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**16.03.22 - RULES FOR RESIDENTIAL CARE FACILITIES IN IDAHO**

**000. LICENSED FACILITIES/CERTIFIED HOMES: LEGAL AUTHORITY.**

Pursuant to Sections 39-3305, 39-3371, 39-3505, and 39-3561, Idaho Code, and House Bill 742 of the Fifty-Fourth (54th) Idaho Legislation Session 1996, the Idaho Board of Health and Welfare is authorized to adopt and enforce rules and standards designed to protect the health, safety, and individual resident's rights and to ensure the provision of adequate nutrition, supervision, meaningful life activities, and therapeutic recreational activities for residents being served in residential care facilities/adult foster care homes, for individuals with a mental illness, developmental disability, physical disability, or who are elderly. Providers who care for a mixed population shall comply with the rules that are the most restrictive based on the populations being served. (OT)

**001. LICENSED FACILITIES/CERTIFIED HOMES: TITLE AND SCOPE.**

The purpose of a residential care facility/adult foster care home in Idaho is to provide a humane, safe, and home-like living arrangement for individuals with a mental illness, developmental disability, physical disability, or who are elderly who need some assistance with activities of daily living and personal care but do not require the level of care provided by nursing facilities or other institutions. The facilities and homes shall be operated and staffed by individuals who have the knowledge and experience required to provide safe and appropriate services to all residents of the facility or home. The administrators and sponsors shall protect the rights and provide appropriate services to meet the needs of the individual residents as determined by the uniform assessment instrument and the negotiated service agreement for both state clients and private pay residents. The state will encourage the development of facilities and homes tailored to the needs of individual populations which operate in integrated settings in communities where sufficient supportive services exist to provide the resident, if appropriate, an opportunity to work and be involved in recreation and education opportunities alongside people who do not have a mental illness, developmental disability, physical disability, or who are not elderly. The Department shall be responsible for monitoring and enforcing the provisions of this chapter. This responsibility includes, but is not limited to, performing preclosure/precertification activities for applicants, monitoring the condition of the facility/home, administering a uniform assessment instrument for state clients, and the development of enforcement procedures when violations occur. Nothing in this chapter is intended to reduce or eliminate any duty of the Department or any other public or private entity for provision of services for any resident. (OT)

**002. LICENSED FACILITIES/CERTIFIED HOMES: WRITTEN INTERPRETATIONS.**

In accordance with Section 67-5201(16)(b)(iv), Idaho Code, this agency has written statements which pertain to the interpretation of the rules of this chapter, or to the documentation of compliance with the rules of this chapter. These documents are available for public inspection and copying at cost in the main office and each regional or district office of this agency. (OT)

**003. LICENSED FACILITIES/CERTIFIED HOMES: ADMINISTRATIVE APPEALS.**

All contested cases shall be governed by the provision of IDAPA 16, Title 05, Chapter 03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (OT)

**004. LICENSED FACILITIES/CERTIFIED HOMES: EXEMPTIONS.**

The provisions of these rules do not apply to any of the following: (OT)

01. Health Facility. The provisions of these rules do not apply to any health facility as defined by Title 39, Chapter 13, Idaho Code. (OT)

02. Alternate Living Arrangements. The provisions of these rules do not apply to any house, institution, hotel, congregate housing project, retirement home, or other similar place that is limited to providing one (1) or more of the following: housing, meals, transportation, housekeeping, or recreational and social activities, or that have residents independently accessing supportive services from an entity approved to provide such services in Idaho and holding no legal ownership or financial interest in the entity operating the facility/home. (OT)

03. Relatives. The provisions of these rules do not apply to any arrangement for the receiving and care of persons by a relative. (OT)



04. Similar Facility/Home. The provisions of these rules do not apply to any facility/home exempted by the Director. (T)

**005. LICENSED FACILITIES/CERTIFIED HOMES: WAIVERS OR VARIANCES.**

Waivers or variances may be granted by the Department provided the following procedures are adhered to: (T)

01. Written Request. A written request for a waiver or variance must be sent to the licensing/certifying agency. The request must include, but is not limited to, the following: (T)

- a. Reference to the section of the rules for which the variance or waiver is requested; (T)
- b. Reasons that show good cause why the variance should be granted, the extenuating circumstances which caused the need for the waiver, any compensating factors or conditions that may have bearing on the waiver such as additional floor space or additional staffing; and (T)
- c. Written documentation that assures residents' health, or safety, or both shall not be jeopardized if the variance or waiver is granted. (T)

02. Temporary Waivers. A temporary waiver may be granted for up to one (1) year. (T)

03. Continuing Temporary Waivers. The appropriateness of continuing the waiver or variance shall be reviewed by the Department during the annual survey. If the facility administrator/home sponsor wish to continue the variance or waiver, an annual request, unless specified otherwise, must be submitted to the licensing/certifying agency in writing. (T)

04. Permanent Waiver/Variance. A permanent waiver/variance may be granted provided the provisions of Subsections 005.01.a. through 005.01.c. are met. (T)

05. Decision to Grant a Variance. The decision to grant a variance or waiver shall not be considered as precedent or be given any force of effect in any other proceeding. (T)

**006. LICENSED FACILITIES/CERTIFIED HOMES: SERVICES AVAILABLE.**

Supportive services shall be provided according to the resident's individual negotiated service agreement. (T)

**007. LICENSED FACILITIES/CERTIFIED HOMES: POLICY.**

Many of the residents of facilities/homes are unable to assess situations or respond quickly to emergencies. The residents' safety is dependent upon properly designed and constructed buildings with provisions for the prevention and detection of fires to include alarm and extinguishment systems. For the residents' protection, trained staff who understand operating and maintenance procedures and a proper physical plant are essential. The residents' welfare is dependent upon care, attention, motivation, and advice delivered at the proper time by skilled people. Every person or organization operating a facility/home must take responsibility for the safety and well-being of those in their charge. (T)

**008. LICENSED FACILITIES/CERTIFIED HOMES: INCORPORATION BY REFERENCE.**

All documents referenced herein shall constitute the full adoption by reference of those documents as provided by Section 67-5203A, Idaho Code. (T)

01. Documents Incorporated. The following documents are incorporated in these rules: (T)

- a. National Fire Protection Association (NFPA)  
Life Safety Code  
National Standards Council  
1981 and 1988 Editions (T)
- b. National Fire Protection Association (NFPA)  
National Fire Code

- Volumes 1 -- 11  
1990 Edition (OT)
- c. National Fire Protection Association  
NFPA 101M, 1988 Edition  
Manual on Alternative Approaches to Fire  
Safety (OT)
- d. Uniform Building Code  
International Conference of Building Officials  
1988 Edition (OT)
- e. Idaho Diet Manual  
Idaho Dietetic Association  
Current Edition (OT)
- f. Rules Governing Food Safety and Sanitation Standards For Food Establishments (UNICODE)  
Current Edition. (OT)
02. Availability of Documents. The incorporated documents are available for public review at the  
following locations: (OT)
- a. Administrative Procedure Section, Division of Legal Services, Department of Health and Welfare,  
450 West State Street, 10th Floor, P.O. Box 83720, Boise Idaho, 83720-0036. (OT)
- b. Idaho Supreme Court Law Library, 451 West State Street, Boise, Idaho, 83720. (OT)
- 009. (RESERVED).**
- 010. LICENSED FACILITIES/CERTIFIED HOMES: DEFINITIONS.**
01. Abuse. The non-accidental infliction of physical pain, injury, or mental injury. This definition is  
taken from the Adult Abuse, Neglect, and Exploitation Act. (OT)
02. Activities. All organized and directed social and rehabilitative services a facility/home provides or  
arranges. (OT)
03. Activities of Daily Living. The performance of basic self-care activities in meeting an individual's  
needs to sustain him in a daily living environment, including, but not limited to, bathing, washing, dressing, toileting,  
grooming, eating, continence, managing money, mobility, and associated tasks. (OT)
04. Adequate Care. Services provided to the resident as prescribed in his negotiated service agreement  
and within nationally accepted practices. (OT)
05. Administrator. The person responsible for the day-to-day administration of the residential care  
facility employed as a full-time administrator and licensed by the state of Idaho. The administrator and legal owner  
may not necessarily be the same individual. A full-time administrator shall devote no less than twenty (20) hours a  
week to the day-to-day administration of the facility. The Department will consider a waiver based on an approved  
plan of administration and operation by the facility. (OT)
06. Adult. A person who has attained the age of eighteen (18) years. (OT)
07. Adult Foster Care Family. All individuals related by blood or marriage, other than residents,  
residing in the adult foster care home. (OT)
08. Adult Foster Care Home. A family home in which an adult is placed to live who is not able to  
reside in his own home and who requires adult foster care, help in daily living, protection, security, and

encouragement toward independence. An adult foster care home, with the exception of a 1501 home as defined in these rules, shall not serve more than two (2) adults. A home specifying that they will be providing care and supervision for elderly individuals shall be known as an Adult Foster Care Home for the Elderly. A home specifying that they will be providing care and supervision for individuals with a mental illness, developmental disability, or physical disability shall be known as an Adult Foster Care Home for Individuals with mental illness, developmental disability, or physical disability. A home accepting a mixed population of both elderly residents and individuals with mental illness, developmental disability, or physical disability shall be known as a mixed home. In this chapter Adult Foster Care Homes shall be referred to as "home." (OT)

09. **Advanced Directive.** A written instruction, such as a living will or durable power of attorney for health care, recognized under State Law, whether statutory or as recognized by the courts of the State, and relates to the provision of medical care when the individual is unable to communicate. (OT)

10. **Advocate.** An authorized or designated representative of a program or organization operating under federal or state mandate to represent the interests of a population group served by a facility/home. (OT)

11. **Alzheimer's Disease and Related Dementia.** A progressive, degenerative, terminal disease that attacks the brain and results in impaired memory, thinking, and behavior. The person may experience memory loss, confusion, personality, and behavior changes, impaired judgment, difficulty finding words, finishing thoughts, following directions, and difficulty with other cognitive efforts. (OT)

12. **Ambulatory Person.** A person who, unaided by any other person, is physically and mentally capable of walking a normal path to safety, including the ascent and descent of stairs. (OT)

13. **Assessment.** The conclusion reached using uniform criteria developed by the Department and relevant councils for determining a person's need for care and services. (OT)

14. **Basement.** Any floor level below the first story in a building except that a floor level in a building having only one (1) floor level shall be classified as a basement. (OT)

15. **Behavioral Management.** A planned program which actively builds and develops new or alternative styles of independent functioning and promotes new behavior which results in the highest potential level of self-sufficiency. (OT)

16. **Board.** The Idaho State Board of Health and Welfare. (OT)

17. **Board and Care Council.** The interdisciplinary group appointed by the Director to advise the Department on matters of policy relating to facilities/homes for individuals with mental illness, developmental disability, physical disability, or a combination of these resident types. (OT)

18. **Care and Supervision.** The provision by the provider of one (1) or more of the following services: (OT)

a. Assisting the resident with activities of daily living; (OT)

b. Arranging for supportive services; (OT)

c. Being aware of the resident's general whereabouts; (OT)

d. Monitoring the activities of the resident while on the premises of the facility/home to ensure the resident's health, safety, and well-being; and, (OT)

e. Assisting residents with self-administration of medication. (OT)

19. **Certificate.** A basic permit to operate an adult foster care home issued by the certifying agent of the Department to homes complying with this chapter. Certification is the equivalent of licensing. (OT)

20. Certifying Agency. The unit of the Department, or its designee, that conducts inspections, surveys, and issues certificates based on the home's compliance with this chapter. (OT)
21. Certifying Agent. A person representing the areas of social services, or mental health, or developmental disabilities, or elderly, acting under the authority of the Department to participate in the certification, inspection, and regulation of a home. (OT)
22. Chemical Restraint. A psychopharmacologic drug that is used for discipline or convenience and not required to treat medical symptoms. (OT)
23. Client. Any person who receives financial aid, or services, or both from an organized program of the Department. (OT)
24. Complaint Investigation. A survey or visit to determine the validity of allegations of resident abuse, neglect, misappropriation of resident property, or of other noncompliance with applicable state requirements. (OT)
25. Continuing. Personal assistance services required over an extended period of time. (OT)
26. Deficiency. Any violation of laws or of these rules pertaining to residential care/adult foster care. (OT)
27. Department. The Idaho Department of Health and Welfare. (OT)
28. Developmental Disability. A disability which: (OT)
- a. Is attributable to an impairment, such as mental retardation, cerebral palsy, epilepsy, autism, or other conditions found to be closely related to or similar to one of these impairments that requires similar treatment or services, or is attributable to dyslexia resulting from such impairments; and, (OT)
- b. Has continued or can be expected to continue indefinitely; and, (OT)
- c. Constitutes a substantial handicap to such person's ability to function normally in society; and, (OT)
- d. Has occurred and has been diagnosed prior to age twenty-two (22). (OT)
29. Director. The Director of the Idaho Department of Health and Welfare or his designee. (OT)
30. Elderly. A person fifty-five (55) years or older who does not have a primary diagnosis of mental illness, or developmental disability, or both, and who does not require active treatment. (OT)
31. Exploitation. An action which may include, but is not limited to, the misuse of a vulnerable adult's funds, property, or resources by another person for profit or advantage. (OT)
32. Finding. A determination resulting from a survey or complaint investigation of the facility/home that a potential compliance issue is present, and could, or should have been prevented, or has not yet been identified by the facility/home, is not being corrected by proper action by the facility/home, or cannot be justified by special circumstances unique to the facility/home or the resident. A finding may or may not be cited as a deficiency based upon the scope and severity. (OT)
33. Full Certificate. A one (1) year certificate issued by the certifying agency of the Department to an adult foster care home complying with this chapter. (OT)
34. Full Time Equivalent (FTE). To determine full time equivalents, add the total number of hours worked by all employees in a week and divide by the number of hours in the standard work week of forty (40) hours. Express full time equivalents to the nearest quarter decimal. (OT)

35. Functional Abilities. An assessment of the resident's physical, mental, emotional, and social abilities to cope with the affairs and activities of daily living. (OT)
36. Governmental Unit. The state, any county, municipality, or other political subdivision or any department, division, board, or other agency thereof. (OT)
37. Grade. The lowest point of elevation of the finished surface of the ground, paving, or sidewalk within the area between the building and the property line or when the property line is more than five (5) feet from the building, between the building and a line five (5) feet from the building. (OT)
38. Habilitation Record. A written record specifying training and habilitation goals and objectives in measurable terms that permits the progress of the resident toward skill attainment to be assessed, including specifying daily schedules for training and habilitation services. (OT)
39. Hands On. Physical assistance to the resident beyond verbal prompting. (OT)
40. Hourly Adult Care. Nonresident daily services and supervision provided by a residential care facility to individuals, who are in need of supervision outside of their personal residence for a portion of the day. Hourly adult care services may be provided within the scope of services for which the residential care facility is licensed to provide, up to fourteen (14) continuous hours. (OT)
41. Immediate Jeopardy. The licensing agency has determined that residents are subject to an imminent or substantial danger. (OT)
42. Initial Deficiency. The first time that a deficiency or deficiencies are recorded by a surveyor as the result of a survey or complaint investigation. Initial deficiency may be records of deficiencies that occurred prior to the date of the survey visit even if the deficiencies no longer exist at the time of the current survey. (OT)
43. Legal Guardian/Conservator. A court-appointed and supervised individual to manage the person or finances or both of another who has been found to be incapable of handling his own affairs. Once appointed, the decision-making authority of the guardian may be revoked only by another court hearing. (OT)
44. Level of Care. A categorical assessment of the resident's functional ability and the intensity (degree) of care required in the areas of activities of daily living, supervision, response to emergency situations, mobility, medications, and behavior management. (OT)
45. Level I - Minimal Assistance. The resident requires room, board, and supervision and may require one (1) or more of the following: (OT)
- a. Minimal assistance with activities of daily living and nonmedical personal assistance. (OT)
  - b. Minimal assistance with mobility, such that the resident is independently mobile. (OT)
  - c. Minimal assistance in an emergency, such that the resident is capable of self-preservation in an emergency. (OT)
  - d. Minimal assistance with medications, such that the resident does not require medication management or supervision. (OT)
  - e. Minimal behavior management substantiated by the resident's history. (OT)
46. Level II - Moderate Assistance. The resident requires room, board, and supervision and may require one (1) or more of the following: (OT)
- a. Moderate assistance with activities of daily living and nonmedical personal assistance. (OT)

- b. Moderate assistance with mobility, but easily mobile with assistance. (T)
- c. Moderate assistance in an emergency, but resident is capable of self-preservation with assistance. (T)
- d. Moderate assistance with medications. (T)
- e. Moderate assistance with behavior management. (T)
- 47. Level III - Extensive Assistance. The resident requires room, board, supervision and requires staff up and awake on a twenty-four (24) basis and may require one (1) or more of the following: (T)
  - a. Extensive assistance with activities of daily living. (T)
  - b. Extensive personal assistance. (T)
  - c. Extensive assistance with mobility and may be immobile without extensive assistance. (T)
  - d. Extensive assistance in an emergency and may be incapable of self-preservation without assistance. (T)
  - e. Extensive assistance with and monitoring of medications. (T)
  - f. Extensive assistance with training or behavior management or both. (T)
- 48. License. A permit to operate a residential care facility. (T)
- 49. Licensee. The holder of a license to operate a residential care facility under this chapter. (T)
- 50. Licensed Environmental Health Specialist. A person trained and experienced in physical, biological, chemical, and social and sanitary sciences whose duties involve the control of these features of the environment and who is licensed by the Idaho State Bureau of Occupational Licenses. (T)
- 51. Licensed Nurse. A nurse licensed to practice in the state of Idaho. (T)
- 52. Licensing Agency. The unit of the Department of Health and Welfare that conducts inspections and surveys and issues licenses based on compliance with this chapter. (T)
- 53. Medication. Any substance or drug used to treat a disease, condition, or symptom, which may be taken orally, injected, or used externally and is available through prescription or over-the-counter. (T)
- 54. Medication Administration. Medication administration involves the issuance of a single dose to the individual as a result of an order by a physician or dentist which requires an ongoing assessment by a nurse of the resident's reaction to a drug. (T)
- 55. Medication Assistance. The adult residential care provider/adult foster care home provider is responsible upon a physician's or a dentist's order for providing necessary assistance, if required, to the resident in taking his medication, including, reminding the resident to take medication, removing medication containers from storage, assisting with the removal of the cap, assisting with the removal of a medication from a container for residents with a disability which prevents independence in this act, and observing the resident taking the medication. (T)
- 56. Medication Dispensing. Medication dispensing is the issuance of a medication in its original container with a pharmacy prepared label that carries to the individual the instructions ordered by the prescriber as well as other vital information. (T)
- 57. Mentally Ill. Mentally ill means a person with one (1) or more of the following: (T)

- a. Who has a significant disorder of thought, mood perception, orientation or memory which impairs judgment, behavior, and capacity to recognize and adapt to reality; (OT)
- b. Who has demonstrated over a period of time, marginal social adjustment which prevents him from living independently in the community; (OT)
- c. Who has difficulties in social or personal adjustment associated with psychiatric disability, as demonstrated in reduced, lost or underdeveloped capacities relative to personal relationships, living arrangements, work, recreation, personal care, community living skills, or other primary aspects of daily living. (OT)
58. Mixed Population. One (1) or more of the following populations: mentally ill, developmentally disabled, physically disabled, and elderly who are provided care and housing within a facility/home. (OT)
59. Monitor. A representative of the Department visiting a facility/home for the purpose of verifying a facility's/home's correction of deficiencies, or to observe the orderly transfer of residents, during a facility's/home's closure. (OT)
60. National Fire Protection Association (NFPA). The NFPA from whom copies of applicable fire safety standards referenced herein are available at cost. Requests should be addressed to NFPA, Publication Sales Department, Batterymarch Park, Quincy, Massachusetts 02269. (OT)
61. Negotiated Service Agreement. The agreement reached by the resident or their representative, or both, and the facility/home, based on the assessment, physician's orders, if any, admission records, if any, and desires of the resident, and which outlines services to be provided and the obligations of the facility/home and the resident. (OT)
62. Owner. Any recognized legal entity, governmental unit, or person having legal ownership of the facility/home. (OT)
63. Person. Any individual, firm, partnership, corporation, company, association, or joint stock association and the legal successor thereof. (OT)
64. Personal Assistance. The provision by the staff of the facility/home of one (1) or more of the following services: (OT)
- a. Assisting the resident with activities of daily living. (OT)
- b. Arranging for supportive services. (OT)
- c. Being aware of the resident's general whereabouts and supervision as required in the resident's negotiated service agreement. (OT)
- d. Monitoring the activities of the resident while on the premises of the facility/home to ensure the resident's health, safety, and well-being. (OT)
- e. Assisting residents with self-administration of medication. (OT)
- f. Personal care and assistance does not include nursing care. (OT)
65. Personal Care Services. Services that involve personal and medically orientated tasks dealing with the physical requirements of the patient performed in the patient's home and accommodating the patient's needs for long-term maintenance or supportive care. (OT)
66. PRN. A medication or treatment prescribed by a physician to an individual allowing the medication to be given as needed. (OT)

67. Provisional Certificate. A certificate not to exceed six (6) months which may be granted to a home which is not in compliance with the rules governing adult foster care homes but has no deficiencies that would endanger the health or safety of the residents, pending the satisfactory correction of all deficiencies. (T)

68. Provisional License. A license not to exceed six (6) months which may be granted to a facility which is not in compliance with the rules governing residential care facilities but has no deficiencies that would endanger the health or safety of the residents, pending the satisfactory correction of all deficiencies. (T)

69. Psychosocial History. A combined summary of psychological and social histories of an individual designed to inform a care giver of a person's strengths, weaknesses, and potential problems. (T)

70. Qualified Mental Health Professional (QMHP). A qualified mental health professional (QMHP) is a person who has had additional educational preparation and at least one (1) year of experience in the psychiatric or mental health field, and is one (1) of the following: (T)

a. A licensed psychologist; or (T)

b. A licensed social worker; or (T)

c. A registered nurse; or (T)

d. A registered occupational therapist; or (T)

e. A therapeutic recreation specialist. (T)

71. Qualified Mental Retardation Professional (QMRP). A qualified mental retardation professional (QMRP) is a person who has at least one (1) year of experience working directly with persons with mental retardation or other developmental disabilities and is one (1) of the following: (T)

a. A licensed doctor of medicine or osteopathy; or (T)

b. A registered nurse; or (T)

c. An individual who holds at least a bachelor's degree in a human service field including, but not limited to, sociology, special education, rehabilitation counseling, and psychology and is licensed, certified, or registered to provide professional services by the state in which he practices. (T)

