

Domain/Tasks DOMAIN 10 - Customer Care, Supports and Services	Knowledge and Skills <u>most</u> needed to perform task	Core expectations for entry level across lines of service (what the person should be able to know and do)	What is different across lines of Service? How would training content, test questions, and testing emphasis differ?)
		Core	RCAL line of service
10.01 Establish care recipient service policies and procedures that comply with applicable federal and state laws, rules, and regulations.	K01 Applicable federal and state laws, rules, and regulations S11 Analyzing and interpreting information/data S13 Recognizing and ensuring care recipients' holistic needs are being met S16 Writing and evaluating policies and procedures S19 Managing regulatory and accreditation surveys, inspections, and audits	Able to create policies and procedures that follow federal and states laws rules and regulations Understands and implements contemporary care planning processes assuring preferences based on customers stated needs. These laws apply across lines of service (LOSs): <ul style="list-style-type: none"> • Older Americans Act of 1965 • Social Security Amendments Act of 1965 • Rehabilitation Act of 1973 • State practice acts for nurse, therapist, dietician, etc. • Elder Justice Act of 2010 • Condition of Participation and State specific laws • Affordable Care Act of 2010 	<ul style="list-style-type: none"> • Regulations for an entry level Assisted Living Administrator are state specific but again overarching federal laws would apply. • Although AL Administrators need to understand state specific regulation, the fundamental skill set of 'what is behind the regulation' can be universally applied. Assessment to care planning to customer centered decision making are labeled differently in all three lines of service but are universal in attempting to achieve a person centered care environment for individual needs across all lines of service (LOS).
10.02 Ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipient preferences and assessed needs.	K01 Applicable federal and state laws, rules, and regulations K05 Psychosocial aspects of aging K06 Physiological aspects of aging K19 Basic understanding of mental health issues K20 Basic understanding of cognitive impairments K21 Basic principles of behavior management K22 Basic principles of restraint usage and reduction K27 Basic principles of hospice and palliative care K34 Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process K35 Care recipient assessment instruments (OASIS) and interdisciplinary care plan requirements and process S11 Analyzing and interpreting information/data S13 Recognizing and ensuring care recipients' holistic needs are being met S16 Writing and evaluating policies and procedures S17 Developing and evaluating systems	Able to ensure that staff implements the plan of care for each care recipient based on the individuals needs and preferences under the direction of a physician. Includes comprehensive assessment of each care recipient, which includes (but is not limited to) assessments for nutrition (to include diet, texture, weight, swallowing), therapy, mobility, fall risk, skin/wound management, medications and contraindications, cognitive abilities, behavior, mental health, etc.	Essential for the core competency of an entry level administrator is the ability to ensure that plans of care are established to professional standards but state rules and regulations make the tool used unique to each state. <ul style="list-style-type: none"> • Uniform Assessment Instrument • Individual Service Plans • State specific tools • Clearly defined Resident Agreement (stating capabilities and limitations of AL)
10.03 Ensure the planning, development, implementation/ execution, monitoring, and evaluation of admission/move in process, including preadmission/ pre-move in information.	K05 Psychosocial aspects of aging K06 Physiological aspects of aging K18 Basic principles of creating a safe environment for care recipients K30 Person-centered care concepts K31 Diversity of care recipients K33 Care recipient Bill of Rights	Able to ensure that the admission process is comprehensive and is resident centered. This task includes obtaining all available documentation at the time of admission to include; but not limited to; power of attorney for health care and financial, care recipient identification cards, insurance information, doctor and all other orders related to the care recipient to include	<ul style="list-style-type: none"> • State bill of rights exists for most jurisdictions and should be obtained for the state of which the academic program resides. General guidance of the bill of rights concepts are critical for person centered care concepts regardless of the LOS. • • QAPI Resources provide move in/out best practices as guides for quality to be reviewed for all LOS. • Resident Admission Agreement is an important document outlining the expectations for both the facility and the resident. It should also specify the capabilities and limitations of the AL, and under what criteria move-out (discharge) may be warranted.

