The Ohio Assisted Living Association (OALA) represents the largest number of assisted living communities in the state, over 564. OALA is, and has been, a strong voice on all issues affecting assisted living since 1993!

*The Ohio Assisted Living Specialists!*

---

**OALA Update July 26, 2021**

**ODA Reporting**

Today is the first day this week to report your required testing. You should be utilizing your login credentials that were sent to you by the Department of Aging to access their website containing the new COVID 19 CARE section. You login and follow prompts to reporting. Reporting this week covers July 12th through July 18th. If you forget or unable to report during the short 3 day window, ODA has said you should keep your testing results to share with ODH if they should ask.

**Helpful Information from Scripps Mini-Survey in Request for ARPA Funds**

- 66% of Assisted Living communities were operating at a loss in the most recent month’s financials
- Operating revenues decreased from the Q1 of 2020 to the Q1 of 2021 on average by over $115,000, a negative -10.01%
- On average, there has been a dramatic 3 fold increase in the use and cost of agency staff due to workforce shortage
- On average, starting resident care assistants wages increased in Q1 of 2021 from Q1 of 2020 by 13.77%
- Average of almost 9 positions “open” across all departments
- Average number of open resident care assistant positions, 4.23; and open nursing positions 1.86

OALA is contacting the Governor and Lieutenant Governor’s Office asking for help for our industry from remaining American Rescue Plan (ARPA) Act funds. Many of these funds have already been designated for other items or industries. For example, a large chunk has been designated (HB168) to repay the federal government for Unemployment Compensation funds lent to the State as a result of the pandemic.

**OALA Response to OSHA’s Emergency Temporary Standard**

OALA sent in the following comments to OSHA on their new Emergency Temporary Standard. Our comments were drafted by Fisher Phillips, employment law attorneys. The issues we primarily addressed as reasons for them not to make this permanent were that in many incidences, the ETS was duplicative of existing COVID-19 guidance and requirements already existing from OSHA, the CDC and state and local health agencies such as ODH and ODA. Also discussed was the impracticality of some of the guidance given the care we provide and our resident populations. Additionally we address the widespread availability of vaccine for all staff and residents, and the requirement for employers to pay employees who have chosen not to be vaccinated and who could contract the virus even outside of the workplace as outside of the authority of OSHA. We hope members will add comments of their own taken as they see fit from our piece or what they have drafted themselves and send them on to OSHA. The comment period now runs until **August 20, 2021**.

**OALA Comments- OSHA ETS**

Where to send your comments: [OSHA Comment Link]

**Member Questions**

*Are there separate regulations for RCF licensed Memory Care units in Ohio?*
No, there are not separate regulations but there are some additional requirements in rules. Some of the additional requirements specifically reference secure memory care units, while others are required in terms of training, if you serve any residents with significant cognitive impairment. In the future there may be separate requirements given the Legislature’s interest in dementia care and the State’s Alzheimer’s and Related Dementias Taskforce. A number of members of the Taskforce strongly support separate licensure, more training and standards for memory care units and/or buildings. 

If a resident is moving to or being transferred to a secure memory unit additional information must be provided to them and their sponsors prior to move-in or transfer (OAC 3701-16-07(F)(5)), additionally a determination must be given by their physician that the placement is required and that placement allows them to function at their highest level. OAC 3701-16-08 (F)

If you serve any residents with significant cognitive impairment, activity personnel must receive training on providing activities for this special population (includes all memory care, not just secure unit) OAC 3701-16-06 (D)(3) Plans activities for residents with late-stage cognitive impairment with significant ongoing daily living assistance needs, cognitive impairments with increased emotional needs or presenting behaviors that cause problems for the resident or other residents, or both; or, serious mental illness shall have training in appropriate activities for such residents.

In the same rule E(3) requires training for special populations whether cognitively impaired or suffering from serious mental illness. (3) Except as provided in paragraph (E)(5) of this rule, staff members employed by a residential care facility, or part thereof, that admits or retains residents with late-stage cognitive impairment with significant ongoing daily living assistance needs, or cognitive impairments with increased emotional needs or presenting behaviors that cause problems for the resident or other residents, or both, shall have:

(a) Two hours of initial training in the care of such residents within fourteen days of the first day of work; and
(b) Four hours of continuing education in the care of such residents annually. The four hours of continuing education may count towards the continuing education requirement of paragraph (E)(7) of this rule.

Additionally, if the resident’s needs are not being met by their physician then the community must have a psychologist or physician with experience in these conditions on staff or as a consultant OAC 3701-16-05 (C)(5). (5) Unless the resident’s needs are being met by a private psychologist or physician, each residential care facility that admits or retains residents with a diagnosis of late-stage cognitive impairment with significant ongoing daily living assistance needs, cognitive impairments with increased emotional needs or presenting behaviors that cause problems for the resident or other residents, or both, or serious mental illness, shall have a psychologist or physician with experience in the diagnosis and treatment of the applicable condition or conditions, either on staff or as a consultant.

OALA’s most extensive rule training ... designed for anyone new to Assisted Living in Ohio or as a helpful review for seasoned directors and staff. RCF Rule Training – August 19th at Hilton Garden Inn, Twinsburg OH – 7 CEUs! Register Today: CLICK HERE

The Ohio Assisted Living Association works to ensure that the information provided in email updates and on our website is as accurate as possible, however, OALA makes no claims, promises, or guarantees about the accuracy of the information.