72. Repeat Deficiency. A deficiency which reoccurs within eighteen (18) months of its citing as an initial deficiency, and which is found at a follow-up visit, complaint investigation, subsequent survey, or otherwise. (T)

73. Repeated Noncompliance. A finding of substandard quality of care on three (3) consecutive surveys, or visits, or both. (T)

74. Representative of the Department. An employee of the Department or a designee of the Department. (T)

75. Resident, Adult Foster Care Home. An individual, eighteen (18) years of age or older, who requires room and board, supervision and one (1) or more of the following services: protection, assistance with decision-making and activities of daily living, and direction toward self-care skills. A resident includes all occupants of an adult foster care home other than the owner, provider, their immediate families, or employees. (T)

76. Resident, Boarding Home. An individual who lives and functions independently and is responsible for making his own decisions. (T)

77. Resident, Intermediate Care Facility for the Mentally Retarded. An individual, whose mental and physical conditions require health and rehabilitative (active treatment) services that are above the level of room and



board. (T)

78. Resident, Nursing Facility. An individual with unstable health problems requiring twenty-four (24) hour supervision, i.e., daily professional and licensed nursing care and supervision, restorative and rehabilitative care, and assistance in meeting daily living needs. Medical supervision is provided on a regular, but not daily, basis. (T)

79. Resident, Residential Care Facility. An individual, eighteen (18) years of age or older, who is unable to live alone, requires supervision and one (1) or more of the following services: protection, assistance with decision-making and activities of daily living, and direction toward self-care skills. A resident includes all occupants of a residential care facility other than the owner, administrator, their immediate families, or employees. (T)

80. Resident, Retirement Center. An individual who lives and functions independently and is responsible for making his own decisions. (T)

81. Residential Care Facility. One (1) or more buildings constituting a facility or residence, however named, operated on either a profit or nonprofit basis, for the purpose of providing twenty-four (24) hour nonmedical care for three (3) or more persons, not related to the owner, eighteen (18) years of age or older, who need personal care or assistance and supervision essential for sustaining activities of daily living or for the protection of the individual. A facility specifying that they will be providing care and supervision for elderly individuals shall be known as a Residential Care Facility for the Elderly. A facility specifying that they will be providing care and supervision for individuals with mental illness, developmental disability, or physical disability shall be known as a Residential Care Facility for individuals with mental illness, developmental disability, or physical disability. A facility accepting a mixed population of both elderly residents and individuals with mental illness, developmental disability, or physical disability shall be known as a mixed facility. In this chapter Residential Care Facilities shall be referred to as "facility." Distinct segments of a facility may be licensed separately provided each segment meets all applicable rules. (T)

82. Residential Care Council for the Elderly. The interdisciplinary group appointed by the director to advise the agency and legislature on matters of policy relating to residential care facilities serving individuals who are elderly. (T)

83. Resurvey. A follow-up visit to determine whether the deficiencies found in a survey, or a complaint investigation, or both have been corrected. (T)

84. Room and Board. Lodging and meals. (T)

85. Scope. The frequency, incidence, or extent of the occurrence of a deficiency in a facility/home. (T)

86. Self-Administration of Medication. The act of a resident taking a single dose of his own medication from a properly labeled container and placing it internally in, or externally on, his own body as a result of an order by a physician and or dentist. (T)

87. Self Preservation. A resident's ongoing ability or need for assistance to execute actions necessary to safeguard against personal harm, injury, or accident. (T)

88. Severity. The seriousness of a deficiency, which means the degree of actual or potential negative impact on a resident (as measured by negative outcomes or rights violations) or the degree to which his highest practicable physical, mental, or psychosocial well-being has been compromised. (T)

89. Sponsor. The member of the adult foster care home family who has primary responsibility for the day-to-day care of the residents in the home and for compliance with the rules governing adult foster care homes. The adult family home certificate will be issued in the sponsor's name. (T)

90. Story. That portion of a building included between the upper surface of any floor and the upper surface of the floor next above, except that the topmost story shall be that portion of a building included between the

upper surface of the topmost floor and the ceiling or floor above. If the finished floor level directly above a basement or unused under-floor space is more than six (6) feet above grade as defined herein for more than fifty percent (50%) of the total perimeter or is more than twelve (12) feet above grade as defined herein at any point, such basement or unused under-floor space shall be a story. (T)

91. **Story, First.** The lowest story in the building which qualifies as a story, as defined herein, except that a floor level in a building having only one (1) floor level shall be classified as a first story, provided such floor level is not more than four (4) feet below grade, as defined herein, for more than fifty percent (50%) of the total perimeter, or more than eight (8) feet below grade, as defined herein, at any point. (T)

92. **Subsequent Deficiency.** A violation or deficiency found on a resurvey or revisit. The deficiency must exist at the time of the resurvey or revisit. If a deficiency cited in an initial deficiency is found upon resurvey or revisit, a rebuttable presumption arises that the deficiency continued throughout the period of time between the initial survey or visit and the resurvey or revisit. (T)

93. **Substandard Quality of Care.** A finding by the licensing/ certifying agency of one (1) or more deficiencies, the existence of which limit(s) the facility's/home's ability to deliver adequate care or services. (T)

94. **Substantial Compliance.** A facility/home is in substantial compliance with these rules when there are no deficiencies which endanger the health, safety, or welfare of the residents. (T)

95. **Supervision.** Administrative activity which provides protection, guidance, knowledge of the resident's whereabouts, and assistance with activities of daily living. The administrator/sponsor are responsible for providing appropriate supervision based on each resident's negotiated service agreement. (T)

96. **Supportive Services.** The specific services that are provided to the resident in the community and that are required by the negotiated service agreement or reasonably requested by the resident. (T)

97. **Survey.** An on-site review conducted by a surveyor utilizing review of a case-mix stratified sample of residential care/adult foster care residents to determine compliance in the areas of quality of care, rehabilitative care, resident rights, administrative services, dietary and nutrition services, activities, social participation, sanitation, infection control, and physical environment. Such surveys may include an exit interview in which the surveyor and the facility/home attempt to resolve any conflicts regarding findings by the surveyor. (T)

98. **Surveyor.** A person authorized by the Department to conduct surveys or complaint investigations to determine compliance with program requirements. (T)

99. **Temporary Certificate.** A certificate not to exceed six (6) months which shall be issued to an Adult Foster Care Home upon compliance with the initial application process. The purpose of the temporary certificate is to give the Department time to determine the home's ongoing capability to provide services and to meet rules. (T)

100. **Temporary License.** A license not to exceed six (6) months which shall be issued to a Residential Care Facility upon compliance with the initial application process. The purpose of the temporary license is to give the Department time to determine the facility's ongoing capability to provide services and to meet rules. (T)

101. **Trust Account.** Accounts maintained by the facility/home, separate from its own accounts, to deposit, hold, or disburse monies belonging to residents. The facility/home shall be the trustee of such accounts and the residents shall be the beneficiaries. (T)

102. **Uniform Assessment Instrument.** The purpose of a uniform assessment instrument is to gather information for the determination of a resident's care needs and service eligibility, and for planning and monitoring a resident's care. The instrument is a multidimensional questionnaire which assesses a resident's social skills, physical and mental health, and functional abilities. It provides a comprehensive look at a resident but includes only those elements that are necessary for the development of a negotiated service agreement and which assess a resident's actual performance and functioning levels. The instrument is carefully designed to provide a standardized way of conducting the resident interview to ensure that all residents have equitable access to care. The assessment shall be

used to provide appropriate placement and funding for service needs. The assessment shall also be used to ensure funding is cost-effective and appropriate when compared to other state programs relevant to the needs of the resident being assessed. (T)

103. 1501 Home. A home as authorized by Section 39-3561(9) of the Idaho Code, to provide care and supervision for up to four (4) adults. Certification as a 1501 home is not transferable to another person or location other than as originally certified. Homes certified under this provision shall not be subject to the residential care administrator or facility licensing requirements of Title 54, Chapter 42, of the Idaho Code, and Title 39, Chapters 33 and 35 of the Idaho Code. With the exception of the limitation on numbers of residents, 1501 homes are subject to all rules regarding adult foster care in Idaho. (T)

**011. -- 100. (RESERVED).**

**101. LICENSED FACILITIES/CERTIFIED HOMES: GENERAL REQUIREMENTS FOR A LICENSE/CERTIFICATE.**

01. Current Valid License/Certificate. After July 1, 1996, no person, firm, partnership, association or corporation within the state, and no state or local public agency shall operate, establish, manage, conduct, or maintain a facility/home for individuals with a mental illness, developmental disability, physical disability, the elderly, or mixed population, in the state without a current valid license/ certification issued by the licensing/certifying agency of the Department. (T)

02. Application. Any person or governmental unit proposing to operate a facility/home for individuals with a mental illness, developmental disability, physical disability, the elderly, or a mixed population shall apply for a license/ certificate to the licensing/certifying agency specifying the types of residents to be served and the level of care to be provided. (T)

03. Distinctive Name. Every facility/home for individuals with a mental illness, developmental disability, physical disability, the elderly, or a mixed population shall use a distinctive name in applying for a license/ certificate and the name shall not be changed without first notifying the licensing/certifying agency in writing at least thirty (30) days prior to the date that the proposed name change is to be effective. (T)

04. General Condition of Licensure/Certification. As a general condition of licensure/certification, the following goods or services shall be provided to the client as part of the base charge: (T)

- a. Appropriate, adequate supervision as outlined in the resident's negotiated service agreement; and (T)
- b. Room and board; and (T)
- c. Furnishing and equipment as outlined in Subsection 700.05; and (T)
- d. Staffing; and (T)
- e. Negotiated service agreement development and implementation; and (T)
- f. Reasonable provision for arrangement of transportation to community activities, recreational, religious activities, or a combination of activities. (T)

05. Accessibility. The facility/home, for individuals with a mental illness, developmental disability, physical disability, the elderly, or a combination of resident types, and all buildings associated with its operation, as well as all records required under these rules, shall be accessible at all times to the licensing/certifying agency for the purposes of inspection, with or without prior notification. (T)

06. Issuance to Person and Address. A license/certificate to provide residential care/adult foster care shall be issued specifically in the name of the applicant applying for a license/certificate, and only to the address of the facility/home stated in the application. (T)

**102. LICENSED FACILITIES/CERTIFIED HOMES: APPLICATIONS.**

01. Initial License/Certificate. For an initial license/certificate a facility/home for individuals with a mental illness, developmental disability, physical disability, the elderly, or a mixed population the owner/applicant shall apply for a license/certificate on forms provided by the licensing/certifying agency giving such information as the licensing/certifying agency shall require including, but not limited to: (OT)

a. A written statement that the applicant has thoroughly read and reviewed this chapter and is prepared to comply with all provisions of the rules. (OT)

b. Satisfactory evidence that the applicant is of reputable and responsible character to include a criminal record clearance as provided in Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 06, "Rules Governing Mandatory Criminal History Checks." If the applicant is unable to obtain an acceptable criminal record clearance, the licensing/certifying agency shall deny the application; (OT)

c. A notarized set of fingerprints which may be obtained from the Idaho State Police or the local sheriff's office; (OT)

d. A signed resume including a chronological employment history covering the last five (5) years; (OT)

e. Four (4) character references, two (2) of which must be provided by professional licensed individuals, including addresses and telephone numbers. Character references may not include relatives; (OT)

f. The applicant must provide a written statement that discloses any revocation or other disciplinary action taken or in the process of being taken, against a license and certificate held or previously held by the entities in Idaho as specified in Section 39-3345 or 39-3545 or both, Idaho Code, or any other jurisdiction, or that verifies that the applicant has never been involved in any such action; (OT)

g. A statement must be provided which indicates that the applicant has completed the Department approved orientation; (OT)

h. If the owner/applicant is not the administrator/sponsor, then the administrator/sponsor shall meet the requirements of Subsections 102.01. through 102.01.g., 102.01.i., and 102.01.p.; (OT)

i. If the owner/applicant is a firm, association, organization, partnership, business trust, corporation, or company, the administrator/sponsor or other members of the organization who will provide direct patient care or who will directly influence the facility/home shall provide like evidence as listed above. Each shareholder/investor holding ten percent (10%) or more interest in the firm shall be listed on the application; (OT)

j. The applicant shall submit satisfactory evidence of liability insurance to cover claims against the owner, or administrator, or sponsor, or a combination; (OT)

k. A statement from the local fire authority that the facility/home is located in a lawfully constituted fire district; (OT)

l. The building shall be required to meet all applicable requirements of local, state, and national codes, including current electrical and plumbing requirements; (OT)

m. A statement from a licensed electrician or the local/state electrical inspector that all wiring in the facility/home complies with applicable local codes. A copy shall be kept on file at the facility/home; (OT)

n. If the facility/home is not utilizing an approved municipal water or sewage treatment, a statement from a local environmental health specialist indicating that the water supply and sewage disposal system meets the requirements of the Department shall be submitted to the licensing/certifying agency. The reports shall be kept on file at the facility/home; (OT)

- o. Completed application form signed by the residential care/adult foster care applicant; (OT)
- p. A complete set of operational policies and procedures which meets the requirements of the rules for residential care/adult foster care; (OT)
- q. Any other information that may be required by the Department for the proper administration and enforcement of the provisions of these rules; and (OT)
- r. Failure of the applicant to cooperate with the licensing/ certifying agency in the completion of the application process shall result in the denial of the application. Failure to cooperate means that the information described in this section of the rules has not been provided, or not provided in the form requested by the licensing/ certifying agency, or both. (OT)

**103. LICENSED FACILITIES/CERTIFIED HOMES: CHANGE OF OWNERSHIP.**

- 01. License/Certificate. Because licenses/certificates are not transferable from one (1) individual to another or from one (1) lessee to another or from one (1) location to another, when a change of ownership, lease, or location is contemplated, the facility/home must be relicensed/recertified and implement the same procedure as a facility/home that has never been licensed/certified. (OT)
- 02. Application for Change of Ownership. The application for a change of ownership must be submitted to the licensing/certifying agency at least sixty (60) days prior to the proposed date of change. (OT)
- 03. Change of Ownership for Facilities/Homes In Litigation. Because of the inherent close relationship between the lessee and the lessor, an application for change of ownership of a facility/home that is being leased from a person who is in litigation for failure to meet licensure/certification standards or who has had his license/certificate revoked, shall include evidence that there is a bonafide arms length agreement and relationship between the two (2) parties. See Subsection 111.02.h. (OT)

**104. -- 110. (RESERVED).**

**111. LICENSED FACILITIES/CERTIFIED HOMES: DENIAL OF LICENSE/CERTIFICATE.**

- 01. Endangerment of Resident's Health and Safety. The licensing/certifying agency may deny the issuance of a license/certificate when persuaded by a preponderance of the evidence that such conditions exist as to endanger the health or safety of any resident; (OT)
- 02. Substantial Compliance with These Rules. The licensing/certifying agency may deny the issuance of a license/ certificate when the facility/home is not in substantial compliance with these rules. Additional causes for denial of a license/certificate may include the following: (OT)
  - a. The applicant has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a license/certificate; or (OT)
  - b. The applicant has been guilty of fraud, gross negligence, abuse, assault, battery, or exploitation with respect to the operation of a health facility or residential care facility or adult foster care home; or (OT)
  - c. The applicant is actively affected in his performance by alcohol or the use of drugs classified as controlled substances; or (OT)
  - d. The applicant has been convicted of a criminal offense other than a minor traffic violation within the past five (5) years; or (OT)
  - e. The applicant has been denied or whose wrong doing has caused the revocation of the license/ certificate of any health facility, residential care facility, or adult foster care home; or (OT)

f. The applicant has been convicted of operating any health facility or residential care facility without a license or adult foster care home without a certificate; or (OT)

g. The applicant is directly under the control or influence of any person who has been subject to the proceedings described in Subsection 111.02.c.; or (OT)

h. The applicant is directly under the control or influence of any person who has been convicted of a criminal offense other than a minor traffic violation in the past five (5) years. (OT)

**112. LICENSED FACILITIES/CERTIFIED HOMES: EFFECT OF PREVIOUS REVOCATION OR DENIAL OF A LICENSE/CERTIFICATE.**

The licensing/certifying agency is not required to review the application of an applicant who has had a license/certificate denied until five (5) years have lapsed from the date of license/certification denial or appeal. (OT)

**113. -- 124. (RESERVED).**

**125. LICENSED FACILITIES/CERTIFIED HOMES: LICENSE/CERTIFICATE REQUIREMENTS.**

01. Person And Premise. Each license/certificate issued shall be only for the premises and persons named in the application and shall not be transferable or assignable; (OT)

02. Number of Beds or Residents. Each license/certificate shall specify the maximum allowable number of beds or residents to be housed. All occupants other than the owner, administrator/sponsor, immediate family, or employees shall be included in the licensed/certified bed capacity; and (OT)

03. Display of License/Certificate. The license/certificate shall be posted in the facility/home, clearly visible to the general public. (OT)

**126. LICENSED FACILITIES/CERTIFIED HOMES: TYPE OF LICENSE/ CERTIFICATE.**

01. Temporary License/Certificate. Following completion of an acceptable application, the final inspection, approval of the building by the licensing/certifying agency, and after determining that the facility/home has the initial capability to provide services, the facility/home shall be issued a temporary license/certificate not to exceed six (6) months. Within the six (6) month period, the licensing/certifying agency shall conduct a full survey to determine the facility's/home's ongoing capability to provide services. A temporary license/certificate is issued to a new applicant to give the Department time to determine the facility's/home's ongoing capability to provide services. (OT)

a. The temporary license/certificate may be replaced with a full license/certificate when the licensing/certifying agency has completed a revisit to the facility/home prior to the expiration of the temporary license/certificate and has determined that the facility/home qualifies for a full license/certificate; or (OT)

b. Following a revisit by the licensing/certifying agency prior to the expiration of the temporary license/certificate, if the licensing/certifying agency determines that the facility/home is not in compliance with the provisions of this chapter, or applicable rules, or standards, the facility/home shall be denied a full license/certificate and the temporary license/certificate shall be revoked. (OT)

02. Full License/Certificate. A full license/certificate shall be valid for a period of time not to exceed twelve (12) months from the date of approval by the licensing/certifying agency. The license/certificate shall expire at the end of its stated period unless it is continued in effect by agreement with the licensing/certifying agency or by operation of law. (OT)

03. Provisional License/Certificate. Facilities/homes found to be in substantial compliance with these rules but fail to comply in every detail may be issued a provisional license/certificate when failure to comply will not adversely affect the health and safety of the residents. A license/certificate issued on the basis of substantial compliance is contingent upon the correction of deficiencies in accordance with an agreed upon plan. (OT)

- a. Provisional licenses/certificates may be issued for up to six (6) months; (T)
- b. Provisional licenses/certificates are issued as a correctional measure only for facilities/homes who are fully licensed/certified at the time the provisional license/ certificate is issued; and (T)
- c. A new facility/home holding a temporary license/ certificate may not move from a temporary license/certificate to a provisional license/certificate. (T)

**127. -- 135. (RESERVED).**

**136. LICENSED FACILITIES/CERTIFIED HOMES: STATE LICENSING/CERTIFYING TO SUPERSEDE LOCAL REGULATION.**

These rules and standards shall supersede any program of any political subdivision of the state which licenses/ certifies or sets standards for facilities/homes. (T)

**137 -- 149. (RESERVED).**

**150. LICENSED FACILITIES/CERTIFIED HOMES: ENFORCEMENT PROCESS.**

01. Remedies. If the Department finds that a facility/home does not or did not meet a rule governing residential care facilities/adult foster care homes, it may impose the following remedies, independently or in conjunction with others, subject to the provisions of these rules for notice and appeal: (T)

- a. Ban on all admissions, see Section 925; (T)
- b. Ban on admissions of residents with certain diagnosis, see Section 926; (T)
- c. Civil monetary penalties, see Section 927; (T)
- d. Appointment of temporary management, see Section 928; (T)
- e. Summarily suspend the license/certificate, or transfer residents, or both, see Section 929; (T)
- f. Issue a provisional license/certificate, see Section 930; (T)
- g. Revoke the facility's license/home's certificate, see Section 931. (T)

02. Specifics for Remedies. Refer to Section 900 through Subsection 971.05 for specifics regarding remedies. (T)

**151. -- 169. (RESERVED).**

**170. LICENSED FACILITIES/CERTIFIED HOMES: UNLICENSED RESIDENTIAL CARE FACILITIES/UNCERTIFIED ADULT FOSTER CARE HOMES.**

01. Unlicensed Facility/Uncertified Home. A building shall be considered an unlicensed residential care facility/uncertified adult foster care home if it is maintained and operated to provide residential care/adult foster care, unlicensed/uncertified and not exempt from licensure/certification and any one (1) of the following conditions exists: (T)

- a. The facility/home is, is held out as, or represented as providing care, supervision and services; (T)
- b. The facility/home accepts or retains residents who demonstrate the need for care, supervision, and services, as defined by these rules and standards. (T)

02. Residents Residing in Unlicensed Facilities/Uncertified Homes. Upon discovery of an unlicensed facility/uncertified home, the Department shall refer residents to the appropriate placement or adult protective services agency if either of the following conditions exist: (OT)

a. There is an immediate threat to the resident's health and safety; (OT)

b. The facility/home does not cooperate with the licensing/certifying agency to apply for a license/certificate, meet licensing/certifying standards and obtain a valid license/ certificate; (OT)

03. Operator of an Unlicensed Facility/Uncertified Home. A person found to be operating a facility without a license/home without a certificate shall be guilty of a misdemeanor punishable by imprisonment in a county jail not to exceed six (6) months, or by a fine not to exceed five thousand dollars (\$5,000). (OT)

04. Prosecution of Violators. In the event the county attorney in the county where the alleged violation occurred fails or refuses to act within thirty (30) days of notification of the violation, the attorney general is authorized to prosecute violations under the provisions of this section. (OT)

05. Placement of Persons into an Unlicensed Facility/Uncertified Home. No person or public agency employee shall place, refer, or recommend placement of a person into a facility/home which is operating without a license/certificate. To do so shall constitute a misdemeanor. (OT)

**171. -- 180. (RESERVED).**

**181. LICENSED FACILITIES/CERTIFIED HOMES: INSPECTIONS.**

01. Inspection of Facilities/Homes. The licensing/certifying agency shall cause to be made such inspections and investigations as it may deem necessary to determine compliance with this chapter and applicable rules and standards. (OT)

02. Unannounced. With the exception of initial surveys, all inspections and investigations shall be made unannounced and without prior notice. (OT)

03. Inspection Services. The licensing/certifying agency may utilize the services of any legally qualified person or organization, either public or private, to examine and inspect any facility/home requesting a license/certificate. (OT)