Domain/Tasks to promote a quality experience for care recipients.	Knowledge and Skills <u>most</u> needed to perform task	Core expectations for entry level across lines of service (what the person should be able to know and do)	What is different across lines of Service? How would training content, test questions, and testing emphasis differ?)
	K37 Admission/move-in, transfer, and discharge/move-out requirements K41 Care recipient specific legal matters (such as power of attorney, guardianship, conservatorship, code status, Advance Directives) S02 Communicating effectively S03 Cultivating effective relationships S05 Demonstrating empathy S13 Recognizing and ensuring care recipients' holistic needs are being met S22 Utilizing social media	hospital/doctors/clinic records pertaining to the care recipient stay at the facility or services provided by the organization.	
10.04 Ensure the planning, development, implementation/ execution, monitoring, and evaluation of discharge/move out process to promote a quality experience for care recipients.	K01 Applicable federal and state laws, rules, and regulations K05 Psychosocial aspects of aging K06 Physiological aspects of aging K18 Basic principles of creating a safe environment for care recipients K30 Person-centered care concepts K31 Diversity of care recipients K33 Care recipient Bill of Rights K37 Admission/move-in, transfer, and discharge/move-out requirements K41 Care recipient specific legal matters (such as power of attorney, guardianship, conservatorship, code status, Advance Directives) S02 Communicating effectively S03 Cultivating effective relationships S05 Demonstrating empathy S13 Recognizing and ensuring care recipients' holistic needs are being met S22 Utilizing social media	Ensures that care recipient care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the care recipient's progress and recommends the best care environment need to maximize the care recipient's quality of living.	<ul style="list-style-type: none"> Forms at discharge State specific Resident Admission Agreement is an important document outlining the expectations for both the facility and the resident. It should also specify the capabilities and limitations of the AL, and under what criteria move-out (discharge) may be warranted.
10.05 Ensure the planning, development, implementation/ execution, monitoring, and evaluation of programs to meet care recipients' psychosocial needs and preferences.	K01 Applicable federal and state laws, rules, and regulations K03 Ethical decision-making K05 Psychosocial aspects of aging K11 Basic principles and concepts of restorative/wellness programs K19 Basic understanding of mental health issues K20 Basic understanding of cognitive impairments K23 Basic elements of a social services program K24 Basic elements of a therapeutic recreation/activity program K27 Basic principles of hospice and palliative care K28 Grieving process K32 Care recipients' support network interests, needs, and values K40 Services and resources available across the continuum of care (such as community, social, financial, spiritual) K50 Signs and symptoms of abuse, neglect, and exploitation K56 Hospitality services S03 Cultivating effective relationships	Able to ensure that care recipients are properly evaluated and cared for based on their psychosocial needs and preferences.	No specific regulations but core competencies should be addressed in a Person-centered care environment for all clients. Address specific needs of dementia residents with dementia and appropriateness of environment and services in the AL setting.

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<p>10.06 Ensure the planning, development, implementation/ execution, monitoring, and evaluation of care recipients' activities/recreation to meet social needs and preferences.</p>	<p>S05 Demonstrating empathy S13 Recognizing and ensuring care recipients' holistic needs are being met</p> <p>K01 Applicable federal and state laws, rules, and regulations</p> <p>K06 Physiological aspects of aging</p> <p>K11 Basic principles and concepts of restorative/wellness programs</p> <p>K12 Basic principles of rehabilitation</p> <p>K23 Basic elements of a social services program</p> <p>K24 Basic elements of a therapeutic recreation/activity program</p> <p>K30 Person-centered care concepts</p> <p>K42 Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs)</p> <p>K48 Quality assurance and performance improvement processes as related to care and services</p> <p>S13 Recognizing and ensuring care recipients' holistic needs are being met</p> <p>S21 Utilizing technology</p> <p>S22 Utilizing social media</p>	<p>Able to ensure that activities, events, and programs are care recipient centered and designed to meet the needs and preferences of each care recipient.</p>	<ul style="list-style-type: none"> Activities and social needs and preferences are an integral part of AL as a social model differentiating it from the medical model of the SNF. Activities should include both internal events as well as community oriented programs and trips. Care should be taken to design activities specifically for those with dementia as well.
