- 800 - Use of physical or chemical restraints or seclusion
- 801 - Transfer protocols, including criteria for transfers and transition processes
- 802 - End-of-life considerations

PC.03.02.07

803 For organizations that elect The Joint Commission Memory Care Certification option: The
804 organization monitors residents who are restrained.

Elements of Performance (EPs) for PC.03.02.07

- 805 1. For organizations that elect The Joint Commission Memory Care Certification
806 option: The frequency and extent of monitoring residents who are restrained are
807 determined by the following:
 - 808 - Organization policies and procedures
 - 809 - Protocols
 - 810 - Individual orders
 - 811 - The care setting
 - 812 - Individual resident needs
 - 813 - Applicable law and regulation
- 814 3. For organizations that elect The Joint Commission Memory Care Certification
815 option: Qualified staff monitor a resident in restraint.
816 Note: Monitoring may occur using observation, interaction with the resident, or
817 direct examination.

PC.03.02.09

818 For organizations that elect The Joint Commission Memory Care Certification option: The
819 organization designs a system to achieve a restraint-free environment.

Elements of Performance (EPs) for PC.03.02.09

- 820 2. For organizations that elect The Joint Commission Memory Care Certification
821 option: The organization implements processes to minimize the use of restraint.
- 822 3. For organizations that elect The Joint Commission Memory Care Certification
823 option: The processes used to minimize the use of restraint emphasize alternatives
824 to restraint, including the following:
 - 825 - Use of restorative programs
 - 826 - Management of the resident's personal environment
 - 827 - Use of well-trained staff who support each resident
 - 828 - Support of the resident's rights
 - 829 - Recognition of and respect for the resident's interests
 - 830 - Use of supportive devices and special equipment
 - 831 - Involvement of nursing assistants, housekeeping staff, secretaries, and other
832 administrative staff who have been trained in resident-orientation techniques
833 (See also RC.02.01.05, EP 2)
- 834 4. For organizations that elect The Joint Commission Memory Care Certification

Proposed Memory Care Certification Requirements for Assisted Living

- 835 option: Restraint is not used to discipline residents, as a staff convenience, or
836 to prevent residents from wandering.
- 837 5. For organizations that elect The Joint Commission Memory Care Certification
838 option: Restraint is only used to facilitate or support the resident's medical
839 treatment.
840 (See also RC.02.01.05, EP 2)
- 841 6. For organizations that elect The Joint Commission Memory Care Certification
842 option: Residents or their surrogate decision-makers are permitted to refuse
843 restraint unless the resident's behavior is causing imminent danger to themselves
844 or others.
- 845 7. For organizations that elect The Joint Commission Memory Care Certification
846 option: The use of restraint is based on the resident's assessed needs; it is not
847 based solely on a request from the resident's surrogate decision-maker.

PC.03.02.13

- 848 For organizations that elect The Joint Commission Memory Care Certification option: When
849 alternatives to restraint are ineffective, restraint is safely used.

Elements of Performance (EPs) for PC.03.02.13

- 850 2. For organizations that elect The Joint Commission Memory Care Certification
851 option: Restraint is used only as follows:
852 - When alternatives to restraint do not meet the resident's needs as determined by
853 the interdisciplinary team, with resident and family involvement
854 - When necessary to protect the safety of the resident, other residents, and staff
- 855 3. For organizations that elect The Joint Commission Memory Care Certification
856 option: Medication to control the resident's behavior is part of a therapeutic
857 plan and is only used after a physician or other qualified licensed practitioner
858 assesses the resident.
- 859 4. For organizations that elect The Joint Commission Memory Care Certification
860 option: The organization educates the resident and family about restraint and its
861 alternatives.
- 862 5. For organizations that elect The Joint Commission Memory Care Certification
863 option: A licensed practitioner provides a written order that does not exceed 30
864 days for the use of restraint.
- 865 6. For organizations that elect The Joint Commission Memory Care Certification
866 option: The organization determines time limitations for the use of restraint.
- 867 7. For organizations that elect The Joint Commission Memory Care Certification
868 option: The organization assesses the competence of staff who apply restraint.
- 869 8. For organizations that elect The Joint Commission Memory Care Certification
870 option: When restraint devices are used, they are correctly and safely applied.
- 871 9. For organizations that elect The Joint Commission Memory Care Certification
872 option: The organization determines the frequency of observing and assessing the
873 resident who is restrained.
- 874 10. For organizations that elect The Joint Commission Memory Care Certification

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- 875 option: Staff interact with the resident and attend to the resident's needs while
876 they are restrained.
- 877 11. For organizations that elect The Joint Commission Memory Care Certification
878 option: While the resident is in restraint, the interdisciplinary team monitors
879 the continued need for restraint.
- 880 12. For organizations that elect The Joint Commission Memory Care Certification
881 option: The interdisciplinary team requests a new physician order if there are
882 changes in the resident's condition that require removing or modifying restraint.
- 883 13. For organizations that elect The Joint Commission Memory Care Certification
884 option: Restraint is removed or released in accordance with law and regulation and
885 the resident's needs.
- 886 14. For organizations that elect The Joint Commission Memory Care Certification
887 option: The organizationwide use of restraint is measured and assessed, and staff
888 implements actions to minimize its use.