04. Access and Authority. An inspector shall have full access and authority to examine among other things, quality of care, services delivery, resident records, facility's/homes's records including any records or documents pertaining to any financial transactions between residents and the facility/home or any of its employees, resident accounts, physical premises, including the condition of buildings, grounds and equipment, food service, water supply, sanitation, maintenance, housekeeping practices, and any other areas necessary to determine compliance with applicable rules and standards. (OT)

05. Interview Authority. An inspector shall have the authority to interview the license holder/certificate holder, administrator/sponsor, staff, residents, residents' families, or other legally responsible person. Interviews with residents shall be confidential and conducted privately unless otherwise specified by the resident; (OT)

06. Inspection of Entire Facility/home. The inspector shall have full authority to inspect the entire facility/home, including personal living quarters of operators, administrator/sponsor, or staff living in the facility/home, to check for inappropriate storage of combustibles, faulty wiring, or other conditions that may have a direct impact on the compliance of the facility/home. (OT)

07. Written Report. Following any investigation or inspection, the licensing/certifying agency shall provide within a reasonable period of time, a written report to the administrator of the facility/sponsor of the home. The report shall include the finding of the investigation or inspection. (OT)

08. Statement of Deficiencies. If deficiencies are identified during the investigation or inspection, the



facility/home shall be sent a statement of deficiencies which requires a plan of correction. (OT)

09. Plan of Correction. An acceptable plan of correction must include how the deficiency was corrected or how it shall be corrected, what steps have been taken to assure that the deficiency does not reoccur, and acceptable time frames for correction of the deficiency. (OT)

10. Submit Plan of Correction. The facility/home shall be given a reasonable period of time to develop a plan of correction and to return the plan of correction to the licensing/certifying agency. (OT)

11. Follow-up Surveys. Follow-up surveys may be conducted to ascertain if corrections to deficiencies are being made according to time frames established in the plan of correction. (OT)

**182. -- 190. (RESERVED).**

**191. LICENSED FACILITIES/CERTIFIED HOMES: COMPLAINTS.**

01. Filing a Complaint. A person who believes that any provision of these rules has been violated may file a complaint with the licensing/certifying agency. Complaints may also be filed with the regional office. (OT)

02. Investigations. The licensing/certifying agency shall investigate, or cause to be investigated, any complaint alleging a violation of these rules. (OT)

03. Complaints. A complaint filed with the licensing/ certifying agency which is subsequently released to the violating facility/home or to any member of the public shall not disclose the name or identifying characteristics of the complainant unless: (OT)

a. The complainant consents in writing to the disclosure; (OT)

b. The investigation results in a judicial proceeding and disclosure is ordered by the court; (OT)

c. The disclosure is essential to the investigation. The complainant shall be given the opportunity to withdraw the complaint before disclosure. (OT)

04. Method of Investigation. The nature of the complaint shall determine the method used to investigate the complaint. On-site investigations at the facility/home shall be unannounced. (OT)

05. Exit Conference. The facility administrator/home sponsor shall be offered an exit conference where the findings of the investigation shall be discussed. (OT)

06. Statement of Deficiency. If violation of these rules is identified, depending on the severity, the facility/home shall be sent a statement of deficiencies, shall be required to prepare a plan of correction, and return it to the licensing/certifying agency within a time frame designated by the licensing/certifying agency. (OT)

07. Actions. The licensing/certifying agency shall inform the complainant or, if requested by the complainant, the complainant's representative, of the results of the investigation, any action to be taken by the facility/home to resolve the problem. (OT)

**192. LICENSED FACILITIES/CERTIFIED HOMES: PUBLIC DISCLOSURE.**

01. Disclosure of Resident Identity. Information received by the licensing/certifying agency through filed reports, inspections, or as otherwise authorized under the law, shall not be disclosed publicly in such a manner as to identify individual residents except as necessary in a proceeding involving a question of licensure/certification. (OT)

02. Public Availability of Deficiencies. A current list of deficiencies relating to a facility/home, including plans of correction, shall be available to the public upon written request to the regional office of the

Department or to the licensing/certifying agency. (T)

03. Release of Information. Information regarding written deficiencies or complaint investigations shall not be disclosed until the facility/home has provided a plan of correction. (T)

**193. -- 249. (RESERVED).**

**250. LICENSED FACILITIES/CERTIFIED HOMES: RESIDENTS' RIGHTS.**

Each facility/home shall develop and implement a written residents' rights policy which shall protect and promote the rights of each resident including, but not limited to, the following: (T)

01. Resident Records. Each facility/home must maintain and keep current a record of the following information on each resident: (T)

a. A copy of the resident's current negotiated service agreement and physician's order; (T)

b. Written acknowledgment that the resident has received copies of the rights; (T)

c. A record of all personal property and funds which the resident has entrusted to the facility/home including copies of receipts for the property; (T)

d. Information about any specific health problems of the resident which may be useful in a medical emergency; (T)

e. The name, address, and telephone number of an individual identified by the resident who should be contacted in the event of an emergency or death of the resident; (T)

f. Any other health-related, emergency, or pertinent information which the resident or the resident's legal guardian requests the facility/home to keep on record; (T)

g. The current admission agreement between the resident and the facility/home; and, (T)

h. Upon request a resident shall be provided access to information in his medical record. (T)

02. Privacy. Each resident must be assured the right to privacy with regard to accommodations, medical, and other treatment, written and telephone communications, and visits and meetings of family and resident groups. (T)

03. Humane Care and Environment. Each resident shall have the right to humane care and a humane environment including the following: (T)

a. The right to a diet which is consistent with any religious or health-related restrictions; (T)

b. The right to refuse a restricted diet; and (T)

c. The right to a safe and sanitary living environment. (T)

04. Dignity and Respect. Each resident shall have the right to be treated with dignity and respect, including: (T)

a. The right to be treated in a courteous manner by staff; and (T)

b. The right to receive a response from the facility/home to any request of the resident within a reasonable time. (T)

05. Behavior Management Programs. Each resident shall have the right to be free of unwarranted use of Behavior Management Programs and chemical and physical restraints. (T)

06. Appropriate Habilitation/Training. The resident shall have the right to participate in a habilitation/training program if the resident qualifies for habilitation/training, as determined by an assessment, if he desires to participate, and if the program is available. (T)

07. Participation in the Development of the Negotiated Service Agreement. Each resident shall have the opportunity to participate in his negotiated service agreement. Residents or their legal guardians must be advised of alternative courses of care and their consequences when such alternatives are available. The resident's preference about alternatives must be elicited and considered in the development of the negotiated service agreement. (T)

08. Personal Possessions. Each resident shall have the right to: (T)

- a. Wear his own clothing; (T)
- b. Determine his own dress and hair style; (T)
- c. Retain and use his own personal property in his own living area so as to maintain individuality and personal dignity; and (T)
- d. Be provided a separate storage area in his own living area and at least one (1) locked cabinet or drawer, if the resident is capable of managing lock and key, for keeping personal property. (T)

09. Personal Funds. Residents whose board and care is paid for by public assistance shall retain, for their personal use, the basic personal allowance. In addition, each publicly funded resident is to retain the disregard amount allowed by the Department. The resident may use the disregard amount allowed to pay the facility/home for personal laundry service or if the resident decides not use the facility's/home's laundry service, the resident would then retain the disregard amount allowed for their personal use. See Subsection 550.07 as it refers to charges and services provided in Subsection 423.01.a. (T)

10. Management of Personal Funds. A facility/home shall not require a resident to deposit his personal funds with the facility/home. If resident funds are being managed the facility/home must manage and account for the personal funds of the resident deposited with the facility/home as follows: (T)

- a. The resident must give the facility/home written authorization to manage his funds; (T)
- b. The facility/home must assure a full and complete accounting of each resident's personal funds, maintain a written record of all financial transactions involving each resident's personal funds deposited with the facility/home, and afford the resident, or legal guardian/conservator of the resident, reasonable access to such record; (T)
- c. The facility/home must deposit any amount of a resident's personal funds in excess of one hundred dollars (\$100) in an interest bearing account, or accounts, that is separate from any of the facility's/home's operating accounts and credit all interest earned on the separate account to the account; (T)
- d. The facility/home must maintain any other personal funds in a non-interest bearing account or petty cash fund; (T)
- e. The facility/home must assure that the resident has access to his personal funds during reasonable hours; (T)
- f. Upon the death of a non state client with such an account, the facility/home must promptly convey the resident's personal funds, with a final accounting of such funds, to the individual administering the resident's estate; and (T)
- g. Upon the death of a state client, with such an account, the facility/home must promptly refund the remaining balance of the resident's personal funds, with a final accounting of such funds, to the Department. (T)

11. Access and Visitations Rights. Each facility/home must permit: (OT)
- a. Immediate access to a resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, by any representative of the Department, by the state Ombudsman for the elderly or his designees, by Co-AD or their designees for individuals with a developmental disability or mental illness, by the Idaho Alliance For Mental Illness or their designee for individuals with a mental illness, or by the resident's individual physician; (OT)
  - b. Immediate access to a resident, subject to the resident's right to deny or withdraw consent at any time, by immediate family or other relatives; (OT)
  - c. Immediate access to a resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, by others who are visiting with the consent of the resident; and (OT)
  - d. Reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time. (OT)
12. Access By Advocates and Representatives. A facility/home shall permit advocates and representatives of community legal services program, whose purposes include rendering assistance without charge to residents, to have access to the facility/home at reasonable times in order to: (OT)
- a. Visit, talk with and make personal, social services programs, and legal services available to all residents; (OT)
  - b. Inform residents of their rights and entitlements, their corresponding obligations under state, federal, and local laws by distribution of educational materials or discussion in groups, or with individuals, or both; (OT)
  - c. Assist residents in asserting their legal rights regarding claims for public assistance, medical assistance, and social security benefits, as well as in all other matters in which residents are aggrieved. This assistance may be provided individually, or in a group basis, and may include organizational activity, counseling, and litigation; (OT)
  - d. Engage in all other methods of assisting, advising, and representing residents so as to extend to them the full enjoyment of their rights; (OT)
  - e. Communicate privately and without restrictions with any resident who consents to the communication; and (OT)
  - f. Observe all common areas of the facility/home. (OT)
13. Posting of Pertinent Advocacy Groups. The names, addresses, and telephone numbers of all pertinent advocacy groups shall be conspicuously posted in the facility/home for resident access. These groups shall include, but not be limited to: (OT)
- a. The state licensing/certifying agency; (OT)
  - b. The state ombudsman program, for the elderly; (OT)
  - c. Co-AD, Inc., Idaho's Protection and Advocacy System for individuals with a disability; (OT)
  - d. Idaho Alliance For Mental Illness for individuals with a mental illness; and (OT)
  - e. Adult Protection. (OT)
14. Employment. Each resident shall have the right to refuse to perform services for the facility/home

except as contracted for by the resident and the administrator of the facility/sponsor of the home. If the resident is hired by the facility/home to perform services as an employee of the facility/home, the wage paid to the resident shall be consistent with state and federal law. (T)

15. Confidentiality. Each resident shall have the right to confidentiality of personal and clinical records. (T)

16. Freedom from Abuse. Each resident shall have the right to be free from physical, mental or sexual abuse, neglect, corporal punishment, involuntary seclusion, and any physical or chemical restraints imposed for purposes of discipline or convenience. (T)

17. Freedom of Religion. Each resident shall have the right to practice the religion of his choice or to abstain from religious practice. Residents shall also be free from the imposition of the religious practices of others. (T)

18. Control and Receipt of Health Related Services. Each resident shall have the right to control his receipt of health related services, including: (T)

- a. The right to retain the services of his own personal physician and dentist; (T)
- b. The right to select the pharmacy or pharmacist of his choice; and (T)
- c. The right to confidentiality and privacy concerning his medical condition, dental condition, and treatment. (T)

19. Grievances. Each resident shall have the right to voice and file a grievance with respect to treatment or care that is furnished, without discrimination or reprisal for voicing the grievance and the right to prompt efforts by the facility/home to resolve grievances the resident may have, including those with respect to the behavior of other residents. (T)

20. Participation in Resident and Family Groups. Each resident shall have the right to organize and participate in resident groups in the facility/home and the right of the resident's family to meet in the facility/home with the families of other residents in the facility/home; (T)

21. Participation in Other Activities. Each resident shall have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility/home. (T)

22. Examination of Survey Results. Each resident shall have the right to examine, upon reasonable request, the results of the most recent survey of the facility/home conducted by the Department with respect to the facility/home and any plan of correction in effect with respect to the facility/home; (T)

23. Transfer or Discharge. Each resident shall have the right to be transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay and in non-emergency conditions is given at least fifteen (15) days advance written notice prior to the date of discharge or transfer. (T)

24. Other Facilities/Home. Each resident has a right to review a list of other residential care facilities and adult foster care homes that may be available to meet his needs. (T)

25. Citizenship Rights. Each resident has a right to be encouraged and assisted to exercise his rights as a resident and as a citizen, including the right to be informed and to vote. (T)

26. Other Rights. Each resident shall have any other right established by law. (T)

**251. LICENSED FACILITIES/CERTIFIED HOMES: NOTICE OF RIGHTS.**

01. Notice of Rights. Each facility/home shall: (T)

- a. Inform each resident, orally and in writing, at the time of admission to the facility/home, of his legal rights during the stay at the facility/home; (OT)
- b. During the resident's stay at the facility/home, the facility/home shall periodically review with the resident, both orally and in writing, his legal rights. (OT)
- c. Make available to each resident, upon reasonable request, a written statement of such rights. (OT)
- d. The written description of legal rights in Section 250 shall include a description of the protection of personal funds and a statement that a resident may file a complaint with the licensing/certifying agency respecting resident abuse, neglect, and misappropriation of resident property in the facility/home; and (OT)
- e. A copy of the list of resident rights shall be conspicuously posted in the facility/home at all times. (OT)

**252. -- 374. (RESERVED).**

**375. LICENSED FACILITIES/CERTIFIED HOMES: QUALIFICATIONS OF THE ADMINISTRATOR AND SPONSOR.**

- 01. Qualifications of the Administrator/Sponsor. Each facility/home shall employ at least one (1) full-time administrator/sponsor who: (OT)
  - a. Is of good moral and responsible character and has not been convicted of any felony or defrauding of the federal government; (OT)
  - b. Has sufficient physical, emotional, and mental capacity to carry out the requirements of the rules as verified by a licensed physician or nurse practitioner upon assuming duties and annually thereafter; (OT)
  - c. The Department may conduct such investigations as it may deem necessary to determine the fitness of an administrator/sponsor and may request an administrator/sponsor to provide any additional information it deems necessary related to that person's character and qualifications; and (OT)
  - d. The administrator/sponsor, his relatives, or employees shall not act as or seek to become the legal guardian of, or have power of attorney for any resident, unless specifically adjudicated as such by appropriate legal order. (OT)

**376. LICENSED FACILITIES/CERTIFIED HOMES: RESPONSIBILITIES OF THE ADMINISTRATOR/SPONSOR.**

- 01. Supervision. The administrator/sponsor shall provide supervision for all employees. (OT)
- 02. Employee Background Check. The administrator/sponsor shall ensure that, prior to or upon hire, a background check will be conducted upon each employee; (OT)
- 03. Sufficient Staff. The administrator/sponsor shall employ sufficient staff: (OT)
  - a. To assure the safety and proper care of the residents in the facility/home based upon the physical and mental condition of the residents; (OT)
  - b. To assure the safety and proper care of the residents in the facility/home based on the size and layout of the building, or buildings, or both; (OT)
  - c. To assure the safety and proper care of the residents in the facility/home based on the capabilities and training of the staff; (OT)

d. To assure the implementation of emergency procedures, including evacuation of the residents, if required, in accordance with the facility's/home's disaster preparedness plan, in the event of fire, disaster, or other threats pertaining to the health, safety, and security of the residents; and (T)

e. To assure the safety and proper care of the residents in the facility/home based on compliance with this chapter. (T)

04. Employee Cleanliness and Hygiene. The administrator/sponsor shall assure that each person employed by the facility/home maintains personal cleanliness and hygiene. (T)

05. Staff Job Descriptions for Personal Care to Residents. The administrator/sponsor shall develop and provide written job descriptions to staff who are responsible for providing personal care to residents. (T)

06. Minimum Age of Staff. The administrator/sponsor shall assure that no employee providing hands on care or supervision services shall be under eighteen (18) years of age. (T)

07. Assignment of Duties to Staff. The administrator/sponsor shall assign to each staff member duties consistent with his level of education, preparation, and experience. (T)

08. First Aid Certification for Staff on Duty. The administrator/sponsor shall assure that there is at least one (1) staff member within the facility/home at all times who has a certification in an approved first aid course which includes training about bleeding and seizure control, and the care for abrasions, scratches, cuts and insect bites. (T)

09. Sufficient Trained Staff. The administrator/sponsor shall assure that the facility/home employs sufficient trained staff to fully meet the needs of the residents. (T)

10. Availability of Staff. The administrator/sponsor shall assure that at all times there is at least one (1) staff person immediately available to the residents. When a resident is present in the facility/home there shall be at least one (1) staff person also present in the facility/home. (T)

11. Emergency Contact. The administrator/sponsor shall assure that when no residents are present at the facility/home, a means whereby emergency contact can be made with the administrator/sponsor or his designee is provided. (T)

12. Charge of Facility/Home. The administrator/sponsor shall assure that residents shall not be left in charge of other residents while the administrator/sponsor or his staff are absent from the facility/home. (T)

13. Delegation of Authority. The administrator/sponsor shall not leave the premises without delegating necessary authority to a competent employee who is familiar with the residents and their needs, emergency procedures, the location and operation of emergency equipment, and how the administrator/sponsor can be reached in the event of an emergency. (T)

14. Staff with Infections. The administrator/sponsor shall assure that personnel who have a communicable disease, infectious wound, or other transmittable condition and who provide care or services to residents shall be required to implement protective infection control techniques approved by the administrator/sponsor and not be required to work until the infectious stage is corrected or reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent or seek other remedies to avoid spreading the employee's infection. (T)

15. Staff Training in Infection Control for Blood and other Body Fluids. The administrator/sponsor shall assure that each person employed by the facility/home including housekeeping personnel, or contract personnel, or both who may come into contact with potentially infectious material is trained in infection control procedures for blood and other body fluids, Universal Precautions. (T)

16. Relief Personnel. The administrator/sponsor shall provide for trained relief personnel to substitute

for staff during vacation, illness, or other absences from the facility/home. (T)

17. Notification of Change in Administrator/sponsor. Facility/home owners shall notify the licensing/certifying agency of a change in a facility's administrator/home's sponsor. The notifications shall be sent to the licensing/certifying agency in writing. (T)

18. Responsibility for Reports and Records. The administrator/sponsor shall be responsible for the completion, keeping, and submission of such reports and records as may be required by the licensing/certifying agency. (T)

19. Responsibility for Compliance with Rules. The administrator/sponsor shall be responsible for compliance with the rules. (T)

**377. -- 399. (RESERVED).**

**400. LICENSED FACILITIES/CERTIFIED HOMES: STAFFING STANDARDS AND REQUIREMENTS.**

01. Sufficient Staff. The facility/home shall have sufficient staff to provide care, during all hours, required in each resident's negotiated service plan. The facility/home retains the full responsibility of assuring that sufficient staff is available in the facility/home at all times to assure residents' health, safety, comfort, and supervision. (T)

02. Availability of Staff. There shall be at least one (1) staff person immediately available to the residents at all times. When a resident is present in the facility/home, there shall be at least one (1) staff person, designated in charge, present in the facility/home. Residents shall not be left in charge of other residents. (T)

03. Resident's Sleeping Hours. There must be at least one (1) staff person immediately available, at the facility/home, during residents' sleeping hours. (T)

04. Level III Residents. In facilities/homes admitting or retaining any Level III clients or a combination of Level I, II, or III, there shall be a minimum of one (1) staff person, in the same building, up and awake during the residents' sleeping hours. (T)

05. Level III Resident Waiver. In facilities/homes admitting or retaining any Level III clients or a combination of Level I, II, or III, the supervision requirement that staff be up and awake on a twenty-four (24) hour basis may be the subject of a request for a waiver or variance pursuant to Section 005. In facilities of fifteen (15) beds or less, and homes of four (4) beds or less, if the supervision requirement in each resident's negotiated service agreement states that during residents' sleeping hours staff up and awake is unnecessary, a request for variance of this requirement will be considered by the Department. (T)

06. Two (2) or More Buildings. In facilities/homes where residents are housed in two (2) or more detached buildings, staff shall monitor each building on a regular basis. During the residents' sleeping hours, a staff person shall monitor each building at least once an hour. (T)

07. Additional Staffing. Additional staffing may be required based on the following: (T)

a. The physical and mental condition of the residents; (T)

b. The configuration and design of the building; and (T)

c. The location of the facility/home, both in terms of time and distance, and its proximity to emergency and supportive services. (T)

**401. -- 419. (RESERVED).**



**420. LICENSED FACILITIES/CERTIFIED HOMES: OPERATIONAL STANDARDS AND PROCEDURES.**

01. Operational Policies. Each facility/home shall develop and implement a written set of operational policies which shall be available at all times and shall include, but not be limited to: (OT)

a. Appropriate transfer to other facilities for acute medical or other care to include timely transfer when needed; (OT)

b. Signed release by the resident or legal guardian/conservator for transfer of pertinent information to the receiving facility; (OT)

c. Arrangements made for emergency medical, dental, or other services; (OT)

d. Temporary detention of a resident against his will to protect him or others from harm, which shall include how this is to be accomplished, and persons to be notified including the resident's legal guardian/conservator or family, the Department and local law enforcement; (OT)

e. Maintenance of a daily log to include documentation indicating any significant change in a resident's physical or mental status and the facility's/home's action or response. A twelve (12) month record of daily logs shall be maintained in the facility/home; (OT)

f. Notification of significant changes in physical or mental condition to the family, legal guardian/conservator, or should there be none, the Department; (OT)

g. Conditions under which transfer of a resident can be made without prior notification to, or consent of, the family or legal guardian/conservator; (OT)

h. Assurance that, in the case of a minor injury or illness of residents, physician's orders are carried out; (OT)

i. Death of a resident while in the facility/home; (OT)

j. Provision and maintenance of a system of identifying each resident's personal property and methods for safekeeping of his valuables. Each resident's clothing and other property shall be reserved for his own use; (OT)

k. Provision for the return of the resident's valuables and personal purchases at the time of his transfer, discharge, or death; (OT)

l. Provisions for smoking and non-smoking; (OT)

m. Provisions for alerting or calling an operator or attendant during the night and permitting any resident to secure the attention of an employee at any time; (OT)

n. Plans and procedures for the operation of the physical plant, which include, but are not limited to, utilities, fire safety, and plant maintenance; (OT)

o. Investigations and review of written reports by the administrator/sponsor of every incident/accident involving a resident; and (OT)

p. Notification of the resident's family or legal guardian/conservator, or in the case of Department clients, the regional office of the Department, of any unusual happenings to a resident such as accidents, sudden illness, disease, or unexplained absence. (OT)