<p>10.07 Ensure the planning, development, implementation/ execution, monitoring, and evaluation of a health information management program to meet documentation requirements in compliance with federal and state regulations.</p>	<p>K01 Applicable federal and state laws, rules, and regulations</p> <p>K07 Basic principles and concepts of nursing</p> <p>K08 Basic medical terminology</p> <p>K09 Basic pharmaceutical terminology</p> <p>K34 Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process</p> <p>K35 Care recipient assessment instruments (OASIS) and interdisciplinary care plan requirements and process</p> <p>K36 Care recipient assessments and care plans other than RAI and OASIS</p> <p>K41 Care recipient specific legal matters (such as power of attorney, guardianship, conservatorship, code status, Advance Directives)</p> <p>K42 Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs)</p> <p>K47 Center for Medicare and Medicaid Services (CMS) quality indicators and measures</p> <p>K48 Quality assurance and performance improvement processes as related to care and services</p> <p>K49 Techniques for auditing care recipient services and outcomes</p> <p>K52 Medical record content, format, and documentation requirements</p> <p>K53 Confidentiality, disclosure, and safeguarding medical record information requirements</p> <p>S11 Analyzing and interpreting data.</p>	<ul style="list-style-type: none"> Able to ensure that all care recipient specific documentation is protected and follows state, federal, and HIPAA regulations. HIPAA would apply to all three LOS. Knowledge on POA and resident rights on review/documentation of education and assurance of completion would apply for all three LOS with each possessing their unique bill of rights. Policies and procedures would need to be developed for all three LOS for clinical record retention, protection of the confidentiality of information and minimum contents specific to the state. 	<p>State Privacy Acts or Laws</p> <p>Resident Bill of Rights</p>
	<p>K01 Applicable federal and state laws, rules, and regulations</p> <p>K07 Basic principles and concepts of nursing</p> <p>K09 Basic pharmaceutical terminology</p>	<p>Able to ensure the timely ordering and procurement of medications, safe storage and distribution of the medications at the appropriately scheduled times, by the appropriately licensed staff.</p> <p>Able to understand terminology related to medication</p>	

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10.08 Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient.	K10 Basic principles and regulations for medication management/administration S02 Communicating effectively S10 Problem solving S11 Analyzing and interpreting information/data S16 Writing and evaluating policies and procedures S17 Developing and evaluating systems S20 Prioritizing and managing time S21 Utilizing technology	Able to ensure the pharmacist's periodic review of medication orders with recommendations to the physician. Able to ensure the documentation of the delivery of medications, and if held for any reason, that information and circumstances are duly noted as well.	
10.09 Ensure the planning, development, implementation/execution, monitoring, and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients.	K01 Applicable federal and state laws, rules, and regulations K05 Psychosocial aspects of aging K11 Basic principles and concepts of restorative/wellness programs K24 Basic elements of a therapeutic recreation/activity program S11 Analyzing and interpreting information/data S12 Informed decision making/critical thinking S13 Recognizing and ensuring care recipients' holistic needs are being met S14 Assessing and recognizing safety concerns and needs S15 Allocating and optimizing resources and programs S17 Developing and evaluating systems	Able to provide individualized rehabilitative services to recipients that will help them meet their baseline and allow residents to be as independent as possible.	
10.10 Ensure the planning, development, implementation/execution, monitoring, and evaluation of systems for coordination and oversight of contracted services.	K01 Applicable federal and state laws, rules, and regulations K39 Roles, responsibilities, regulation and oversight of contracted providers and services K40 Services and resources available across the continuum of care (such as community, social, financial, spiritual) S02 Communicating effectively S03 Cultivating effective relationships S09 Negotiating, collaborating, and resolving disputes S12 Informed decision making/critical thinking S13 Recognizing and ensuring care recipients' holistic needs are being met S15 Allocating and optimizing resources and programs S18 Protecting and promoting financial viability	Able to ensure that services are available to meet the needs of each recipient from qualified vendors that meet city, state, and federal requirements.	