PC.04.01.01

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

Elements of Performance (EPs) for PC.04.01.01

- 890 1. The organization documents the following:
891 - The reason(s) for and conditions under which the resident is transferred or residency is
892 terminated
893 - The method for shifting responsibility for a resident's care from one clinician, organization,
894 program, or service to another
- 895 14. The organization transfers a resident upon order of their attending licensed independent
896 practitioner.
- 897 20. The organization follows an established process for emergency transfer resulting from medical
898 necessity.
- 899 34. For organizations that elect The Joint Commission Memory Care Certification
900 option: The organization documents the process for transitioning the
901 responsibility for a resident's care from one clinician, organization, program, or
902 service to another. The process includes the following:
903 - Identification of potential underlying cause(s) of behavioral symptoms
904 - Successful personalized approaches to care
905 - Successful communication techniques with the resident
906 - The resident's cognitive, sensory, and physical capabilities
907 - Advanced care planning
- 908 35. For organizations that elect The Joint Commission Memory Care Certification
909 option: The organization discusses the resident's transfer plan with the family
910 and relevant practitioners across different care settings. (For more information,
911 refer to PC.04.01.03, EP 3)

PI.01.01.01

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912 The organization collects data to monitor its performance.

Elements of Performance (EPs) for PI.01.01.01

913 2. The organization collects data on the following: Performance improvement priorities identified
914 by leaders.
915 (See also LD.03.07.01, EP 2)

916 **8. For organizations that elect The Joint Commission Memory Care Certification**
917 **option: The organization collects data on the following: The use of restraints.**
918 **(See also LD.03.07.01, EP 2)**

919 **9. For organizations that elect The Joint Commission Memory Care Certification**
920 **option: The organization collects data on the following: The use of seclusion.**
921 **(See also LD.03.07.01, EP 2)**

922 12. The organization collects data on the following: Significant medication errors.
923 (See also LD.03.07.01, EP 2; MM.08.01.01, EP 1)

924 13. The organization collects data on the following: Significant adverse drug reactions.
925 (See also LD.03.07.01, EP 2; MM.08.01.01, EP 1)

926 14. The organization collects data on the following: Resident (and, as needed, the family)
927 perception of the safety and quality of care, treatment, and services.
928 (See also LD.03.01.02, EP 1)

929 21. The organization collects data on the following: Number of and reasons(s) for hospitalizations.

930 32. The organization collects data on resident (and, as appropriate, the family), and staff
931 perceptions of the organization's performance in regard to supporting resident choices,
932 preferences, and self-determination.

933 33. The organization collects data on psychotropic medication use, including the use of
934 antipsychotics.

RC.02.01.05

935 **For organizations that elect The Joint Commission Memory Care Certification option: The clinical**
936 **record contains documentation of the use of restraint.**

Elements of Performance (EPs) for RC.02.01.05

937 **2. For organizations that elect The Joint Commission Memory Care Certification**
938 **option: The use of restraint, including the trial of alternatives to restraint, is**
939 **documented in the clinical record.**
940 **(See also PC.03.02.09, EPs 3, 5)**

RC.02.01.15

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

Elements of Performance (EPs) for RC.02.01.15

943 **1. For organizations that elect The Joint Commission Memory Care Certification**
944 **option: The following are documented in the resident's clinical record:**

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- 945 - The provision of medical treatment and care
946 - The resident's response to medical treatment and care
947 - Medical observations and recommendations made after the initial medical
948 assessment, as well as progress notes that are reported at the time of
949 observation
950 - Progress notes recorded by the physician at each visit
951 - Significant changes, as determined by the organization, in the resident's
952 condition, care, treatment, and services
- 953 2. Documentation in the resident's record includes, before or at time of move in, the following:
954 - Primary diagnosis
955 - Current medical findings
956 - Diet prescribed
957 - The resident's functional status
- 958 3. Upon the resident moving out, documentation in the resident's record includes the complete
959 move-out summary.
- 960 4. If the resident dies in the organization, the course of events leading up to the resident's
961 death is documented.
-