02. Resident Medications. There shall be a policy describing the facility's/home's system for handling resident medications. (OT)

03. Behavior Management Programs. If appropriate, there shall be a policy describing the facility's/home's behavior management program which is: (T)

- a. Designed and closely monitored to assure that the interventions of the program are positive; (T)
- b. The least restrictive and least aversive means of obtaining the desired result; and (T)
- c. Must be approved by an individual qualified in resident behavior management. (T)

04. Habilitation/Training. If appropriate, there shall be a policy describing the facility's/home's habilitation/training program which is: (T)

- a. Designed to promote optimal independence; (T)
- b. Maximize the developmental or independence potential of the resident; and (T)
- c. Must be provided in the setting that is the least restrictive of the resident's personal liberties. (T)

05. New Services. When a facility/home arranges for provisions of services that are not provided by the facility/home, but conducted within the physical environment of the facility/home a written policy shall be developed and implemented by the facility/home. (T)

#### **421. LICENSED FACILITIES/CERTIFIED HOMES: INCIDENTS AND COMPLAINTS.**

01. Facility/home Response to Incidents and Complaints. Each facility/home shall develop and implement a written incident and complaint policy and procedure which shall include, but not be limited to, the following: (T)

- a. A method of assuring that the owner, administrator/sponsor or person designated by the administrator/sponsor is notified of all incidents or complaints; (T)
- b. That the owner, administrator/sponsor or person designated by the owner or administrator/sponsor has personally investigated and prepared a written report of finding for each incident or complaint; (T)
- c. That the person making the complaint or reporting the incident has received a response of action taken to resolve the matter or a reason why no action needs to be taken; and (T)
- d. In the case of an anonymous complaint, the administrator/sponsor shall document the action taken or a reason why no action needs to be taken. (T)

02. Administrator/sponsor Availability for Complaints. In order to assure the opportunity for complaints from the residents, the neighborhood, and the community to be made directly to the owner, administrator/sponsor, or person designated by the owner or administrator/sponsor, each facility/home shall establish a regular time when the owner, administrator/sponsor, or person designated by the owner, administrator/sponsor shall be present to personally respond to such incidents or complaints. (T)

03. Log of Complaints. Each facility/home shall establish and maintain a separate complaint log that includes a list of all complaints lodged, the name of the person lodging the complaint, the date and time the complaint was lodged, who investigated the complaint, and what actions were taken to resolve the complaint. The complaint log shall be made available for annual review during the survey. (T)

#### **422. LICENSED FACILITIES/CERTIFIED HOMES: ADMISSION POLICIES.**

01. Admission Policies. Each facility/home shall develop and follow a written admission policy. This

written description of services provided by the facility/home to the residents shall be on file and available to the public and shown to any potential resident, his legal guardian/conservator, or both. The written admission policy shall include as a minimum, but not be limited to, the following: (OT)

- a. The purpose, quantity and characteristics of the service; (OT)
  - b. Any restrictions or conditions imposed as a result of religious beliefs or philosophy of the owner or administrator/sponsor; (OT)
  - c. Any particular dietary beliefs if they are to be imposed on residents as part of care and services; (OT)
  - d. Any unusual restriction, unusual practices or both imposed on a resident regardless of the reason for such restriction or practice; and (OT)
  - e. Any limitations concerning delivery of routine personal care by persons of the opposite sex. (OT)
02. Written Descriptions of Acceptance. Written descriptions of the conditions for accepting a resident to the facility/home shall be on file and available to the public. (OT)
03. Review Prior to Admission. Services offered, charges, and information required of residents shall be reviewed with the potential resident or his legal guardian/conservator prior to admission. (OT)
04. Fee Description. A written description of how fees shall be handled by the facility/home for a partial month's care shall be included. (OT)
05. Notice of Increase of Monthly Fee. Resident or resident's legal guardian/conservator shall be notified in writing of an increase in the facility's/home's monthly rates at least fifteen (15) days prior to such a raise in monthly rates. (OT)
06. Agreement to Handle Funds. A written agreement whether or not the facility/home shall accept responsibility for the residents' personal funds shall be available. (OT)
07. Signed Admission Agreement. The admission agreement must be signed by the resident or his legal guardian/conservator and a representative of the facility/home. (OT)
08. Policies Of Acceptable Admissions. Written policies shall be on file and implemented describing the kind or kinds of individuals who can be admitted to the facility/home. The policies shall include, but not be limited to, the following: (OT)
- a. No resident shall be admitted or retained for whom the facility/home does not have the capability or services to provide appropriate care, requires a level of service, or type of service for which the facility/home is not licensed/certified to provide or which the facility/home does not provide, or if the facility/home does not have the staff, appropriate in numbers and with appropriate skill to provide such services; (OT)
  - b. No resident shall be admitted or retained who requires ongoing skilled nursing, intermediate care, or care not within the legally licensed/certified authority of the facility/home; (OT)
  - c. No resident shall be admitted or retained who is unable to feed himself; (OT)
  - d. No resident shall be admitted or retained who requires restraints including bed rails that the resident cannot let down himself; (OT)
  - e. No resident shall be admitted or retained who is bedfast; (OT)
  - f. No resident shall be admitted or retained who is in need of nursing judgment for an ongoing

unstable health condition; (OT)

g. No resident shall be admitted or retained with decubitus ulcers/pressure sores or open wounds; (OT)

h. No resident shall be admitted or retained with single or multiple health care needs that require the continuing involvement of technical or professional personnel to appropriately evaluate, plan, and deliver resident care; (OT)

i. No resident shall be admitted or retained who is beyond the level of fire safety provided by the facility/home; (OT)

j. No resident shall be admitted or retained whose physical, emotional, or social needs are not homogenous with the other residents in the facility/home; and (OT)

k. No resident shall be admitted or retained that is violent or a danger to himself or others. (OT)

09. Categories of Residents. The facility/home shall identify a specific category or categories of residents who can be admitted, such as individuals with a developmental disability, mental illness, or elderly, or a mixed population. (OT)

10. Level Designation. The facility/home shall specify whether or not Level I or a combination of Levels I, II or III can be admitted to the facility/home. (OT)

11. Change of Levels or Categories. Whenever the facility/home changes the level or category of resident admitted to the facility/home, current residents must be notified in advance. (OT)

12. Admission of Department Clients. The facility/home shall not admit any client of the Department without a written statement from the Department that the resident requires residential care/foster home care based on an uniform assessment instrument. (OT)

13. Admission of Department Nonclients. The facility/home shall not admit any nonclient of the Department without a written order by the attending physician for admission to the facility/home which shall include orders for medication, diet, treatments, and activity level. (OT)

14. Adherence to Admission Policies. The facility/home shall strictly adhere to its admission policies (OT)

15. Respite Care Admissions. Facilities/homes may provide respite care provided that potential residents meet regular admission requirements including current doctors' orders for medication or treatment, psychosocial/social history, and admission agreements. Respite care admissions shall not place the facility/home over their licensed/certified bed capacity. (OT)

#### **423. LICENSED FACILITIES/CERTIFIED HOMES: ADMISSION AGREEMENTS.**

01. Admission Agreements. Prior to or on day of admission to the facility/home, the facility/home and the resident or the resident's legal guardian/conservator shall enter into an admission agreement. The agreement shall be in writing and shall be signed by both parties. The admission agreement may be integrated with the negotiated service agreement provided that all requirements for the negotiated service agreement and admission agreement are met. The admission agreement shall include at a minimum the following: (OT)

a. Services that the facility/home shall provide including, but not limited to, daily activities, recreational activities, maintenance of self-help skills, assistance with activities of daily living, arrangements for medical and dental services, provisions for trips to social functions, special diets, and arrangements for payments; (OT)

b. Whether or not the resident shall assume responsibility for his own medication including reporting

- missed medication or medication taken on a PRN basis; (OT)
- c. Whether or not the facility/home shall accept responsibility for the residents' personal funds; (OT)
  - d. How a partial month's refund shall be handled; (OT)
  - e. Responsibility for valuables belonging to the resident and provision for the return of residents' valuables should the resident leave the facility/home; (OT)
  - f. The level and category of resident that shall be admitted to the facility/home; (OT)
  - g. Fifteen (15) days' written notice prior to transfer or discharge on the part of either party; (OT)
  - h. Conditions under which emergency transfers shall be made; (OT)
  - i. Permission to transfer pertinent information from the resident's medical record to an acute care facility, nursing facility, residential care facility/adult foster care home; (OT)
  - j. Resident responsibilities as appropriate; and (OT)
  - k. Other information as may be appropriate. (OT)
02. Conditions of Termination of the Admission Agreement. The admission agreement shall not be terminated except under the following conditions: (OT)
- a. By written notification by either party giving the other party fifteen (15) days' written notice; (OT)
  - b. The resident's mental or physical condition deteriorates to a level requiring evaluation, service, or both that cannot be provided in a facility/home; (OT)
  - c. Nonpayment of the resident's bill; (OT)
  - d. In emergency conditions a resident may be transferred out of the facility/home without fifteen (15) days' written notice to protect the resident or other residents in the facility/home from harm; and (OT)
  - e. Other written conditions as may be mutually established between the resident, the resident's legal guardian/conservator and the administrator of the facility/sponsor of the home at the time of admission. (OT)

**424. LICENSED FACILITIES/CERTIFIED HOMES: UNIFORM ASSESSMENT CRITERIA.**

01. Responsibility for Development. The Department shall develop uniform assessment criteria to assess function and cognitive disability. The conclusions shall be deemed the assessment and shall be used to provide appropriate placement and funding for service needs. The assessment shall also be used to ensure funding is cost-effective and appropriate when compared to other state programs relevant to the needs of the client being assessed. (OT)
02. Qualifications of Persons Making the Assessments. Persons making the assessments for placement into a facility/home shall: (OT)
- a. Be an individual trained in administering the identified Uniform Assessment Instrument; (OT)
  - b. The administrator/sponsor shall be responsible for training facility/home staff members, who have been assigned the duty of administering the identified Uniform Assessment Instrument, on the appropriate methods of administering the assessment instrument for private pay residents; and (OT)

c. The Department shall be responsible for training regional staff on the appropriate methods of administering the identified Uniform Assessment Instrument for clients of the Department. (OT)

03. Department's Responsibility for Clients of the Department. The Department shall assess the resident's level of care, functional level, and cognitive disability using the identified Uniform Assessment Instrument, to include but not be limited to: (OT)

a. Assessing each Department client referred by a facility/home; (OT)

b. Each resident assessment shall be reviewed by the Department as needed, not to exceed a twelve (12) month time period, from the completion date of the previous assessment or review; and (OT)

c. Upon completion of the assessment, not to exceed ten (10) days after notification by the facility/home of a need for an assessment, a copy of the completed assessment instrument, clearly identifying medical diagnosis, health conditions, medications, past and current behavioral problems, cognitive level, functional status, and level of care shall be provided to the facility/home. (OT)

04. NonClients Of The Department. Nonclients of the Department shall be assessed by the facility/home using the identified Uniform Level of Care Assessment Tool. (OT)

05. Time Frames For Completing An Assessment. The Uniform Assessment Instrument shall be initiated, upon or prior to, the date of admission to the facility/home. The assessment shall be completed no later than fourteen (14) days from the resident's admission to the facility/home. (OT)

06. Information To Be Included In An Assessment. The Uniform Assessment Instrument shall include, but not be limited to: (OT)

a. Identification/Background Information; (OT)

b. Medical Diagnosis; (OT)

c. Medical and Health Problems; (OT)

d. Medications, both prescription and over the counter, (OT)

e. Behavior Patterns; (OT)

f. Cognitive Function; (OT)

g. Functional Status; and (OT)

h. Assessed Level Of Care. (OT)

07. Use of an Assessment in Developing the Negotiated Service Agreement. The Uniform Assessment Instrument, with uniform criteria, forms a comprehensive system of assessment, to include identification of strengths, problems, needs, and provides the foundation for the facility/home to initiate appropriate interventions through the negotiated service agreement. The completion of an accurate assessment allows an effective program of care and supervision to be constructed to promote the resident's highest practicable level of functioning. The negotiated service agreement shall be based on the needs identified by the assessment. (OT)

08. Use of Assessments in Determining Facility/Home Staffing Ratios. The facility/home shall have sufficient numbers and types of staff, on a twenty-four (24) hour basis, to provide care and supervision to all residents in accordance with their negotiated service agreement and as determined by their assessment. (OT)

09. Use of Assessment for Determining the Ability of Facility/Home to Meet Resident Needs. The assessment shall be used to determine the ability of an administrator/sponsor and facility/home to meet the identified residents' needs. The assessment shall also be used to determine the need for special training or licenses or certificates

that may be required in caring for certain residents. (OT)

**425. LICENSED FACILITIES/CERTIFIED HOMES: NEGOTIATED SERVICE AGREEMENT.**

01. Use of Negotiated Service Agreement. Each resident shall be provided a negotiated service agreement to provide for coordination of services and for guidance of the staff and management of the facility/home where the person resides. Upon completion, the agreement shall clearly identify the resident and describe the services to be provided to the resident and how such services are to be delivered. (OT)

02. Basis Of Negotiated Service Agreement. A resident's negotiated service agreement shall be based on the following, but not limited to: (OT)

- a. Assessment; (OT)
- b. Service needs for activities of daily living; (OT)
- c. Need for limited nursing services; (OT)
- d. Need for medication assistance; (OT)
- e. Frequency of needed services; (OT)
- f. Level of assistance; (OT)
- g. Habilitation/Training needs, to specify the program being used; (OT)
- h. Behavioral management needs, to include a specific plan which identifies situations that trigger inappropriate behavior; (OT)
- i. Physician's signed and dated orders; (OT)
- j. Admission records; (OT)
- k. Community support systems; (OT)
- l. Resident's desires; (OT)
- m. Transfer/discharge; and (OT)
- n. Other identified needs. (OT)

03. Signature and Approval of Agreement. The administrator/sponsor and resident/resident's legal guardian/conservator, shall sign the negotiated service agreement upon its completion, not to exceed fourteen (14) days after the resident's admission. (OT)

04. Signing Date that the Plan was Approved. The administrator/sponsor and resident/resident's legal guardian/conservator shall date the negotiated service agreement upon its completion, not to exceed fourteen (14) days after the resident's admission. (OT)

05. Review Date. The negotiated service agreement shall document the next scheduled date of review. (OT)

06. Development of the Service Agreement. The facility administrator/home sponsor shall consult the resident, the resident's family, the resident's legal guardian/conservator, friends, case manager, targeted service coordinator, advocacy groups specific to resident type, consumer coordinator, if applicable, in the development of the resident's service agreement. (OT)

07. Provision of Copy of Agreement. Signed copies of the agreement shall be given to the resident, to the resident's legal guardian/conservator, to the Department for review, and a copy placed in the resident's records file, no later than fourteen (14) days from admission. (T)

08. Resident Choice. A resident shall be given the choice and control of how and what services the facility/home will provide, or external vendors will provide to the extent the resident can make choices. (T)

09. Record. A record shall be made of any changes or inability to provide services outlined in the negotiated service agreement. (T)

10. External Services. The agreement shall include a statement regarding when there is no need for access to external services. (T)

11. Periodic Review. The negotiated service agreement may be reviewed as necessary but must be reviewed at least every six (6) months. (T)

**426. LICENSED FACILITIES/CERTIFIED HOMES: RESIDENT RECORDS.**

01. Admission Records. Records required for admission to a facility/home shall be maintained and updated and shall be confidential. Their availability, subject to Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 01, "Rules Governing the Protection and Disclosure of Department Records," shall be limited to administration, professional consultants, the resident's physician and representatives of the licensing/certifying agency. All entries shall be kept current, recorded legibly in ink, dated, signed, and shall include, but not be limited to, the following: (T)

a. Name and Social Security number; and (T)

b. Permanent address if other than the facility/home; and (T)

c. Marital status and sex; and (T)

d. Birth place and date of birth; and (T)

e. Name and addresses of responsible agent or agency with telephone numbers; and (T)

f. Personal physician and dentist; and (T)

g. Admission date and by whom admitted; and (T)

h. Results of a history and physical examination performed by a licensed physician or nurse practitioner within six (6) months prior to admission; and (T)

i. For nonclients of the Department, the history and physical should include a description of the functional abilities of the resident including his specific strengths and limitations and the specific needs for personal assistance and supervision indicating that the resident is appropriate for placement in a facility/home; and (T)

j. A list of medications, diet, and treatments prescribed for the resident which is signed and dated by the physician giving the order; and (T)

k. Religious affiliation if resident chooses to so state; and (T)

l. Interested relatives and friends other than those outlined in Subsection 426.01.e. to include, names, addresses, and telephone numbers of family members, legal guardian/conservator, or significant others, or all; and (T)

m. For clients of the department a psychosocial history, completed within six (6) months prior to admission, by a licensed social worker, psychologist, psychiatrist, or licensed physician; and (T)



n. Social information, obtained by the facility/home through interview with the resident, family, case manager, targeted service coordinator, legal guardian/conservator, or all. The information shall include the resident's social history, hobbies, and interests; and (OT)

o. Written admission agreement which is signed and dated by the administrator/sponsor and the resident/resident's legal guardian/conservator; and (OT)

p. Releases or consents, completed and signed, to transfer pertinent information from the resident's record to an acute care facility, nursing facility, or other residential care facility/adult foster care home; and (OT)

q. A signed copy of the resident's bill of rights, or documentation that the resident or resident's legal guardian/conservator has read and understands his rights as a resident of the facility/home; and (OT)

r. A copy of the resident's admission Uniform Assessment Instrument for residential care/adult foster care; and (OT)

s. A copy of the signed and dated admission negotiated service agreement between the resident/resident's legal guardian/conservator and the facility/home. (OT)

02. Ongoing Resident Records. Records shall be kept current, to include but not be limited to: (OT)

a. Admission information as required in Section 351.01 of this chapter; and (OT)

b. A current list of medications, diet, and treatments prescribed for the resident which is signed and dated by the physician giving the order. Current orders may be a copy of the signed doctor's order from the pharmacy; and (OT)

c. Any incident/accident occurring while the resident is in the facility/home; and (OT)

d. Documentation of any medication refused by the resident, not given to the resident or not taken by the resident with the reason for the omission. All PRN medication shall be documented with the reason for taking the medication; and (OT)

e. Notes from the contract nurse, home health, physical therapy, or other service providers, or all documenting the services provided at each visit; and (OT)

f. Documentation of significant changes in the residents' physical, mental status, or both and the facility's/home's response; and (OT)

g. If appropriate, the resident's financial trust fund accounting records; and (OT)

h. The resident's Uniform Assessment Instruments, to include the admission assessment and all assessments for the past year, for residential care/adult foster care; and (OT)

i. Signed and dated negotiated service agreements, to include the admission negotiated service agreement and all service agreements for the past year, between the resident/resident's legal guardian/conservator and the facility/home. (OT)

03. Maintenance of Resident Records. Resident records shall be maintained at the facility/home for not less than one (1) year after the resident has left the facility/home. (OT)

**427. LICENSED FACILITIES/CERTIFIED HOMES: RESIDENT CHARGES AND FINANCIAL RECORDS.**

01. Resident Funds Policies. Each facility/home shall develop and implement a policy and procedure

outlining how residents' funds shall be handled. This policy and procedure shall include, but not be limited to, the following: (T)

a. The facility/home policy and procedure shall state whether the facility/home shall or shall not handle residents' funds; (T)

b. This policy or procedure shall be clearly stated in the admission policy and in the admission agreement. (T)

02. Handling of Resident Funds. If the facility/home agrees to handle residents' funds, the following shall apply: (T)

a. A separate trust account must be established. There can be no commingling of trust funds with facility/home funds. Borrowing between resident accounts is prohibited; (T)

b. Each resident shall be notified that a trust fund is available for his use if he needs this service; (T)

c. If it is determined that a resident needs the use of a trust fund service, the facility/home shall be required to deposit the residents' entire check into the trust fund; (T)

d. Bill each resident for his residential care/foster home care charges on a monthly basis from the trust account; (T)

e. Document on a monthly or on a weekly basis any financial transactions in excess of five dollars (\$5) between the resident and the facility/home or any of the facility's/home's personnel. A separate transaction record shall be maintained for each resident; (T)

f. The facility/home shall not require the resident to purchase goods or services from the facility/home for other than those designated in the admission policies, or the admission agreement, or both. See Section 423; (T)

g. The facility/home shall afford the resident or the resident's legal guardian/conservator reasonable access to the resident's financial record; (T)

h. The facility/home shall afford the resident reasonable access to the his funds; (T)

i. Upon the death of a nonclient of the Department, with a trust fund, the facility/home must convey the resident's personal funds and a final accounting of such funds to the individual administering the resident's estate; and (T)

j. Upon the death of a client of the Department, with a trust fund, the facility/home must convey the resident's personal funds and a final accounting of such funds to the Department. (T)

**428. LICENSED FACILITIES/CERTIFIED HOMES: MEDICATION STANDARDS AND REQUIREMENTS.**

01. Medication Policy. Each facility/home shall develop and implement a written medication policy and procedure that outlines in detail the procedures to be followed regarding the handling of medications. The medication policy shall include, but not be limited to, the following: (T)

a. When the facility/home assumes the responsibility for a resident's medication, the resident's prescribed medications shall be at a maintenance level and not require assessment and judgment by a licensed nurse for safe administration; (T)

b. Injectable medications, including, but not limited to, vitamins and insulin, which cannot be self-administered by the resident must be administered by a licensed nurse; (T)

c. If the resident is granted responsibility for his own medication, a written approval stating that the resident is capable of self-administration of medications, must be obtained from the resident's primary physician; (OT)

d. All medications, under the control of the facility/home, shall be kept in a locked area such as a locked box or locked room; (OT)

e. The facility/home shall take the necessary precautions to protect the cognitively impaired resident from obtaining medications that are being stored in individual resident rooms; (OT)

f. The facility administrator/home sponsor shall be responsible for providing the necessary assistance to the resident in taking his medication by reminding the resident to take medications; (OT)

g. The facility administrator/home sponsor shall be responsible for providing the necessary assistance to the resident in taking his medication by removing medication containers from storage; (OT)

h. The facility administrator/home sponsor shall be responsible for providing the necessary assistance to the resident in taking his medication by assisting with removal of cap from medication containers; (OT)

i. The facility administrator/home sponsor shall be responsible for providing the necessary assistance to the resident by assisting with the removal of a medication from the container for a resident with a disability which prevents independence in this act. Medications must be taken directly from the medi-sets, blister pack, multidose container by the resident or the person assisting the resident; and (OT)

j. The facility administrator/home sponsor shall be responsible for the providing necessary assistance to the resident by observing the resident taking the medication. (OT)