10.11 Ensure the planning, development, implementation/execution, monitoring, and evaluation of policies and procedures for responses to care recipient-specific incidents, accidents, and/or emergencies.	K01 Applicable federal and state laws, rules, and regulations K18 Basic principles of creating a safe environment for care recipients K46 Emergency medical services and techniques (such as CPR, first aid, Heimlich maneuver, AED) K50 Signs and symptoms of abuse, neglect, and exploitation K51 Mandatory reporting requirements for incidents and adverse events S10 Problem solving S11 Analyzing and interpreting information/data S12 Informed decision making/critical thinking S14 Assessing and recognizing safety concerns and needs S16 Writing and evaluating policies and procedures	Able to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.	

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10.12 Ensure the planning, development, implementation/execution, monitoring, and evaluation of housekeeping and laundry services for care recipients.	<p>S17 Developing and evaluating systems</p> <p>K01 Applicable federal and state laws, rules, and regulations</p> <p>K14 Basic principles of infection control</p> <p>K18 Basic principles of creating a safe environment for care recipients</p> <p>S13 Recognizing and ensuring care recipients' holistic needs are being met</p> <p>S14 Assessing and recognizing safety concerns and needs</p> <p>S15 Allocating and optimizing resources and programs</p> <p>S16 Writing and evaluating policies and procedures</p> <p>S17 Developing and evaluating systems</p>	<p>Able to ensure a clean, safe, and sanitary environment.</p> <p>Center for Disease Control (CDC) recommendations and Infection Control best practices would apply across the continuum, and may vary for some settings.</p> <p>OSHA guidelines with respect to chemical usages and Safety Data Sheets (SDS) would apply across all settings.</p>	
10.13 Ensure the planning, development, implementation/execution, monitoring, and evaluation of education intended for care recipients and their support networks.	<p>K01 Applicable federal and state laws, rules, and regulations</p> <p>K05 Psychosocial aspects of aging</p> <p>K06 Physiological aspects of aging</p> <p>K27 Basic principles of hospice and palliative care</p> <p>K32 Care recipients' support network interests, needs, and values</p> <p>K33 Care recipient Bill of Rights</p> <p>K40 Services and resources available across the continuum of care (such as community, social, financial, spiritual)</p> <p>S13 Recognizing and ensuring care recipients' holistic needs are being met</p> <p>S14 Assessing and recognizing safety concerns and needs</p> <p>S16 Writing and evaluating policies and procedures</p>	<p>Able to ensure that the care recipient and or their responsible party is informed of their care, condition, and treatment as much as practical.</p>	<p>Resident education begins with the Admission Resident Agreement, and carries into the Service Plan. Should be updated on a regular basis and as resident care needs change. Resident Agreement should delineate the capabilities of the AL and for what reasons a move out decision may be implemented.</p>
10.14 Ensure the planning, development, implementation/execution, monitoring, and evaluation of nutritional needs and preferences of care recipients.	<p>K01 Applicable federal and state laws, rules, and regulations</p> <p>K06 Physiological aspects of aging</p> <p>K25 Basic principles of nutrition including specialized diets</p> <p>K26 Basic principles of dietary sanitation, food storage, handling, preparation, and presentation</p> <p>K30 Person-centered care concepts</p> <p>K34 Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process (NHA)</p> <p>K35 Care recipient assessment instruments (OASIS) and interdisciplinary care plan requirements and process (HCBS)</p> <p>S02 Communicating effectively</p> <p>S11 Analyzing and interpreting information/data</p> <p>S17 Developing and evaluating systems</p>	<p>Able to ensure that the care recipient's nutritional needs are met in accordance with their individualized needs and preferences while simultaneously meeting all physicians prescribed orders.</p> <p>*Federal regulations (NH-Apdx PP, HH-Apdx B, Hospice-Apdx M) differ across service lines</p>	<p>Generally more focused on resident preferences than on nutritional standards. Varies widely by state. Liberalized diets to match resident preferences versus strict adherence to therapeutic diets.</p> <p>Federal Regulations do not apply, although there are likely state regulations that may govern this area (although these cannot be specifically tested on in an exam). However it is certainly good practice to ensure that nutritional needs and recipient preferences be monitored and met as appropriate. Food Safety best practices should also be followed.</p>