02. Medi-sets. If the facility/home is utilizing medi-sets, they must be filled and properly, in accordance with pharmacy standards, labeled by a pharmacist. Medi-sets shall not exceed a thirty (30) day supply. Residents, families of residents and facility/home personnel such as administrators/sponsors, nurses, cooks, and aides shall not fill the medi-sets, since this action increases the possibility of error. (OT)

03. Assistance with Medication. The adult residential care provider/adult foster home care provider is responsible for providing necessary assistance, if required, to the resident in taking his medication, including, but not limited to, reminding the resident to take medication, removing medication containers from storage, assisting with the removal of a medication from a container for residents with a disability which prevents independence in this act and observing the resident taking the medication. The following procedures apply: (OT)

a. When assisting an individual resident, the medication may be placed in a souffle cup directly from the medi-set, blister pack, the PRN multidose container, or the temporary routine medication multidose container, in the presence of the resident when it is inconvenient or inappropriate to issue directly to the resident's hand from the original container, medi-set, or blister pack. One to one delivery pre-pouring is prohibited; and (OT)

b. Medications shall not be left at residents' bedsides or on meal trays. Each medication must be given to the resident directly from the medi-set or blister pack or medication container. Assisting the resident in this way, the person helping the resident can determine whether or not the resident actually ingested the medications. (OT)

04. Resident Responsibilities. Facilities/homes which permit residents to handle and store their own medications shall require the resident to report any missed or PRN doses to the person in charge. (OT)

05. Emergency Dose of Medications. One (1) standard dose of emergency medication may be left with the resident if the resident is able to safely manage the medication. (OT)

06. Borrowed Medication. Medications shall not be borrowed between residents. (OT)

07. Independent Medication Management. If the facility/home provides training to residents for independent medication management, a detailed written plan must be developed and written approval of the plan must be obtained from the resident's primary physician before the plan is implemented. Documentation of a regular review of the plan and the training shall be maintained in the resident's medical record. (T)

**429. LICENSED FACILITIES/CERTIFIED HOMES: PHARMACIST.**

01. Development of Drug Distribution System. A pharmacist shall participate with the facility/home in the initial development of the drug distribution system. (T)

02. Pharmacy Consultation. A pharmacist shall be available to the facility administrator/home sponsor for consultation as needed. (T)

**430. LICENSED FACILITIES/CERTIFIED HOMES: ACTIVITIES.**

01. Policy and Plan. Each Residential Care Facility/Adult Foster Care Home shall develop and implement a written activity policy and plan which shall assist, encourage and promote residents to maintain and develop their highest potential for independent living through their participation in recreational and other activities. (T)

02. Activity Opportunities. The facility/home shall provide opportunities so the following activities are available to residents: (T)

- a. Socialization through group discussion, conversation, recreation, visiting, arts and crafts, music; (T)
- b. Daily living activities to foster and maintain independent functioning; (T)
- c. Physical activities such as games, sports, and exercises which develop and maintain strength, coordination, and range of motion; (T)
- d. Education through special classes or activities; and (T)
- e. Leisure time so residents may engage in activities of their own choosing. (T)

03. Community Resources for Activities. The facility/home shall utilize community resources to promote resident participation in activities both in and away from the facility/home. (T)

**431. -- 449. (RESERVED).**

**450. LICENSED FACILITIES/CERTIFIED HOMES: FOOD SERVICE.**

01. Food Services Provided by Facility/home. When food services are provided by any facility/home, the following standards and requirements shall be met: (T)

- a. Assure that all persons wear clean garments and an apron, smock, or other cover-up when working in the kitchen. Aprons, smocks or other cover-ups used in the kitchen shall be maintained clean and in good condition at all times. Long, shoulder length, hair shall be restrained; (T)
- b. Assure that all persons keep their hands clean at all times while engaged in preparing and serving food and drink. Hands shall be rewashed each time the person returns to the kitchen from other activities in the facility/home; and (T)
- c. Assure that no person having a communicable disease in the transmittable stage or who is suspected of being a carrier of organisms that may cause a communicable disease shall be employed in food preparation and service. (T)

**451. LICENSED FACILITIES/CERTIFIED HOMES: MENU PLANNING.**

Residents' menus shall provide at least the minimum food and nutritional needs of the residents in accordance with the current Recommended Dietary Allowances established by the Food and Nutrition Board of the National Research Council, adjusted for age, sex and activity. (T)

01. Milk. One (1) pint or more daily, as a beverage or in cooking; (T)
  - a. Cheese or yogurt may be substituted for part of the milk; and (T)
  - b. Only Grade A pasteurized fluid milk or fluid milk products shall be served. Two (2) eight (8) ounce servings of milk shall be served to each resident daily. (T)
02. Meat. Four (4) to six (6) ounces (cooked meat without the bone) beef, pork, veal, lamb, fish, poultry, or equal substitutes. Acceptable substitutions include: (T)
  - a. One (1) egg = one (1) ounce of meat; (T)
  - b. One (1) ounce cheese = one (1) ounce of meat; (T)
  - c. One-half (1/2) cup cooked dry beans or peas = one (1) ounce of meat; (T)
  - d. Two (2) tablespoons of peanut butter = one (1) ounce of meat; and (T)
  - e. Limit use of meat substitutes to two (2) or three (3) times per week. (T)
03. Fruits And Vegetables. Four (4) servings to include a vitamin C fruit or vegetable daily and a vitamin A rich fruit or vegetable every other day. (T)
04. Breads And Cereals. Four (4) servings of enriched, restored, or whole grain breads or cereals. (T)
05. Other Foods. Fats and sugars shall be provided to round out the meal, satisfy appetites, and to provide sufficient calories. (T)
06. Additional Menu Items. Items on the menu shall include, but not be limited to: (T)
  - a. Include foods commonly served within the community and to which the residents are accustomed; (T)
  - b. Reflect seasonal food selections as well as residents' food habits, preferences, and physical abilities; (T)
  - c. Provide a sufficient variety of foods in adequate amounts at each meal; (T)
  - d. Be varied for each day of the week, different for the same days from week to week; and (T)
  - e. Not include restrictions of any kind based on dietary beliefs or practices of the owner and administrator/sponsor unless the facility's/home's admission policies clearly indicate. (T)

**452. LICENSED FACILITIES/CERTIFIED HOMES: MODIFIED OR THERAPEUTIC DIETS.**

01. Modified Or Therapeutic Diets. When therapeutic diet services are provided, the facility/home shall meet the following: (T)
  - a. Have on file, a physician's order for each diet; (T)
  - b. Have a menu planned or approved, signed and dated by a dietitian prior to being served, which

- meets the nutritional standards to the extent that is possible; (T)
- c. The menu shall be planned as close to the regular diet as possible; (T)
  - d. Have readily available, in the kitchen, the meal pattern, including types and amounts of food to be served; (T)
  - e. Serve the menu as planned; (T)
  - f. Keep the therapeutic menus on file for three (3) months; and (T)
  - g. Residents for whom such diets cannot be supplied shall not be accepted or retained in the facility/home. (T)

**453. LICENSED FACILITIES/CERTIFIED HOMES: FOOD STORAGE.**

- 01. Food Storage Temperature. All potentially hazardous foods and beverages shall be kept at a safe temperature, forty-five (45) degrees Fahrenheit or below and at one hundred forty (140) degrees Fahrenheit or above, except during necessary periods of preparation and service. (T)
- 02. Frozen Food Storage Temperatures. Frozen foods shall be maintained at zero (0) degrees or below except during necessary periods of preparation and service. (T)
- 03. Refrigerator and Freezer Temperature. Each refrigerator and freezer used for storage of perishable food shall be provided with an accurate thermometer located in the warmest part toward the side front of the refrigerator and where the temperature can be easily and readily observed. (T)
- 04. Thawing of Frozen Food. Frozen foods which are potentially hazardous if not properly handled shall be thawed for preparation in one (1) of the following ways: (T)
  - a. In refrigerated units at a temperature not exceeding forty-five (45) degrees Fahrenheit; (T)
  - b. Under potable running water, at a temperature of seventy (70) degrees Fahrenheit or below, with sufficient water velocity to agitate and float off loose particles into the overflow; (T)
  - c. In a microwave oven; or (T)
  - d. As part of a conventional cooking process. (T)
- 05. Safe Food. Food received or used in facilities/homes shall be clean, wholesome, free from spoilage, adulteration, misbranding, and safe for human consumption. Outdated products shall not be used. (T)
- 06. Food Storage. Stored food shall be placed in such a manner as to be kept from dust and splash contamination. All food shall be stored off the floor. (T)
- 07. Temperature. Food shall have been prepared, processed, kept at a proper temperature, packaged, transported, and stored in a sanitary manner so as to be protected from contamination and spoilage. (T)
- 08. Canned Food. Food contained in rusted, dented, or unlabeled cans shall not be used. (T)
- 09. Food Supply. The facility/home shall maintain a seven (7) day supply of nonperishable foods and a two (2) day supply of perishable foods. (T)

**454. LICENSED FACILITIES/CERTIFIED HOMES: FOOD PREPARATION AND SERVICE.**

- 01. Food Preparation. Foods shall be prepared by methods that conserve nutritional value, flavor, and appearance. (T)

02. Raw Unprocessed Food. Raw unprocessed food, fruits, or vegetables shall be thoroughly washed before use. (T)
03. Home Canned Foods. Home canned foods shall not be served except home canned jams, jellies, fruits, pickles, and preserves; (T)
04. Dry Milk Products. Reconstituted dry milk and dry milk products; i.e., whey, may be used only in instant desserts, whipped products, or for cooking and baking purposes. (T)
05. Meal Spacing. For facilities/homes serving three (3) meals per day, not more than fourteen (14) hours shall elapse between the end of an evening meal and the beginning of the following morning meal containing a protein food. (T)
06. Meal Intervals. Intervals between breakfast and lunch and lunch and dinner shall not be less than four (4) hours nor more than six (6) hours. (T)
07. Main Meal. If the dinner, main meal, is served at noon; the evening meal shall include at least one (1) ounce of a protein food (meat, cheese, fish, or egg), vegetable or fruit, dessert, and beverage preferably milk. (T)
08. Temperature of Served Food. Foods shall be attractively served at proper temperatures. (T)
09. Form of Food Served. Foods shall be served in a form to meet individual resident's needs, to include but not be limited to: (T)
- a. Foods shall be cut, ground, or pureed only for those who require it; and (T)
- b. Special attention shall be given to residents without dentures, with ill-fitting dentures, or with any affliction making mastication difficult. (T)
10. Boxed Lunch and Dinner Meal. If residents carry lunches, box or sack, at noon, the dinner meal shall be served in the evening. (T)
11. Box Lunch Nutrition. A box lunch shall be nutritionally adequate and include one (1) serving each of: (T)
- a. A protein food, one (1) to two (2) ounces; (T)
- b. A fruit or vegetable or both; (T)
- c. Beverage, milk unless eight (8) ounces is served at breakfast and dinner; and (T)
- d. Bread. (T)
12. Food Temperatures in Box Lunch. When a box lunch is provided, insulated containers shall be provided to maintain hot foods hot and cold foods cold. (T)

**455. LICENSED FACILITIES/CERTIFIED HOMES: FOOD SERVICE SANITATION STANDARDS.**

01. Pots and Pans. Pots and pans shall be adequate in number and shall be maintained in a smooth, nonpitted, easily cleanable condition. (T)
02. Cups, Dishes, and Utensils. Cups, dishes, and eating utensils that are stained, pitted, chipped, unglazed, or not easily cleanable shall not be used. (T)
03. Food Service Walls. The walls of all food preparation, utensil washing, and hand washing rooms or

areas shall have smooth, easily cleanable surfaces and shall be washable up to the highest level by splash or spray.

(T)

04. Water. Hot and cold running water under pressure shall be easily accessible to all rooms where food is prepared or utensils are washed.

(T)

05. Live Animals. No live animals or fowl shall be kept or allowed in the food service area.

(T)

06. Living Quarters. Food preparation, or service areas, or both shall not become living quarters for facility/home employees.

(T)

07. Garbage, Trash, and Rubbish. All garbage, trash, and rubbish shall be collected in a sanitary manner, to include but not be limited to:

(T)

a. All garbage, trash, and rubbish shall be collected daily and taken to storage facilities;

(T)

b. Garbage shall be removed from storage facilities frequently enough to prevent a potential health hazard;

(T)

c. Wet garbage shall be collected and stored in impermeable, leak proof, fly tight containers pending disposal; and

(T)

d. All containers, storage areas, and surrounding premises shall be kept clean and free of vermin.

(T)

08. Availability of Public or Contract Garbage Collection. If public or contract garbage collection service is available, the facility/home shall subscribe to these services.

(T)

**456. -- 474. (RESERVED).**

**475. LICENSED FACILITIES/CERTIFIED HOMES: ENVIRONMENTAL SANITATION STANDARDS.**

01. Responsibility for Maintenance of Sanitary Conditions. The facility/home is responsible for the prevention of disease and for the maintenance of sanitary conditions.

(T)

02. Water Supply. The water supply for the facility/home shall be adequate, of a safe, and sanitary quality, to include, but not be limited to:

(T)

a. A Department approved private, public, or municipal water supply shall be used;

(T)

b. If water is from a private supply, water samples shall be submitted to the Department through the District Public Health Laboratory for bacteriological examination at least annually or more frequently if deemed necessary by the Department. Copies of the laboratory reports shall be kept on file at the facility/home; and

(T)

c. There shall be a sufficient amount of water under adequate pressure to meet the sanitary requirements of the facility/home at all times.

(T)

03. Sewage Disposal. All sewage and liquid wastes shall be discharged, collected, treated, and disposed of in a manner approved by the Department.

(T)

04. Garbage and Refuse Disposal. Garbage and refuse disposal shall be provided by the facility/home. The disposal method, shall include, but not be limited to:

(T)

a. Garbage containers both inside and outside the facility/home, used for storage of garbage and refuse, shall be constructed of durable, non-absorbent materials and shall not leak or absorb liquids;

(T)



- b. Garbage containers both inside and outside the facility/home, used for storage of garbage and refuse shall be provided with tight-fitting lids; (T)
- c. Garbage containers shall be maintained in good repair; (T)
- d. Sufficient garbage containers shall be afforded to hold all garbage and refuse which accumulates between periods of removal from the premises of the facility/home; and (T)
- e. Storage areas shall be kept clean and sanitary. (7-1-94)T
05. Insect and Rodent Control. The facility/home shall be maintained free from infestations of insects, rodents, and other pests. Chemicals, pesticides, used in the control program shall be selected, stored, and used in the following manner: (T)
- a. The chemical shall be selected on the basis of the pest involved and used only in the manner prescribed by the manufacturer; (T)
- b. All toxic chemicals shall be properly labeled and stored under lock and key; and (T)
- c. No toxic chemicals shall be stored in resident areas, with medications or in any area where food is stored, prepared, or served. (T)
06. Yards. The yards surrounding the facility/home shall be maintained at least at the standards of the surrounding neighborhood. See Section 700. (T)
07. Linen-Laundry Facilities and Services. Adequate facilities and procedures shall be provided for the proper and sanitary washing of linen and other washable goods laundered at the facility/home. The linen-laundry facility shall: (T)
- a. Have available at all times a quantity of linen essential to the proper care and comfort of residents. Two (2) complete changes of clean bed linen shall be on hand for each licensed/ certified bed in the facility/home. The use of torn or unclean bed linen is prohibited; (T)
- b. Be well-lighted, ventilation adequate in size for the needs of the facility/home, maintained in a sanitary manner, and kept in good repair; (T)
- c. Be situated in an area where no food is stored, prepared, or served; and (T)
- d. If linen and personal laundry are sent out, care shall be taken that soiled linen and clothing are properly handled before sending out, and that clean linen and clothing are received and stored in the proper manner. (T)
08. Soiled Linen Handling. Soiled linen shall be handled as follows: (T)
- a. All soiled linen shall be collected and transported to the laundry in suitable bags or covered containers; (T)
- b. Soiled linen shall not be sorted, processed, or stored in kitchens, food preparation areas, or food storage areas; (T)
- c. Soiled linen shall be stored separately in suitable bags or covered containers; (T)
- d. Containers used to collect, transport, and store soiled linen shall be stored in ventilated areas; and (T)
- e. Soiled linen shall not be allowed to accumulate at the facility/home. (T)

09. Clean Linen Handling. Clean linen shall be handled as follows: (OT)
- a. Clean linen shall be handled, stored, dried, ironed, and sorted in a sanitary manner; (OT)
  - b. Closets for the storage of clean linen shall be provided on each floor and in each building where residents sleep; and (OT)
  - c. Residents' and employees' laundry shall be collected, transported, sorted, washed, and dried in a sanitary manner and shall not be washed with bed linens. (OT)
10. Labeled Clothing. Residents' clothing laundered by the facility/home shall be labeled to ensure proper return to the owner. (OT)
11. Housekeeping Services and Equipment. Sufficient housekeeping, maintenance personnel, and equipment shall be provided to maintain the interior and exterior of the facility/home in a clean, safe, and orderly manner, to include but not be limited to: (OT)
- a. Procedures for cleaning of surfaces and equipment shall be developed and explained to all persons engaged in housekeeping duties; (OT)
  - b. All housekeeping equipment shall be in good repair and maintained in a clean and sanitary manner; (OT)
  - c. Floors, walls, ceilings, other interior surfaces, equipment, and furnishing shall be cleaned in a sanitary manner and shall be kept clean; and (OT)
  - d. Prior to occupancy of any sleeping room by a new resident, the room shall be thoroughly cleaned including the bed, bedding, and furnishings. (OT)

**476. -- 499. (RESERVED).**

**500. LICENSED FACILITIES/CERTIFIED HOMES: REQUIREMENTS FOR FIRE AND LIFE SAFETY STANDARDS.**

01. Local and State Codes. Buildings on the premises used as facilities/homes must meet all requirements of local and state codes concerning fire and life safety that are applicable to residential care facilities/ adult foster care homes. (OT)
02. Structure, Maintenance, Equipment to Assure Safety. The facility/home shall be structurally sound and shall be maintained and equipped to assure the safety of residents, employees and the public, to include, but not be limited to: (OT)
- a. Furnishings, decorations, or other objects shall not be placed so as to obstruct exit access or exits; (OT)
  - b. All ramps, open porches, sidewalks, and open stairs shall be maintained free of snow and ice buildup; (OT)
  - c. Wood stoves shall be provided with railings or other protection designed to prevent residents from coming into contact with the stove surfaces; (OT)
  - d. All fireplaces shall be provided with heat tempered glass fireplace enclosures or equivalent; (OT)
  - e. Boilers, hot water heaters, and unfired pressure vessels shall be equipped with automatic pressure relief valves; (OT)

- f. Portable comfort heating devices of any kind shall be prohibited; and (OT)
- g. Quantities of flammable and highly combustible materials deemed hazardous by the licensing/certifying agency shall not be stored in the facility/home unless the building is protected throughout by an approved automatic fire extinguishing system. (OT)
03. Natural or Man-Made Hazards. On the premises of all facilities/homes where natural or man-made hazards are present, suitable fences, guards, railing, or a combination shall be provided to protect the residents. (OT)
04. Weeds, Trash, and Rubbish. The premises and all buildings used as facilities/homes shall be maintained free from the accumulation of weeds, trash, and rubbish. (OT)
05. Exit Door Locks. Any locks on exit doors shall be single action easily operable from the inside without the use of keys or any special knowledge. Exception: Special locking arrangements as permitted under Section 5-2.1.6. of the Life Safety Code, 1988 Edition which is incorporated by reference and outlined in Section 008. (OT)
06. Admission of the Handicapped. Facilities/homes that accept any resident who requires the use of crutches, walkers, or braces shall provide suitable handrailing on both sides of all stairs leading into and out of a building. (OT)
07. Accessible with Ramp. Facilities/homes that accept any resident who requires the use of a wheelchair shall provide handicapped access to the building via a ramp(s) acceptable to the licensing/certifying agency. (OT)
08. Portable Fire Extinguishers. Portable fire extinguishers shall be installed throughout each building utilized as a facility/home. Each extinguisher shall be installed in accordance with requirements set forth in NFPA Std. #10, Standard for Portable Fire Extinguishers, 1988 Edition which is incorporated by reference and outlined in Section 008. Extinguishers installed after July 1, 1992 shall be multipurpose ABC type. Single use non-refillable type extinguishers shall be prohibited. The rating of the extinguisher(s) shall be determined by the licensing/certifying agency. (OT)
09. Electrical Installations and Equipment. Electrical installations and equipment shall comply with applicable local or state electrical requirements to include but not be limited to the following: (OT)
- a. Equipment designed to be grounded shall be maintained in a grounded condition; and (OT)
- b. Extension cords and multiple electrical adapters shall be prohibited. Exception: Listed grounded multiple electrical adapters with built-in breaker. (OT)
10. Solid Fuel Heating Devices. Solid fuel heating devices shall be installed in accordance with NFPA Standards #211, Standard for Chimneys, Fireplaces, Vents and Solid Burning Appliances, 1988 Edition which is incorporated by reference and is outlined in Section 008. (OT)
11. Medical Gases. Medical gas storage, handling, and use shall be in accordance with NFPA Standard 99, Standard for Health Care Facilities, 1990 Edition which is incorporated by reference and is outlined in Section 008. (OT)
12. Telephone. There shall be a telephone available on the premises for use in the event of an emergency. Emergency telephone numbers shall be posted near the telephone. (OT)
13. Smoking. Because smoking has been acknowledged to be a fire hazard, a continuous effort shall be made to reduce its presence in the facility/home. Written rules governing smoking shall be adopted, posted, and made known to all facility/home personnel, residents, and the public. These rules shall include at least the following: (OT)

- a. Prohibiting smoking in any area where flammable liquids, gases, or oxidizers are in use or stored; (T)
  - b. Prohibiting residents from smoking in bed; (T)
  - c. Prohibiting unsupervised smoking by residents classified as not mentally or physically responsible. This includes residents so affected by medication; (T)
  - d. Prohibiting smoking in areas where combustible supplies or materials are stored; (T)
  - e. Designating areas for employee, resident, and public smoking; and (T)
  - f. Nothing in this section requires that smoking be permitted in facilities/homes whose admission policies prohibit smoking. (T)
14. Disaster Preparedness. Each facility/home shall develop and implement a disaster preparedness plan to follow in the event of fire, explosion, flood, earthquake, high wind, or other disaster. The plan shall include, but not be limited to, the following: (T)
- a. Written procedure outlining steps to be taken in the event of a fire including who is to respond, each person's responsibilities, where residents are to be evacuated, and notification of the fire department; (T)
  - b. Information as to where residents shall be taken in the event the building cannot be immediately reentered. A written agreement shall be developed between the facility/home and the location residents are to be relocated; and (T)
  - c. Documentation shall be available in each facility/home indicating that the residents have been advised, upon admission, of actions required under emergency conditions. (T)
15. Report of Fire. A separate report on each fire incident occurring within the facility/home shall be submitted to the Department within thirty (30) days of the occurrence. The reporting form, "Facility Fire Incident Report," shall be issued by the Department to secure specific data concerning date, origin, extent of damage, method of extinguishment, and injuries, if any. (T)

**501. LICENSED FACILITIES/CERTIFIED HOMES: MAINTENANCE OF EQUIPMENT AND SYSTEMS FOR FIRE AND LIFE SAFETY.**

01. Maintenance of Equipment and Systems. The facility/home shall assure that all equipment and systems are properly maintained to assure the safety of the residents. (T)
02. Fuel-fired Heating. Fuel-fired heating devices and systems, including wood stoves, shall be inspected/serviced/cleaned at least annually by a person professionally engaged in the business of servicing these devices or systems. The inspection record shall be maintained on file in the facility/home. (T)
03. Portable Fire Extinguishers. Portable fire extinguishers shall be serviced in accordance with NFPA Standard 10, Standard for Portable Fire Extinguishers, 1988 Edition. In addition, portable fire extinguishers shall be examined at least monthly by a designated employee to determine that: (T)
- a. Each extinguisher is in its designated location; (T)
  - b. Each extinguisher seal or tamper indicator is not broken; (T)
  - c. Each extinguisher has not been physically damaged; (T)
  - d. Each extinguisher gauge, if provided, shows a charged condition; and (T)

e. The inspection tag attached to the extinguisher shall show at least the initials of the person making the monthly examination and the date of the examination. (T)

**502. -- 524. (RESERVED).**

**525. LICENSED FACILITIES/CERTIFIED HOMES: BUILDING CONSTRUCTION AND PHYSICAL STANDARDS.**

01. Building Character. All buildings utilized as residential care facilities/adult foster care homes shall be of such character as to be suitable for such use. Facilities/homes shall be of such character as to enhance normalization and integration of residents into the community. (T)

02. Remodeling or Additions. Remodeling or additions to facilities/homes shall be consistent with and not detract from the residential use of the property. Remodeling which identifies the facility/home such as remodeling garages when this is not the general practice in the neighborhood or constructing large buildings which overwhelm the lot on which the facility/home is located is prohibited. (T)

03. Approval. All buildings/homes shall be subject to the approval of the licensing/certifying agency (T)

04. Walls and Floor Surfaces. Walls and floors shall be of such character to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms shall have smooth enameled or equally washable surfaces. (T)

05. Toilet and Bathrooms. Each facility/home shall provide: (T)

a. A toilet and bathroom for resident use so arranged that it is not necessary for an individual to pass through another resident's room to reach the toilet or bath; and (T)

b. Toilet and bathrooms separated from all adjoining rooms by solid walls or partitions; and (T)

c. Mechanical ventilation to the outside from all inside toilet and bathrooms; and (T)

d. Each tub, shower, and lavatory connected to hot and cold running water. (T)

06. Accessibility for the Handicapped. If the facility/home accepts physically handicapped residents, to include wheelchair residents, the facility/home shall provide: (T)

a. Suitable ramps for residents who require assistance with ambulation (see Subsection 500.07); and (T)

b. Bathrooms and doors large enough to allow the easy passage of a wheelchair; and (T)

c. Grab bars in resident toilet and bathrooms; and (T)

d. Raised toilet seats, if appropriate; and (T)

e. Non-retractable faucet handles. (T)

07. Lighting. The facility/home shall provide adequate lighting in all resident sleeping rooms, dining rooms, living rooms, recreation rooms, and hallways. (T)

08. Ventilation. The facility/home shall be ventilated, and precautions shall be taken to prevent offensive odors. (T)

09. Plumbing. All plumbing in the facility/home shall comply with local and state codes. All plumbing fixtures shall be easily cleanable and maintained in good repair. (T)

10. Heating. A heating system shall be provided for the facility/home that is capable of maintaining a minimum temperature of seventy (70) degrees Fahrenheit during the day and a minimum of sixty-two (62) degrees Fahrenheit during the night. Wood stoves shall not be permitted as the primary source of heat and the thermostat for the primary source of heat shall be remotely located away from any wood stove. (OT)

11. Resident Sleeping Rooms. The facility/home shall assure that: (OT)

a. Each resident sleeping room is not in attics, stairs, halls, or any other room commonly used for other than bedroom purposes; (OT)

b. Each resident's sleeping room square footage requirements for facilities licensed/homes certified on or after May 9, 1977, provide sleeping rooms which allow for not less than one hundred (100) square feet of floor space per resident in a single bed sleeping room and not less than eighty (80) square feet of floor space per resident in a multi-bed sleeping room (See Subsections 621.06.b. and 721.06.b. for square footage requirements for facilities continuously prior to May 9, 1977); (OT)

c. Each resident's sleeping room shall be provided an with operable window. The window opening shall be not less than twenty-two (22) inches wide, twenty-four (24) inches in height, and five and seven-tenths (5.7) square feet in area; (OT)

d. The operable window sill height shall be not exceed thirty-six (36) inches above the floor in new construction, additions or remodeling; (OT)

e. The operable window sill height shall not exceed forty-four (44) inches above the floor in existing buildings being converted to facilities/homes; (OT)

f. Each resident sleeping room shall provide a total window space that equals at least ten percent (10%) of the rooms total square footage; (OT)

g. Window screens shall be provided; (OT)

h. Resident sleeping rooms shall be provided with walls that run from floor to ceiling and with doors that will stop the passage of smoke and provide the resident with adequate privacy; (OT)

i. Ceiling heights in sleeping rooms shall be at least seven (7) feet six (6) inches; and (OT)

j. Closet space in each resident sleeping room shall be provided at the rate of at least four (4) square feet per resident. Common closets utilized by two (2) or more residents shall be provided with substantial dividers for separation of each resident's clothing. All closets shall be equipped with doors. Free-standing closets shall be deducted from the square footage of the sleeping room. (OT)

12. Storage Areas. In addition to the storage area in the resident's room, general storage shall be provided at the rate of ten (10) square feet per licensed/certified bed. (OT)

13. Two-way Intercom. A two-way intercom shall be installed in the facility/home based upon the design of the building, needs of the residents, or staffing pattern. The intercom shall not be a substitute for supervision. (OT)

**526. LICENSED FACILITIES/CERTIFIED HOMES: REQUIREMENTS FOR EXISTING BUILDINGS TO BE CONVERTED TO A RESIDENTIAL CARE FACILITY/ADULT FOSTER CARE HOME.**

In addition to requirements set forth in Section 525, buildings to be converted to facilities/homes shall comply with the following: (OT)

01. Site. The building/home location shall be: (OT)

a. In a lawfully constituted fire district; and (OT)

- b. Served by an all-weather road kept open to motor vehicles at all times of the year; and (OT)
  - c. Accessible to physician or emergency medical services within thirty (30) minutes driving time; and (OT)
  - d. Accessible within thirty (30) minutes driving time to necessary social, medical, and rehabilitation services. (OT)
02. Occupancy Approval. Any building proposed for conversion to a facility/home shall be approved by the licensing/certifying agency prior to issuance of a license/certificate. Any items of noncompliance shall be corrected prior to issuance of the license/certificate. (OT)
03. Use of Mobile Homes. Mobile homes shall not be utilized as facilities/homes. In addition, manufactured homes not conforming to the Uniform Building Code shall not be used. The Uniform Building Code is incorporated by reference and is outlined in Section 008. (OT)

**527. -- 549. (RESERVED).**

**550. LICENSED FACILITIES/CERTIFIED HOMES: REQUIREMENTS FOR FURNISHING, EQUIPMENT, AND SUPPLIES.**

Furnishing, Equipment, and Supplies. Each facility/home shall provide: (OT)

- 01. Living Room Furnishings. Reading lamps, tables, and comfortable chairs or sofas in each resident living room; (OT)
- 02. Resident Sleeping Room Furnishings. A comfortable chair and individual storage for personal items for each resident in each sleeping room; (OT)
- 03. Resident Bed. Each resident with his own bed which shall be at least thirty-six (36) inches wide, substantially constructed, and in good repair. Roll-away beds, cots, folding beds, or double bunks shall be prohibited. Each bed shall be provided with springs which are in good repair, a clean and comfortable mattress which is standard for the bed, and a pillow; (OT)
- 04. Drinking Glasses. Clean drinking glasses for resident use. Common drinking glass shall be prohibited; (OT)
- 05. Adequate and Satisfactory Equipment and Supplies. Adequate and satisfactory equipment and supplies to serve the residents. The amount and kind may vary according to the size of the facility/home and type of resident; (OT)
- 06. Resident Telephone Privacy. A telephone in the facility/home which is accessible to all residents. The telephone shall be situated in such a manner so as to provide the resident adequate privacy while using the telephone; and (OT)
- 07. Basic Services and Supplies. Room, board, activities of daily living services, supervision, assistance and monitoring of medications, linen, towels, washcloths, soap, shampoo, comb, hairbrush, toilet paper, sanitary napkins, first aid supplies, electric razors or other means of shaving, toothbrush, toothpaste, laundering of linens owned by the facility/home, emergency transportation, housekeeping services, maintenance, utilities, basic T.V. in common areas, and personal laundry services shall be included in the basic room and board charges and must be available at no extra charge. The facility/home shall have the option of charging up to twenty dollars (\$20) per month per resident for personal laundry services. (OT)

**551. -- 599. (RESERVED).**

**600. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY.**

The residential care facility caring for individuals with a mental illness, or developmental disability, or physical disability, or a combination of these types shall meet the requirements of IDAPA 06, Title 03, Chapter 22, "Rules For Residential Care Facilities In Idaho," Section 000 through Subsection 550.07. (T)

01. Policy. The purpose of residential care facilities for individuals with mental illness, or developmental disability, or physical disability, or a combination of these types is to provide a humane, safe, and home-like living arrangement for individuals who need some assistance with activities of daily living and personal care but do not require the level of care provided by nursing facilities or other institutions. (T)

02. Services. Supervision, assistance with activities of daily living and instrumental activities of daily living, board and room, therapeutic recreational activities, behavior management, and habilitation/training services shall be provided to meet the needs of the residents according to their individualized negotiated service agreement. (T)

**601. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: APPLICATIONS.**

01. Licensed Administrator Requirements. If the owner/applicant is not the administrator, only the administrator is required to be licensed; (T)

02. Administrator's License. A copy of the administrator's license or evidence that the administrator is currently in the process of getting a license must be provided with the application; (T)

03. Facility Floor Plan. A rough sketch detailing the floor plan including measurement of all rooms shall be included; (T)

04. Building Evaluation Fee. A two hundred fifty dollar (\$250) initial building evaluation fee; (T)

05. Written Request for Building Evaluation. A written request for a building evaluation for existing buildings to include, but not be limited to: (T)

a. The name, address, and telephone number of the person who is to receive the building evaluation report; (T)

b. The address of the building that is to be evaluated; and (T)

c. The level of care of the residents for whom the building is being evaluated to serve. (T)

06. Blueprints. A copy of professionally prepared blueprints for a proposed building for evaluation by the Department, see Section 622. (T)

**602. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: EXPIRATION AND RENEWAL OF LICENSE.**

01. Application for License Renewal. The application for renewal of a license shall be submitted on a form prescribed by the licensing agency. The completed application shall be returned to the licensing agency at least sixty (60) days prior to the expiration of the existing license. (T)

02. Existing License. The existing license, unless suspended or revoked, shall remain in force and effect until the Department has acted upon the application renewal, when such application for renewal is timely filed. (T)



**603. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: INSPECTIONS.**

All inspections and investigations for residential care facilities shall be conducted at intervals determined by the licensing agency. (T)

**604. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: RESIDENTS' RIGHTS.**

01. Resident Councils. Every facility for individuals with mental illness, or developmental disability, or physical disability, or a combination over fifteen (15) beds shall assist the residents in establishing and maintaining a resident council. The council shall be composed of residents of the facility and may include their family members. The council may extend membership to advocates, friends and others. (T)

02. Council Duties. The council shall have the following duties: (T)

a. To assist the facility in developing a grievance procedure; (T)

b. To communicate resident opinions and concerns; (T)

c. To obtain information from the facility and disseminate the information to the residents; (T)

d. To identify problems and participate in the resolution of those problems; and (T)

e. To act as a liaison with the community. (T)

03. Waiver for Resident Council. The requirement that every facility for individuals with mental illness, or developmental disability, or physical disability, or a combination over fifteen (15) beds shall assist the residents in establishing and maintaining a resident council may be waived provided the following conditions are met: (T)

a. The operator meets regularly with residents; (T)

b. Residents decline to participate in a formal council; and (T)

c. Appropriate documentation exists to indicate the residents' decision. (T)

**605. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: ADMINISTRATION AND ADMINISTRATOR.**

01. Governing Body. Each facility shall be organized and administered under one (1) authority. (T)

02. Governing Board. If other than a single owner or partnership, the facility shall have a governing board which assumes full legal responsibility for the overall conduct of the facility and for compliance with these rules. (T)

03. Valid License for Administrator. The administrator shall have a valid residential care administrator's license. (T)

**606. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: RESPONSIBILITIES OF THE ADMINISTRATOR.**

01. Employment Policies. The administrator shall furnish each staff member with a copy of written policies governing conditions of employment including the work assignments of their position. (T)

02. Licensed Nurse. The administrator shall assure that each licensed nurse employed by the facility, providing volunteer nursing services to the facility, or under contract to the facility, has a valid nursing license in accordance with Idaho state law. (OT)

03. Administration of Multiple Facilities. One (1) administrator may be allowed to administer over multiple facilities by the department based upon an approved written plan of operation. The Department shall base its decision, on but not limited to, the following: (OT)

- a. Distance between facilities; (OT)
- b. Type of residents being served; (OT)
- c. History of the facility/administrator; and (OT)
- d. Scope and severity of resident care and supervision deficiencies noted in the last survey. (OT)

**607. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: STAFF ORIENTATION TRAINING.**

01. Orientation Program. Each facility shall develop a structured written orientation training program designed to meet the training needs of new employees in relation to an employee's responsibilities in the facility. The program shall include, but not be limited to: (OT)

- a. Job responsibilities; (OT)
- b. Residents' rights; (OT)
- c. Operational procedures; (OT)
- d. Disaster preparedness; (OT)
- e. Fire safety, fire extinguisher and smoke alarms; (OT)
- f. Assisting residents with medications; (OT)
- g. First aid and CPR, Cardio-Pulmonary Resuscitation; (OT)
- h. Policies and procedures; (OT)
- i. Complaint investigations and survey procedures; (OT)
- j. Emergency procedures; (OT)
- k. Employee dress code; (OT)
- l. House keeping and proper sanitation procedures; (OT)
- m. Infection control; (OT)
- n. Grievance procedures; (OT)
- o. Work schedules, holidays and paydays; (OT)
- p. Recognizing indications of illness, change in condition, and the need for professional help including facility documentation procedures; (OT)
- q. Living skills training; (OT)

- r. Death, Dying and the Grieving Process; (OT)
  - s. Risk Management; (OT)
  - t. Behavior Management Techniques and Documentation; (OT)
  - u. The aging process, facilities admitting elderly residents; (OT)
  - v. Mental Illness, facilities admitting residents with a mental illness; (OT)
  - w. Developmental Disability, facilities admitting residents with a developmental disability; (OT)
  - x. Habilitation/Training; and (OT)
  - y. Other topics as outlined by the administrator. (OT)
02. Staff Orientation Training Time Requirements. A minimum of eight (8) hours of job-related pre-service orientation training shall be provided to all new employees, upon being hired, who are to provide personal assistance to residents. (OT)
03. Orientation Training Documentation. Signed evidence of employee orientation training, indicating hours and topic, shall be retained at the facility in each employee's file indicating that this has been completed. (OT)

**608. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: STAFF CONTINUING TRAINING.**

01. Continuing Training. An ongoing, planned, and written continuing training program which maintains and upgrades the knowledge, skills, and abilities of the staff in relation to services provided and employee responsibilities shall be provided to employees at least every six (6) months, to include, but not be limited to, the orientation training program as required in Section 607 of this Chapter. (OT)
02. Staff Continuing Training Time Requirements. Each employee, providing personal assistance to residents, shall receive a minimum of sixteen (16) hours of job related continuing training per year. (OT)
03. Continuing Training Documentation. Signed evidence of employee continuing training, indicating hours and topic, shall be retained at the facility in each employee's file indicating that this has been completed. (OT)

**609. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: PERSONNEL.**

01. Policies. Written personnel policies shall be on file and provided to employees which describe the employee's rights, responsibilities, and employer's expectations. The policies shall include, but are not limited to, the following: (OT)
- a. Hours of work, payday, overtime, salary, and qualifications; (OT)
  - b. Grievance procedures; (OT)
  - c. Organizational structure clearly outlining lines of authority; (OT)
  - d. Orientation requirements for all new employees; (OT)
  - e. Continued training requirements; (OT)

- f. Age limitations; (T)
- g. Employee health; and (T)
- h. Other related personnel matters. (T)
- 02. Job Descriptions. Each employee shall be provided with a job description outlining authority, responsibilities, and duties. (T)
- 03. Employee Health. Each employee shall be in good health and free of communicable diseases or infected skin lesions while on duty. (T)
  - a. The facility shall require that all employees report immediately to their supervisor any sign or symptom of personal illness; and (T)
  - b. The facility administrator or supervisor is responsible for taking appropriate action in case of employee illness. (T)
- 04. Personnel Records. A record for each employee shall be maintained and shall include at least the following: (T)
  - a. Name, current address, and telephone number of employee; (T)
  - b. Social Security number; (T)
  - c. Education; (T)
  - d. Experience; (T)
  - e. Other qualifications, if licensed in Idaho, the original license number and date the current registration expires shall be included; (T)
  - f. Date of employment; (T)
  - g. Position in the facility, type of work; (T)
  - h. Date of termination of employment and reason for termination; (T)
  - i. Documentation of initial orientation hours and topics and continuing training hours and topics; (T)
  - j. Evidence of a physical examination completed by a licensed physician or licensed nurse practitioner; (T)
  - k. Evidence that the employee has received a job description and understands his duties; and (T)
  - l. Employee records shall be maintained at the facility for not less than one (1) year after the employee is no longer employed by the facility. (T)

**610. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: STAFFING STANDARDS AND REQUIREMENTS.**

- 01. Staffing for Thirty Residents. When a facility, with thirty (30) or more residents, admits and retains Level II residents or a combination of Level I and Level II, one (1) staff person shall be up and awake during residents sleeping hours. (T)

02. Level III Resident Waiver. Staff up and awake at night shall be required and a waiver or variance will not be granted when a facility has ten (10) or more Level III clients. (T)

03. Work Schedules. Daily work schedules shall be maintained in writing which reflect: (T)

a. Personnel on duty, at any given time, for the previous twelve (12) months; (T)

b. The first and last names, of each employee, and their position; and (T)

c. Any adjustments made to the schedule. (T)

**611. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: ADMISSION AND DISCHARGE REGISTER.**

01. Admission and Discharge Register. Each facility shall maintain an admission and discharge register listing names of each resident, date admitted, the place from which the resident was admitted, date discharged, reason for discharge, and adequate identification of the facility to which the resident is discharged or future home address. (T)

02. Maintaining the Admission and Discharge Register. The admission and discharge register shall be maintained as a separate document, apart from individual resident files, and shall be kept current. (T)

**612. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: MEDICATION STANDARDS AND REQUIREMENTS.**

01. Additional Medication Policy Requirements. Each facility shall develop and implement a written medication policy and procedure that outlines in detail the procedures to be followed regarding the handling of medications. The medication policy shall include, but not be limited to, the following additional requirements: (T)

a. All facilities shall utilize the medi-set distributions system, or the blister pack distributions system, or other system as approved by the Department, for routine medications; (T)

b. PRN medications may be maintained in multidose containers; (T)

c. Temporary routine medications of fourteen (14) days or less may be maintained in multidose containers; (T)

d. Staff assisting residents with medications shall be trained by a registered nurse or pharmacist regarding the relevant procedures and shall have completed the required medication certification course, prior to assisting residents with medications; (T)

e. For residents on a self-administration medication plan, the facility licensed nurse shall assess the residents' ability to safely continue the plan every month, not to exceed a forty (40) day time period; and (T)

f. Monitoring of each resident's medication regimen shall occur by a licensed nurse every month, not to exceed a forty (40) day time period to determine if the medication is being taken properly, resident's reaction to medication, need for other medications, physician orders match medications being taken by the resident, and adverse consequences of resident's use of over-the-counter-medications. (T)

02. Assistance With Medications. Residential care facilities attached to nursing homes may have the nursing home nurse distribute the medications; provided, the time required to do so does not interfere with his nursing home duties. (T)

03. Unused Medication. Unused or discontinued medications shall not accumulate at the facility for longer than thirty (30) days, unless there is reason to believe that the medication will be reordered by the attending physician within a reasonable length of time. The unused medication shall be disposed of in a manner that assures that it can not be retrieved. A written record of all disposal of drugs shall be maintained in the facility and shall include: (OT)

- a. A description of the drug, including the amount; (OT)
- b. The resident for whom the medication was prescribed; (OT)
- c. The reason for disposal; (OT)
- d. The method of disposal; and (OT)
- e. Signatures of responsible facility staff and a witness, resident's family or facility nurse. (OT)

**613. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: NURSING SERVICES.**

A licensed nurse shall visit the facility at least once every month, not to exceed a forty (40) day time period to: (OT)

01. Resident Response to Medications. Conduct a nursing assessment of each resident's response to medications; and (OT)

02. Current Medication Orders. Assure that the residents' medication orders are current by verifying that the medication listed by the pharmacist on the mediset, blister pak, or medication container, to include over-the-counter medication as appropriate, is current with physician orders; and (OT)

03. Resident Health Status. Conduct a nursing assessment, in accordance with the resident's uniform assessment and negotiated service agreement, of the health status of each resident by identifying symptoms of illness, or changes, or both in mental and physical health status; and (OT)

04. Recommendations. Make recommendations to the administrator regarding any medication needs or other health need requiring follow up; and (OT)

05. Progress of Previous Recommendations. Conduct a nursing assessment of the progress on previous recommendations made to the administrator regarding any medication needs or other health needs that had required follow up; and (OT)

06. Self Medicator. Conduct a nursing assessment on each resident, participating in a self administration medication regime, for the resident's ability to safely continue the self administration medication regime for the next month; and (OT)