	<p>K01 Applicable federal and state laws, rules, and regulations</p> <p>K05 Psychosocial aspects of aging</p>	<p>Able to ensure that dining services are resident centered and meets the nutritional needs paralleled with the recipient preferences.</p>	<p>Much more freedom to follow resident preferences even if in conflict with recommended guidelines.</p>

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<p>10.15 Ensure the planning, development, implementation/ execution, monitoring, and evaluation of dining experience that meets the needs and preferences of care recipients.</p>	<p>K06 Physiological aspects of aging</p> <p>K20 Basic understanding of cognitive impairments</p> <p>K25 Basic principles of nutrition including specialized diets</p> <p>K26 Basic principles of dietary sanitation, food storage, handling, preparation, and presentation</p> <p>K30 Person-centered care concepts</p> <p>K56 Hospitality services</p> <p>S01 Creating and communicating a vision</p> <p>S13 Recognizing and ensuring care recipients' holistic needs are being met</p> <p>S15 Allocating and optimizing resources and programs</p> <p>S17 Developing and evaluating systems</p>	<p>*Federal regulations (NH-Apdx PP, HH-Apdx B, Hospice-Apdx M) differ across service lines</p>	<p>Federal Regulations do not apply, although there are likely state regulations that may govern this area (although these cannot be specifically tested on in an exam). However it is certainly good practice to ensure that food safety practices are followed, a hospitable experience is offered, and recipient preferences honored as appropriate.</p>
<p>10.16 Ensure care recipients' rights and individuality within all aspects of care.</p>	<p>K01 Applicable federal and state laws, rules, and regulations</p> <p>K03 Ethical decision-making</p> <p>K22 Basic principles of restraint usage and reduction</p> <p>K27 Basic principles of hospice and palliative care</p> <p>K30 Person-centered care concepts</p> <p>K33 Care recipient Bill of Rights</p> <p>K50 Signs and symptoms of abuse, neglect, and exploitation</p> <p>S01 Creating and communicating a vision</p> <p>S05 Demonstrating empathy</p> <p>S13 Recognizing and ensuring care recipients' holistic needs are being met</p>	<p>Able to ensure all staff are trained and follow State and Federal Guidelines related to Resident Rights. Attention must be made to issues related to Abuse, Neglect, Misappropriation of Resident Property and Mistreatment of Residents.</p> <p>*Although federal regulations (NH-Apdx PP, HH-Apdx B, Hospice-Apdx M) dictate practices in NH, HH, and Hospice, realistically, the general dictates of these Resident Rights should really be applied across all settings and the knowledge and skills necessary to support their provision do not differ significantly across services lines.</p>	<p>More variability in abuse, neglect and exploitation standards due to different state definitions in the absence of a uniform national standard.</p> <p>Federal Regulations do not apply, although there are likely state regulations that may govern this area (although these cannot be specifically tested on in an exam). However it is certainly good practice to ensure that care recipients' rights and individuality within care provision are afforded-one of the bedrock principles of RCAL was to provide more personalized care in a more homelike environment, so similar "rights" afforded to nursing home residents should be afforded to RCAL recipients.</p> <p>Many states follow the Federal Regulations in regard to resident rights, and may implement additional regulations unique to that state.</p>
<p>10.17 Integrate support network's perspectives to maximize care recipients' quality of life and care.</p>	<p>K02 Government programs and entities</p> <p>K03 Ethical decision-making</p> <p>K32 Care recipients' support network interests, needs, and values</p> <p>K33 Care recipient Bill of Rights</p> <p>K41 Care recipient specific legal matters (such as power of attorney, guardianship, conservatorship, code status, Advance Directives)</p> <p>K48 Quality assurance and performance improvement processes as related to care and services</p> <p>S02 Communicating effectively</p> <p>S03 Cultivating effective relationships</p>	<p>Able to ensure that measures are taken to incorporate perspectives from all parties involved in formally or informally supporting the care recipient, including family and supportive friends, as well as interdisciplinary care providers from across the care continuum. Both their recommendations and outcome measures should be considered when strategizing how each member of the support network helps to improve the resident's quality of life and care. Attention must be made to issues related to meeting the care recipient's individualized needs.</p>	<p>Input from family/support network encouraged but not mandated.</p> <p>Federal Regulations do not apply, although there may be state regulations that may govern this area (although these cannot be specifically tested on in an exam). However it is certainly good practice to ensure that input from family and other supports (formal or informal) are considered to enhance the care recipient's quality of life and care.</p>