07. Medication Interactions and Usage. Conduct a review of residents' use of over-the-counter medications for side effects, interactions, abuse or a combination of these adverse effects. If side effects are determined the nurse shall notify the residents' physician and make the appropriate counseling available to the resident; and (OT)

08. Date and Time. Document the nursing assessments with the date and time of each visit. (OT)

**614. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: MENTAL HEALTH CONTRACT BEDS.**

Residential care facilities may enter into agreements with the Department to provide short-term care to certain clients designated by the mental health program of the Department. These clients are temporarily distressed and unable to fully meet their basic needs. They require strong support, supervision, and while nonviolent or a danger to self or others, could regress without these supports. The following conditions must be met by the facility: (OT)

01. License and Staff. The facility is on a full license and is staffed with at least one (1) person up and awake at night to assure the safety of all residents; (T)

02. Written Contract. The facility has a written contract with the Department outlining the responsibilities of both parties and lists the names and telephone numbers of individuals who may be contacted if questions arise regarding the residents' care; (T)

03. Resident Assessment. The facility has on file the results of an assessment which clearly assures that the resident is not a danger to himself or others; (T)

04. Physician Orders. The residents must have on file the results of a physical examination with signed and dated doctor's orders for medications; (T)

05. Supervision Requirements. Each client of the mental health program has a negotiated service agreement which outlines the specific nonmedical services that the client shall require including requirements for supervision; and (T)

06. Staff Orientation and Training. Staff providing direct resident care shall have documented evidence on file at the facility of appropriate orientation and training in providing care for clients in the mental health program. (T)

**615. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: MENU PLANNING.**

01. Additional Menu Planning Requirements. Menus must: (T)

a. Be reviewed, signed and dated by a dietitian, nutritionist or home economist ensuring that the menus meet the current RDAs before being implemented; (T)

b. Be reviewed at least annually thereafter to assure that changes/substitutions made to the menu were appropriate; (T)

c. Be posted where it can be easily viewed by residents; (T)

d. Be corrected to reflect substitutions that were made and snacks provided; and (T)

e. Be kept on file in the facility for three (3) months. (T)

02. Facilities With Sixteen Beds Or Less. In facilities of sixteen (16) beds or less, menus shall be planned, in writing at least three (3) weeks in advance for regular and therapeutic diets. (T)

03. More Than Sixteen Beds. Residential care facilities serving sixteen (16) or more residents shall develop and implement a cycle menu which covers a minimum of two (2) seasons and is six (6) to nine (9) weeks in length. (T)

**616. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: FOOD SERVICE.**

01. Supervision And Personnel. The administrator or a person designated by the administrator shall be responsible for the total food services and day-to-day supervision of food service staff and shall be responsible for: (T)

a. Coordinating food services with other services; (T)

b. Developing work assignments; (T)

- c. Purchasing food; and (T)
- d. Orienting, training and supervising food service employees. (T)
- 02. Additional Duties. The person designated by the administrator shall also: (T)
  - a. Perform his duties in a safe and sanitary manner; (T)
  - b. Plan nutritious menus for regular diet needs; (T)
  - c. Participate in continuing in-service education to increase knowledge and improve skills in the food service area, at a minimum of eight (8) contact hours per year; (T)
  - d. Post duty assignments for food service staff, in facilities having five (5) or more staff; and (T)
  - e. Have available in the kitchen a current diet manual approved by the licensing agency. A diet manual other than the Idaho Diet Manual shall be submitted to the licensing agency for approval. (T)
- 03. Food Service Personnel. There shall be sufficient numbers of food service personnel employed, and their hours shall be scheduled to meet the dietary needs of the residents. (T)
- 04. Policies of Nutritional Care. Residential care facilities with a licensed bed capacity of sixteen (16) or more residents shall have written policies and procedures for providing proper nutritional care of its residents whether provided by the facility or a third party. Policies shall include at least the following: (T)
  - a. Job descriptions; (T)
  - b. Staff responsibilities; (T)
  - c. Procedures to follow if a resident refuses food; and (T)
  - d. Food handling and sanitation procedures. (T)

**617. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: FOOD SERVICE SANITATION STANDARDS.**

- 01. UNICODE. The acquisition, preparation, including freezing, canning, storage and serving of all food and drink and the washing of dishes in a facility shall comply with Idaho Department of Health and Welfare Rules, IDAPA 16, Title 02, Chapter 19, "Rules Governing Food Sanitation Standards for Food Establishments (UNICODE)," February 1, 1990 is incorporated herein by reference and outlined in Section 008. (T)
- 02. Sanitation of Dining Utensils. All multi-use eating and dining utensils shall be subjected to one (1) of the following approved sanitization processes after each use: (T)
  - a. Washing with detergent, clear water rinsing and sanitization either in water in excess of one hundred sixty (160) degrees Fahrenheit for ten (10) seconds; or (T)
  - b. Washing with detergent, clear water rinsing and sanitization in a chlorine solution of not less than fifty (50) parts per million for not less than ten (10) seconds. (T)

**618. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: FOOD PREPARATION AND SERVICE.**

- 01. Standardized Recipes. For facilities serving sixteen (16) or more individuals, standardized recipes shall be required. (T)



02. Standard Portion Control Guidelines. Standard portion control guidelines shall be posted in the kitchen or included on the menus. (T)

**619. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: REQUIREMENTS FOR FIRE AND LIFE SAFETY STANDARDS.**

01. Life Safety Code Requirements. Residential care facilities for individuals with mental illness, developmental disability, or physical disability shall meet the provisions of the Life Safety Code of the National Fire Protection Association, 1988 Edition, which are applicable to residential care facilities as specified below and outlined in Section 008. (T)

02. Housing of Ten (10) or More Residents. Buildings housing ten (10) or more residents or any building housing residents on stories other than the first story shall comply with the Limited Care Section of the Life Safety Code, 1988 Edition. Exception: Facilities licensed prior to July 1, 1992 may continue to comply with the Residential Custodial Care Section of the Life Safety Code, 1981 Edition as outlined in Section 008. Existing licensed facilities shall be in compliance by July 1, 1994. (T)

03. Existing Facilities Housing Nine (9) or Less Residents. Existing facilities licensed prior to July 1, 1992 and housing nine (9) or less residents on the first story only shall comply with the requirements of Chapter 21, Residential Board and Care Section of the Life Safety Code, 1988 Edition for Prompt Evacuation Capability except that the requirement for door closures on sleeping room doors shall not apply. Facilities may elect to comply with the fire safety evaluation system for Residential Board and Care, Prompt Evacuation Capability as outlined in Chapter 6 of NFPA Manual 101M, 1988 Edition which is incorporated by reference and outlined in Section 008. (T)

04. New Buildings. Newly constructed buildings or buildings being converted to a facility, or both, after July 1, 1992 and who house nine (9) or less residents on the first story only shall comply with the requirements of Chapter 21, Residential Board and Care Section of the Life Safety Code, 1988 Edition for Impractical Evacuation Capability. Exception: (T)

a. Any newly constructed building or building being converted to a facility and who house only residents classified as Level I or Level II need only comply with the requirements for Prompt Evacuation Capability as outlined in Subsection 619.03. (T)

b. In any newly constructed building or building being converted to a facility, the minimum water supply for residential sprinkler systems shall be equal to the water demand rate times ten (10) minutes. (T)

c. A facility may elect to comply with the fire safety evaluation system for Residential Board and Care, Impractical Evacuation Capability, as outlined in Chapter 6 of NFPA Manual 101M, 1988 Edition which is incorporated by reference and outlined in Section 008. (T)

05. Fire Alarm/Smoke Detection System. An electrically supervised, manually operated fire alarm/smoke detection system shall be installed throughout each building housing residents. The system shall include a control panel, manual pull stations, smoke detectors, sounding devices, power backup and any sprinkler flow/alarm devices that may be present and must be compatible with any future sprinkler system add on. The system, including devices, their location and installation shall be approved by the licensing agency prior to installation. Buildings licensed prior to July 1, 1992 shall be given until July 1, 1995 to install the system. Exception: Facilities that comply with the requirements of Chapter 21, Residential Board and Care Section of the Life Safety Code, 1988 Edition for Impractical Evacuation Capability. (T)

06. Corridors or Hallways. Dead-end corridors or dead-end hallways shall not exceed thirty (30) feet in length. (T)

07. Resident Placement. Any resident requiring assistance in ambulation shall reside on the first story unless the facility complies with Subsection 619.02. (T)

08. Fire Drills. All employees and residents shall participate in a minimum of one (1) fire drill per shift per quarter. Fire drills shall be unannounced and shall be conducted at irregular intervals during the day and night. Written documentation of each drill shall be maintained on file at the facility and shall contain at least the following:

(T)

a. A written record describing each drill, the date and time of the drill, response of the employees and residents, problems encountered and recommendations for improvement; and

(T)

b. The name of each employee in attendance during the drill.

(T)

**620. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: MAINTENANCE OF EQUIPMENT AND SYSTEMS FOR FIRE AND LIFE SAFETY.**

01. Fire Alarm/Smoke Detection System Professional Service/Testing. The facility's fire alarm/smoke detection system shall be inspected/tested/serviced at least annually by a person or business professionally engaged in the servicing of such systems. Results of the inspection/test shall be maintained on file.

(T)

02. Fire Alarm/Smoke Detection System Facility Service/Testing. The fire alarm/smoke detection system shall be inspected/tested at least monthly by a designated facility employee. Results of the inspection/test shall be maintained on file.

(T)

03. Automatic Fire Extinguishing System - Inspection. All automatic fire extinguishing systems shall be inspected/tested/serviced at least annually by an appropriate contractor licensed by the Idaho State Fire Marshall's office. A report, prepared by the contractor shall be maintained on file in the facility documenting the results of the annual inspection/testing/service.

(T)

**621. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: BUILDING CONSTRUCTION AND PHYSICAL STANDARDS FOR A FACILITY.**

01. Principle of Normalization. In order to promote the basic principles of normalization and achieve acceptance of single family dwelling licensed as residential care facilities into the community, residentially-zoned neighborhoods, subdivisions, etc., the location of a facility shall be physically separate from any other residential care facility including intermediate care facilities for the mentally retarded by not less than five hundred (500) feet distance measured in a straight line, to preclude the adjacent or nearby location of two (2) or more facilities. Exception: The five hundred (500) foot distance restriction does not apply to commercially-zoned areas; i.e. "continuum of care" complexes, "life care" centers, etc. or existing licensed facilities if change of ownership should occur.

(T)

02. Dining/Recreation/Living Space. For facilities licensed after July 1, 1991, the total area set aside for these purposes shall be not less than thirty (30) square feet per resident. A hall or entry shall not be included as living or recreation space.

(T)

03. Residents Required to go Outside. Residents requiring the use of wheelchairs, walkers or assistance with ambulation shall not be admitted to facilities that require residents to go outside to go back and forth from the dining room/shower/bath/recreation areas.

(T)

04. Covered Cement Walks. For facilities licensed after July 1, 1991, where residents are required to leave their rooms to go to dining or recreation, covered cement walks are required.

(T)

05. Toilet and Bathrooms. Each facility shall provide.

(T)

a. At least one (1) flush toilet for every six (6) persons, residents, or employees;

(T)

b. At least one (1) tub or shower for every eight (8) persons, residents, or employees;

(T)

- c. At least one (1) lavatory with a mirror for each toilet; and (OT)
- d. At least one (1) toilet, tub or shower, and lavatory in each building in which residents sleep, with additional units if required by the number of persons. Residents shall not be required to go outside to get to the toilet, tub or shower, or lavatory. (OT)
06. Resident Sleeping Rooms. The facility shall assure that: (OT)
- a. Not more than four (4) residents shall be housed in any multi-bed sleeping room in facilities licensed prior to July 1, 1991. New facilities or conversions licensed after July 1, 1992 shall not have more than two (2) residents in any multi-bed sleeping room. The sale of a facility licensed prior to July 1, 1992 shall not be considered a new facility or conversion; (OT)
- b. Square footage requirements for existing facilities that have been continuously licensed since before May 9, 1977, shall provide sleeping rooms which allow for not less than seventy-five (75) square feet of floor space per resident in a single bed sleeping room and not less than sixty (60) square feet of floor space per resident in a multi-bed sleeping room with a minimum of three (3) feet between beds; (OT)
- c. A room with a window that opens into an exterior window well shall not be used for a resident sleeping room; and (OT)
07. Dietary Standards. The facility shall assure that: (OT)
- a. Newly constructed facilities, admitting or planning to admit ten (10) or more residents, shall submit professionally prepared drawings or plans of the kitchen for review prior to construction; and (OT)
- b. Carpeting is prohibited in the food preparation area, and where existing, shall be replaced with an easily cleanable surface when worn out or becomes heavily soiled. (OT)
- 622. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: NEW CONSTRUCTION, ADDITIONS ALTERATIONS.**
01. Requirements. In addition to the requirements set forth in Section 525, new construction, additions and remodeling or alterations other than minor repairs shall comply with the following: (OT)
02. Site. See Section 526 as it relates to the requirements of a building site; (OT)
03. Construction. Facilities whose construction commences after July 1, 1991 or buildings being converted to a facility after July 1, 1991 shall conform to the requirements of the Life Safety Code, 1988 Edition, Chapter 12, for a Limited Care Facility. However, buildings of nine (9) beds or less where all sleeping rooms are located on the first story, shall comply with the requirements of the Life Safety Code, 1988 Edition, Chapter 21, Residential Board and Care which is incorporated by reference and is outlined in Section 008. See Section 500; (OT)
04. Plans and Specifications. Plans and specifications on any new facility or any addition/remodeling are governed by the following: (OT)
- a. Plans shall be prepared by an architect or engineer licensed in the state of Idaho. A variance of this requirement may be granted by the licensing agency when the size of the project does not necessitate involvement of an architect or engineer; (OT)
- b. Prior to commencing work, plans and specifications shall be submitted to, and approved by, the licensing agency to assure compliance with applicable construction standards, codes, and regulations; (OT)
- c. Preliminary plans, to be submitted, shall include the assignment of all spaces, size of areas and rooms; (OT)

- d. Preliminary plans, to be submitted, shall include drawings of each floor including, but not limited to, the basement, approach or site plan, roads, parking areas and sidewalks; (T)
  - e. Preliminary plans, to be submitted, shall include outline specifications describing the general construction, including interior finishes, acoustical material, heating, electrical and ventilation systems; (T)
  - f. Preliminary plans, to be submitted, shall be drawn to scale of sufficient size to clearly present the proposed design, but not less than a scale of one-eighth (1/8) inch to the foot; (T)
  - g. Working drawings shall be developed in close cooperation and with approval of the licensing agency and other appropriate agencies prior to construction; (T)
  - h. Working drawings shall be of accurate dimensions and shall include all necessary explanatory notes, schedules and legends. The drawings shall be stamped/signed by the architect or engineer; and (T)
  - i. Working drawings shall be complete and adequate for contract purposes. (T)
05. Inspections. Prior to occupancy, the building shall be inspected and approved by the licensing agency. The agency shall be given at least three (3) weeks notice prior to completion in order to schedule a final inspection; and (T)
06. Coordination of Code. Construction shall meet all local and state codes applicable to a facility. In the event of a conflict in requirements between codes, the most restrictive shall apply. (T)

**623. -- 674. RESERVED).**

**675. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY; HOURLY ADULT CARE.**

01. Policies. Policies governing the acceptance of individuals to the hourly adult care program shall be developed and implemented and shall provide at least the following: (T)
- a. Types of individuals who may not be accepted; (T)
  - b. Health and other pertinent information regarding the individual's needs; (T)
  - c. Emergency telephone numbers for contact with family members or physician and other identification information; and (T)
  - d. Written policies shall be available to participants, families and general public. (T)
02. Hourly Adult Care Operation. Policies shall be developed and implemented governing the operation of the hourly adult care program and shall include at least the following: (T)
- a. Time periods of program not to exceed fourteen (14) consecutive hours in a twenty-four (24) hour period; (T)
  - b. Cost of program to resident; (T)
  - c. A description of services offered, including, but not limited to meals, activities, transportation services, if offered, and supervision; and (T)
  - d. Records required. (T)
03. Medications. (T)

a. The facility shall not admit residents to the hourly adult care program who cannot administer their own medications. See Subsection 010.73; (OT)

b. Each hourly adult care resident shall be responsible for bringing his own supply of medications for the stay; and (OT)

c. The facility shall be responsible for the safeguarding of the hourly adult care resident's medications while he is at the facility. (OT)

04. Records. (OT)

a. The facility shall maintain a record for each hourly adult care resident which includes at least admission identification information including responsible party and physician; (OT)

b. The facility shall maintain a record for each hourly adult care resident which includes at least pertinent health and social information relevant to the supervision of the resident; and (OT)

c. A log of hourly adult care participants shall be maintained for at least the previous year. (OT)

05. Restrictions. (OT)

a. Hourly adult care services may be provided to such number of individuals that the facility can handle without interference with the normal activities of the residential care facility; (OT)

b. Provision of time appropriate accommodations shall be made available for the participant, to include, but not be limited to, napping furniture for day time hours, 6:00 am through 10:00 pm, such as lounge chairs, recliners, and couches; (OT)

c. The facility shall have the ability to space napping furniture at least three (3) feet apart if needed or requested; (OT)

d. Beds and bedrooms shall be available for the sleeping hours, 10:00 pm through 6:00 am; (OT)

e. Beds, and bedrooms of residential care residents shall not be utilized; and (OT)

f. No individual shall be admitted to the hourly adult care program who requires skilled nursing or intermediate care or for whom the facility cannot adequately provide services and supervision. (OT)

**676. -- 699. (RESERVED).**

**700. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY.**

The residential care facility caring for elderly residents shall meet the requirements of IDAPA 16, Title 03, Chapter 22, "Rules For Residential Care Facilities In Idaho," Section 000 through Subsection 550.07. (OT)

01. Policy. The purpose of a residential care facility for the elderly in Idaho is to provide a humane, safe, and homelike housing and living arrangement for persons who are elderly who need some assistance with activities of daily living and personal care and to delay the need for a more expensive nursing facility or other institutional care as long as possible. Occupancy in a residential care facility for the elderly will be considered the person's primary residence. It is the intent of the legislature that residential care facilities for the elderly be available to meet the needs of those residing in these facilities by recognizing the capabilities of individuals to direct their care and self-medication or to use supervised self-medication techniques when ordered and approved by an individual licensed to prescribe medication. (OT)

02. Services. Supervision, assistance with activities of daily living and instrumental activities of daily living, board and room, therapeutic recreational activities, behavior management, and habilitation services shall be provided to meet the needs of the residents according to their individualized negotiated service agreement. (OT)

**701. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: APPLICATION.**

01. Licensed Administrator Requirements. If the owner/applicant is not the administrator, only the administrator is required to be licensed. (T)
02. Administrator's License. A copy of the administrator's license or evidence that the administrator is currently in the process of getting a license must be provided with the application. (T)
03. Facility Floor Plan. A rough sketch detailing the floor plan including measurement of all rooms shall be included. (T)
04. Building Evaluation Fee. A two hundred fifty dollar (\$250) initial building evaluation fee. (T)
05. Written Request for Building Evaluation. A written request for a building evaluation for existing buildings to include, but not be limited to: (T)
  - a. The name, address, and telephone number of the person who is to receive the building evaluation report; (T)
  - b. The address of the building that is to be evaluated; and (T)
  - c. The level of care of the residents for whom the building is being evaluated to serve. (T)
06. Blueprints. A copy of professionally prepared blueprints for a proposed building for evaluation by the Department, see Section 722. (T)

**702. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: EXPIRATION AND RENEWAL OF LICENSE.**

01. Application for License Renewal. The application for renewal of a license shall be submitted on a form prescribed by the licensing agency. The completed application shall be returned to the licensing agency at least sixty (60) days prior to the expiration of the existing license. (T)
02. Existing License. The existing license, unless suspended or revoked, shall remain in force and effect until the Department has acted upon the application renewal, when such application for renewal is timely filed. (T)

**703. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: INSPECTIONS.**

All inspections and investigations for residential care facilities shall be conducted at intervals determined by the licensing agency. (T)

**704. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: RESIDENTS' RIGHTS.**

01. Advanced Directives. Residents of facilities/homes for the elderly shall have the right to be informed, in writing, regarding the formulation of an advanced directive to include applicable State law. (T)
02. Resident Councils. Every facility over fifteen (15) beds shall assist the residents in establishing and maintaining a resident council. The council shall be composed of residents of the facility and may include their family members. The council may extend membership to advocates, friends and others. (T)
03. Council Duties. The council shall have the following duties: (T)
  - a. To assist the facility in developing a grievance procedure; (T)
  - b. To communicate resident opinions and concerns; (T)

- c. To obtain information from the facility and disseminate the information to the residents; (T)
- d. To identify problems and participate in the resolution of those problems; and (T)
- e. To act as a liaison with the community. (T)

04. Waiver for Resident Council. The requirement that every facility over fifteen (15) beds shall assist the residents in establishing and maintaining a resident council may be waived provided the following conditions are met: (T)

- a. The operator meets regularly with residents; (T)
- b. Residents decline to participate in a formal council; and (T)
- c. Appropriate documentation exists to indicate the residents' decision. (T)

**705. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: ADMINISTRATION AND ADMINISTRATOR.**

- 01. Governing Body. Each facility shall be organized and administered under one (1) authority. (T)
- 02. Governing Board. If other than a single owner or partnership, the facility shall have a governing board which assumes full legal responsibility for the overall conduct of the facility and for compliance with these rules. (T)
- 03. Valid Administrator License. The administrator shall have a valid residential care administrator's license. (T)

**706. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: RESPONSIBILITIES OF THE ADMINISTRATOR.**

- 01. Employment Policies. The administrator shall furnish each staff member with a copy of written policies governing conditions of employment including the work assignments of their position; (T)
- 02. Licensed Nurse. The administrator shall assure that each licensed nurse employed by the facility, providing volunteer nursing services to the facility, or under contract to the facility, has a valid nursing license in accordance with Idaho state law. (T)
- 03. Administration of Multiple Facilities. One (1) administrator may be allowed to administer over multiple facilities by the department based upon an approved written plan of operation. The Department shall base its decision, on but not limited to, the following: (T)
  - a. Distance between facilities; (T)
  - b. Type of residents being served; (T)
  - c. History of the facility/administrator; and (T)
  - d. Scope and severity of resident care and supervision deficiencies noted in the last survey. (T)

**707. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: STAFF ORIENTATION TRAINING.**

- 01. Orientation Program. Each facility shall develop a structured written orientation training program designed to meet the training needs of new employees in relation to an employee's responsibilities in the facility. The program shall include, but not be limited to: (T)

- a. Job responsibilities; (T)
  - b. Residents' rights; (T)
  - c. Operational procedures; (T)
  - d. Disaster preparedness; (T)
  - e. Fire safety, fire extinguisher and smoke alarms; (T)
  - f. Assisting residents with medications; (T)
  - g. First aid and CPR, Cardio - Pulmonary Resuscitation; (T)
  - h. Policies and procedures; (T)
  - i. Complaint investigations and survey procedures; (T)
  - j. Emergency procedures; (T)
  - k. Employee dress code; (T)
  - l. House keeping and proper sanitation procedures; (T)
  - m. Infection control; (T)
  - n. Grievance procedures; (T)
  - o. Work schedules, holidays and paydays; (T)
  - p. Recognizing indications of illness, change in condition, and the need for professional help including facility documentation procedures; (T)
  - q. Living skills training; (T)
  - r. Death, Dying and the Grieving Process; (T)
  - s. Risk Management; (T)
  - t. Behavior Management Techniques and Documentation; (T)
  - u. The aging process, facilities admitting elderly residents; (T)
  - v. Mental Illness, facilities admitting residents with a mental illness; (T)
  - w. Developmental Disability, facilities admitting residents with a developmental disability; (T)
  - x. Habilitation/Training; and (T)
  - y. Other topics as outlined by the administrator. (T)
02. Staff Orientation Training Time Requirements. A minimum of eight (8) hours of job-related pre-service orientation training shall be provided to all new employees, upon being hired, who are to provide personal assistance to residents. (T)
03. Orientation Training Documentation. Signed evidence of employee orientation training, indicating hours and topic, shall be retained at the facility in each employee's file indicating that this has been completed.