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	<p>S06 Group facilitation, consensus building, and team building</p> <p>S12 Informed decision making/critical thinking</p> <p>S13 Recognizing and ensuring care recipients' holistic needs are being met</p>		
<p>10.18 Ensure transportation options are available for care recipients.</p>	<p>K01 Applicable federal and state laws, rules, and regulations</p> <p>K02 Government programs and entities</p> <p>K39 Roles, responsibilities, regulation and oversight of contracted providers and services</p> <p>K40 Services and resources available across the continuum of care (such as community, social, financial, spiritual)</p> <p>K54 Transportation options for care recipients</p> <p>S02 Communicating effectively</p> <p>S14 Assessing and recognizing safety concerns and needs</p> <p>S15 Allocating and optimizing resources and programs</p>	<p>Able to ensure adequate transportation to recipients. The facility should identify transportation that is available and the costs (if any) for the services and inform recipients and their responsible parties of availability and cost. The facility/entity must be available to help coordinate transportation services based on the recipients preference and available funding.</p> <p>* There are federal regulations (NH-Appendix PP, HH- Appendix B, Hospice- Appendix M) require provision of transportation in certain cases in NH, HH, and Hospice, but the necessary knowledge and skills needed to be able to offer or arrange safe transportation to not likely differ significantly across services lines.</p>	<p>Federal Regulations do not apply to RCAL, although there are likely state regulations that may govern this area (although these cannot be specifically tested on in an exam). However as a part of services offered most RCAL facilities will include transportation for community activities and may also have options for arranging transportation to outside services and should have systems in place for how to handle emergency transportation as well.</p> <p>Transportation availability and requirements and restrictions should be addressed upon admission and any associated fees for personal transportation if applicable should be disclosed as part of the admission agreement and if changes are made.</p> <p>Transportation to events and outings should also be clearly posted for all residents to see.</p>
<p>10.19 Ensure the provision of a customer service culture that leads to a quality experience for care recipients.</p>	<p>K04 Interpersonal relationships, dispute resolution, and group dynamics</p> <p>K05 Psychosocial aspects of aging</p> <p>K30 Person-centered care concepts</p> <p>K32 Care recipients' support network interests, needs, and values</p> <p>K48 Quality assurance and performance improvement processes as related to care and services</p> <p>K56 Hospitality services</p> <p>S01 Creating and communicating a vision</p> <p>S03 Cultivating effective relationships</p> <p>S06 Group facilitation, consensus building, and team building</p> <p>S10 Problem solving</p> <p>S13 Recognizing and ensuring care recipients' holistic needs are being met</p>	<p>*Overall, this task shouldn't really differ significantly across services lines, since understanding your customer and meeting their needs are at the core of this, in reality, there are probably different focuses for administrators across service lines.</p>	<p>Customers often more demanding (higher percentage private pay/insurance) in terms of expectations and typically choose between more options, so the bar is set higher in terms of customer service. (more how the service is given than the commodity nature of the service as a product)</p> <p>There are not specific federal regulations that speak to this, nor likely specific state regulations, although meeting residents' needs and preferences is a bedrock of quality customer service.</p> <p>Person Centered Care is an integral part of customer service and satisfaction in the AL setting. This is also good and critical business practice, as most AL residents are private pay and can choose to take their money elsewhere if not satisfied.</p>