(T)

**708. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: STAFF CONTINUING TRAINING.**

01. Continuing Training. An ongoing, planned, and written continuing training program which maintains and upgrades the knowledge, skills, and abilities of the staff in relation to services provided and employee responsibilities shall be provided to employees at least every six (6) months, to include, but not be limited to, the orientation training program as required in Section 707 of this Chapter. (T)

02. Staff Continuing Training Time Requirements. Each employee, providing personal assistance to residents, shall receive a minimum of sixteen (16) hours of job related continuing training per year. (T)

03. Continuing Training Documentation. Signed evidence of employee continuing training, indicating hours and topic, shall be retained at the facility in each employee's file indicating that this has been completed. (T)

**709. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: PERSONNEL.**

01. Policies. Written personnel policies shall be on file and provided to employees which describe the employee's rights, responsibilities, and employer's expectations. The policies shall include, but are not limited to, the following: (T)

- a. Hours of work, payday, overtime, salary, and qualifications; (T)
- b. Grievance procedures; (T)
- c. Organizational structure clearly outlining lines of authority; (T)
- d. Orientation requirements for all new employees; (T)
- e. Continued training requirements; (T)
- f. Age limitations; (T)
- g. Employee health; and (T)
- h. Other related personnel matters. (T)

02. Job Descriptions. Each employee shall be provided with a job description outlining authority, responsibilities, and duties. (T)

03. Employee Health. Each employee shall be in good health and free of communicable diseases or infected skin lesions while on duty. (T)

a. The facility shall require that all employees report immediately to their supervisor any sign or symptom of personal illness; and (T)

b. The facility administrator or supervisor is responsible for taking appropriate action in case of employee illness. (T)

04. Personnel Records. A record for each employee shall be maintained and shall include at least the following: (T)

- a. Name, current address, and telephone number of employee; (T)
- b. Social Security number; (T)

- c. Education; (T)
- d. Experience; (T)
- e. Other qualifications, if licensed in Idaho, the original license number and date the current registration expires shall be included; (T)
- f. Date of employment; (T)
- g. Position in the facility, type of work; (T)
- h. Date of termination of employment and reason for termination; (T)
- i. Documentation of initial orientation hours and topics and continuing training hours and topics; (T)
- j. Evidence of a physical examination completed by a licensed physician or licensed nurse practitioner; (T)
- k. Evidence that the employee has received a job description and understands his duties; and (T)
- l. Employee records shall be maintained at the facility for not less than one (1) year after the employee is no longer employed by the facility. (T)

**710. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: STAFFING STANDARDS AND REQUIREMENTS.**

- 01. Staffing for Thirty Residents. When a facility, with thirty (30) or more residents, admits and retains Level II residents or a combination of Level I and Level II, one (1) staff person shall be up and awake during residents sleeping hours. (T)
- 02. Level III Resident Waiver. Staff up and awake at night shall be required and a waiver or variance will not be granted when a facility has ten (10) or more Level III clients. (T)
- 03. Work Schedules. Daily work schedules shall be maintained in writing which reflect: (T)
  - a. Personnel on duty, at any given time, for the previous twelve (12) months; (T)
  - b. The first and last names, of each employee, and their position; and (T)
  - c. Any adjustments made to the schedule. (T)

**711. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: ADMISSION AND DISCHARGE REGISTER.**

- 01. Admission and Discharge Register. Each facility shall maintain an admission and discharge register listing names of each resident, date admitted, the place from which the resident was admitted, date discharged, reason for discharge, and adequate identification of the facility to which the resident is discharged or future home address. (T)
- 02. Maintaining the Admission and Discharge Register. The admission and discharge register shall be maintained as a separate document, apart from individual resident files, and shall be kept current. (T)

**712. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: RESIDENT RECORDS.**

Records required for admission to a facility shall be maintained and updated and shall be confidential. Their availability, subject to Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 01, "Rules

Governing the Protection and Disclosure of Department Records," shall be limited to administration, professional consultants, the resident's physician and representatives of the licensing/certifying agency. All entries shall be kept current, recorded legibly in ink, dated, signed, and shall include, written documentation of the resident's, preference regarding the formulation of an Advanced Directive in accordance with Idaho state law. If applicable a copy of the resident's Advanced Directive shall be available. (T)

**713. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: MEDICATION STANDARDS AND REQUIREMENTS.**

01. Additional Medication Policy Requirements. Each facility shall develop and implement a written medication policy and procedure that outlines in detail the procedures to be followed regarding the handling of medications. The medication policy shall include, but not be limited to, the following additional requirements: (T)

a. All facilities shall utilize the medi-set distributions system, or the blister pack distributions system, or other system as approved by the Department, for routine medications; (T)

b. PRN medications may be maintained in multidose containers; (T)

c. Temporary routine medications of fourteen (14) days or less may be maintained in multidose containers; (T)

d. Staff assisting residents with medications shall be trained by a registered nurse or pharmacist regarding the relevant procedures and shall have completed the required medication certification course, prior to assisting residents with medications; (T)

e. For residents on a self-administration medication plan, the facility licensed nurse shall assess the residents' ability to safely continue the plan every month, not to exceed a forty (40) day time period; and (T)

f. Monitoring of each resident's medication regimen shall occur by a licensed nurse every month, not to exceed a forty (40) day time period to determine if the medication is being taken properly, resident's reaction to medication, need for other medications, physician orders match medications being taken by the resident, and adverse consequences of resident's use of over-the-counter-medications. (T)

02. Assistance With Medications. Residential care facilities attached to nursing homes may have the nursing home nurse distribute the medications; provided, the time required to do so does not interfere with his nursing home duties. (T)

03. Unused Medication. Unused or discontinued medications shall not accumulate at the facility for longer than thirty (30) days, unless there is reason to believe that the medication will be reordered by the attending physician within a reasonable length of time. The unused medication shall be disposed of in a manner that assures that it can not be retrieved. A written record of all disposal of drugs shall be maintained in the facility and shall include: (T)

a. A description of the drug, including the amount; (T)

b. The resident for whom the medication was prescribed; (T)

c. The reason for disposal; (T)

d. The method of disposal; and (T)

e. Signatures of responsible facility staff and a witness, resident's family or facility nurse. (T)

**714. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: NURSING SERVICES.**

A licensed nurse shall visit the facility at least once every month, not to exceed a forty (40) day time period to: (T)

01. Resident Response to Medications. Conduct a nursing assessment of each resident's response to medications; and (OT)
02. Current Medication Orders. Assure that the residents' medication orders are current by verifying that the medication listed by the pharmacist on the mediset, blister pak, or medication container, to include over-the-counter medication as appropriate, is current with physician orders; and (OT)
03. Resident Health Status. Conduct a nursing assessment, in accordance with the resident's uniform assessment and negotiated service agreement, of the health status of each resident by identifying symptoms of illness, or changes, or both in mental and physical health status; and (OT)
04. Recommendations. Make recommendations to the administrator regarding any medication needs or other health need requiring follow up; and (OT)
05. Progress of Previous Recommendations. Conduct a nursing assessment of the progress on previous recommendations made to the administrator regarding any medication needs or other health needs that had required follow up; and (OT)
06. Self Medicator. Conduct a nursing assessment on each resident, participating in a self administration medication regime, for the resident's ability to safely continue the self administration medication regime for the next month; and (OT)
07. Medications Interactions and Usage. Conduct a review of residents' use of over-the-counter medications for side effects, interactions, abuse or a combination of these adverse effects. If side effects are determined the nurse shall notify the residents' physician and make the appropriate counseling available to the resident; and (OT)
08. Date and Time. Document the nursing assessments with the date and time of each visit. (OT)

**715. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: MENU PLANNING.**

01. Additional Menu Planning Requirements. Menus must: (OT)
- a. Be reviewed, signed and dated by a dietitian, nutritionist or home economist ensuring that the menus meet the current RDAs before being implemented; (OT)
- b. Be reviewed at least annually thereafter to assure that changes/substitutions made to the menu were appropriate; (OT)
- c. Be posted where it can be easily viewed by residents; (OT)
- d. Be corrected to reflect substitutions that were made and snacks provided; and (OT)
- e. Be kept on file in the facility for three (3) months. (OT)
02. Facilities With Sixteen (16) Beds Or Less. In facilities of sixteen (16) beds or less, menus shall be planned, in writing at least three (3) weeks in advance for regular and therapeutic diets. (OT)
03. More Than Sixteen Beds. Residential care facilities serving sixteen (16) or more residents shall develop and implement a cycle menu which covers a minimum of two (2) seasons and is six (6) to nine (9) weeks in length. (OT)

**716. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: FOOD SERVICE.**

01. Supervision And Personnel. The administrator or a person designated by the administrator shall be responsible for the total food services and day-to-day supervision of food service staff and shall be responsible for:

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- a. Coordinating food services with other services; (OT)
- b. Developing work assignments; (OT)
- c. Purchasing food; and (OT)
- d. Orienting, training and supervising food service employees. (OT)
- 02. Additional Duties. The person designated by the administrator shall also: (OT)
  - a. Perform his duties in a safe and sanitary manner; (OT)
  - b. Plan nutritious menus for regular diet needs; (OT)
  - c. Participate in continuing in-service education to increase knowledge and improve skills in the food service area, at a minimum of eight (8) contact hours per year; (OT)
  - d. Post duty assignments for food service staff, in facilities having five (5) or more staff; and (OT)
  - e. Have available in the kitchen a current diet manual approved by the licensing agency. A diet manual other than the Idaho Diet Manual shall be submitted to the licensing agency for approval. (OT)
- 03. Food Service Personnel. There shall be sufficient numbers of food service personnel employed, and their hours shall be scheduled to meet the dietary needs of the residents. (OT)
- 04. Policies of Nutritional Care. Residential care facilities with a licensed bed capacity of sixteen (16) or more residents shall have written policies and procedures for providing proper nutritional care of its residents whether provided by the facility or a third party. Policies shall include at least the following: (OT)
  - a. Job descriptions; (OT)
  - b. Staff responsibilities; (OT)
  - c. Procedures to follow if a resident refuses food; and (OT)
  - d. Food handling and sanitation procedures. (OT)

**717. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: FOOD SERVICE SANITATION STANDARDS.**

- 01. UNICODE. The acquisition, preparation, including freezing, canning, storage and serving of all food and drink and the washing of dishes in a facility shall comply with Idaho Department of Health and Welfare Rules, IDAPA 16, Title 02, Chapter 19, "Rules Governing Food Sanitation Standards for Food Establishments (UNICODE)," February 1, 1990 is incorporated herein by reference and outlined in Section 008. (OT)
- 02. Sanitation of Dining Utensils. All multi-use eating and dining utensils shall be subjected to one (1) of the following approved sanitization processes after each use: (OT)
  - a. Washing with detergent, clear water rinsing and sanitization either in water in excess of one hundred and sixty (160) degrees Fahrenheit for ten (10) seconds; or (OT)
  - b. Washing with detergent, clear water rinsing and sanitization in a chlorine solution of not less than fifty (50) parts per million for not less than ten (10) seconds. (OT)

**718. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: FOOD PREPARATION AND SERVICE.**

01. Standardized Recipes. For facilities serving sixteen (16) or more individuals, standardized recipes shall be required. (T)
02. Standard Portion Control Guidelines. Standard portion control guidelines shall be posted in the kitchen or included on the menus. (T)

**719. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: REQUIREMENTS FOR FIRE AND LIFE SAFETY STANDARDS.**

01. Life Safety Code Requirements. Residential care facilities for the elderly shall meet the provisions of the Life Safety Code of the National Fire Protection Association, 1988 Edition, which are applicable to residential care facilities as specified below and outlined in Section 008. (T)
02. Housing of Ten (10) or More Residents. Buildings housing ten (10) or more residents or any building housing residents on stories other than the first story shall comply with the Limited Care Section of the Life Safety Code, 1988 Edition. Exception: Facilities licensed prior to July 1, 1992 may continue to comply with the Residential Custodial Care Section of the Life Safety Code, 1981 Edition as outlined in Section 008. Existing licensed facilities shall be in compliance by July 1, 1994. (T)
03. Existing Facilities Housing Nine (9) or Less Residents. Existing facilities licensed prior to July 1, 1992 and housing nine (9) or less residents on the first story only shall comply with the requirements of Chapter 21, Residential Board and Care Section of the Life Safety Code, 1988 Edition for Prompt Evacuation Capability except that the requirement for door closures on sleeping room doors shall not apply. Facilities may elect to comply with the fire safety evaluation system for Residential Board and Care, Prompt Evacuation Capability as outlined in Chapter 6 of NFPA Manual 101M, 1988 Edition which is incorporated by reference and outlined in Section 008. (T)
04. New Buildings. Newly constructed buildings or buildings being converted to a facility, or both, after July 1, 1992 and who house nine (9) or less residents on the first story only shall comply with the requirements of Chapter 21, Residential Board and Care Section of the Life Safety Code, 1988 Edition for Impractical Evacuation Capability. Exception:
  - a. Any newly constructed building or building being converted to a facility and who house only residents classified as Level I or Level II need only comply with the requirements for Prompt Evacuation Capability as outlined in Subsection 719.03. (T)
  - b. In any newly constructed building or building being converted to a facility, the minimum water supply for residential sprinkler systems shall be equal to the water demand rate times ten (10) minutes. (T)
  - c. A facility may elect to comply with the fire safety evaluation system for Residential Board and Care, Impractical Evacuation Capability, as outlined in Chapter 6 of NFPA Manual 101M, 1988 Edition which is incorporated by reference and outlined in Section 008. (T)
05. Fire Alarm/Smoke Detection System. An electrically supervised, manually operated fire alarm/smoke detection system shall be installed throughout each building housing residents. The system shall include a control panel, manual pull stations, smoke detectors, sounding devices, power backup and any sprinkler flow/alarm devices that may be present and must be compatible with any future sprinkler system add on. The system, including devices, their location and installation shall be approved by the licensing agency prior to installation. Buildings licensed prior to July 1, 1992 shall be given until July 1, 1995 to install the system. Exception: Facilities that comply with the requirements of Chapter 21, Residential Board and Care Section of the Life Safety Code, 1988 Edition for Impractical Evacuation Capability. (T)
06. Corridors or Hallways. Dead-end corridors or dead-end hallways shall not exceed thirty (30) feet in length. (T)

07. Resident Placement. Any resident requiring assistance in ambulation shall reside on the first story unless the facility complies with Subsection 719.02. (OT)

08. Fire Drills. All employees and residents shall participate in a minimum of one (1) fire drill per shift per quarter. Fire drills shall be unannounced and shall be conducted at irregular intervals during the day and night. Written documentation of each drill shall be maintained on file at the facility and shall contain at least the following: (OT)

a. A written record describing each drill, the date and time of the drill, response of the employees and residents, problems encountered and recommendations for improvement; and (OT)

b. The name of each employee in attendance during the drill. (OT)

**720. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: MAINTENANCE OF EQUIPMENT AND SYSTEMS FOR FIRE AND LIFE SAFETY.**

01. Fire Alarm/Smoke Detection System Professional Service/Testing. The facility's fire alarm/smoke detection system shall be inspected/tested/serviced at least annually by a person or business professionally engaged in the servicing of such systems. Results of the inspection/test shall be maintained on file. (OT)

02. Fire Alarm/Smoke Detection System Facility Service/Testing. The fire alarm/smoke detection system shall be inspected/tested at least monthly by a designated facility employee. Results of the inspection/test shall be maintained on file. (OT)

03. Automatic Fire Extinguishing System - Inspection. All automatic fire extinguishing systems shall be inspected/tested/serviced at least annually by an appropriate contractor licensed by the Idaho State Fire Marshall's office. A report, prepared by the contractor shall be maintained on file in the facility documenting the results of the annual inspection/testing/service. (OT)

**721. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: BUILDING CONSTRUCTION AND PHYSICAL STANDARDS FOR A FACILITY.**

01. Principle of Normalization. In order to promote the basic principles of normalization and achieve acceptance of single family dwelling licensed as residential care facilities into the community, residentially-zoned neighborhoods, subdivisions, etc., the location of a facility shall be physically separate from any other residential care facility including intermediate care facilities for the mentally retarded by not less than five hundred (500) feet distance measured in a straight line, to preclude the adjacent or nearby location of two (2) or more facilities. Exception: The five hundred (500) foot distance restriction does not apply to commercially-zoned areas; i.e. "continuum of care" complexes, "life care" centers, etc. or existing licensed facilities if change of ownership should occur. (OT)

02. Dining/Recreation/Living Space. For facilities licensed after July 1, 1991, the total area set aside for these purposes shall be not less than thirty (30) square feet per resident. A hall or entry shall not be included as living or recreation space. (OT)

03. Residents Required to go Outside. Elderly residents or residents requiring the use of wheelchairs, walkers or assistance with ambulation shall not be admitted to facilities that require residents to go outside to go back and forth from the dining room/shower/bath/recreation areas. (OT)

04. Covered Cement Walks. For facilities licensed after July 1, 1991, where residents are required to leave their rooms to go to dining or recreation, covered cement walks are required. (OT)

05. Toilet and Bathrooms. Each facility shall provide: (OT)

a. At least one (1) flush toilet for every six (6) persons, residents, or employees; (OT)

b. At least one (1) tub or shower for every eight (8) persons, residents, or employees; (OT)

- c. At least one (1) lavatory with a mirror for each toilet; and (OT)
- d. At least one (1) toilet, tub or shower, and lavatory in each building in which residents sleep, with additional units if required by the number of persons. Residents shall not be required to go outside to get to the toilet, tub or shower, or lavatory. (OT)
- 06. Resident Sleeping Rooms. The facility shall assure that: (OT)
  - a. Not more than four (4) residents shall be housed in any multi-bed sleeping room in facilities licensed prior to July 1, 1991. New facilities or conversions licensed after July 1, 1992 shall not have more than two (2) residents in any multi-bed sleeping room. The sale of a facility licensed prior to July 1, 1992 shall not be considered a new facility or conversion; (OT)
  - b. Square footage requirements for existing facilities that have been continuously licensed since before May 9, 1977, shall provide sleeping rooms which allow for not less than seventy-five (75) square feet of floor space per resident in a single bed sleeping room and not less than sixty (60) square feet of floor space per resident in a multi-bed sleeping room with a minimum of three (3) feet between beds; (OT)
  - c. A room with a window that opens into an exterior window well shall not be used for a resident sleeping room; and (OT)
- 07. Dietary Standards. The facility shall assure that: (OT)
  - a. Newly constructed facilities, admitting or planning to admit ten (10) or more residents, shall submit professionally prepared drawings or plans of the kitchen for review prior to construction; and (OT)
  - b. Carpeting is prohibited in the food preparation area, and where existing, shall be replaced with an easily cleanable surface when worn out or becomes heavily soiled. (OT)

**722. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: NEW CONSTRUCTION, ADDITIONS ALTERATIONS.**

- 01. Requirements. In addition to the requirements set forth in Section 525, new construction, additions and remodeling or alterations other than minor repairs shall comply with the following: (OT)
- 02. Site. See Section 526 as it relates to the requirements of a building site; (OT)
- 03. Construction. Facilities whose construction commences after July 1, 1991 or buildings being converted to a facility after July 1, 1991 shall conform to the requirements of the Life Safety Code, 1988 Edition, Chapter 12, for a Limited Care Facility. However, buildings of nine (9) beds or less where all sleeping rooms are located on the first story, shall comply with the requirements of the Life Safety Code, 1988 Edition, Chapter 21, Residential Board and Care which is incorporated by reference and is outlined in Section 008. See Subsection 600.01; (OT)
- 04. Plans and Specifications. Plans and specifications on any new facility or any addition/remodeling are governed by the following: (OT)
  - a. Plans shall be prepared by an architect or engineer licensed in the state of Idaho. A variance of this requirement may be granted by the licensing agency when the size of the project does not necessitate involvement of an architect or engineer; (OT)
  - b. Prior to commencing work, plans and specifications shall be submitted to, and approved by, the licensing agency to assure compliance with applicable construction standards, codes, and regulations; (OT)
  - c. Preliminary plans, to be submitted, shall include the assignment of all spaces, size of areas and rooms; (OT)



d. Preliminary plans, to be submitted, shall include drawings of each floor including, but not limited to, the basement, approach or site plan, roads, parking areas and sidewalks; (T)

e. Preliminary plans, to be submitted, shall include outline specifications describing the general construction, including interior finishes, acoustical material, heating, electrical and ventilation systems; (T)

f. Preliminary plans, to be submitted, shall be drawn to scale of sufficient size to clearly present the proposed design, but not less than a scale of one-eighth (1/8) inch to the foot; (T)

g. Working drawings shall be developed in close cooperation and with approval of the licensing agency and other appropriate agencies prior to construction; (T)

h. Working drawings shall be of accurate dimensions and shall include all necessary explanatory notes, schedules and legends. The drawings shall be stamped/signed by the architect or engineer; and (T)

i. Working drawings shall be complete and adequate for contract purposes. (T)

05. Inspections. Prior to occupancy, the building shall be inspected and approved by the licensing agency. The agency shall be given at least three (3) weeks notice prior to completion in order to schedule a final inspection; and (T)

06. Coordination of Code. Construction shall meet all local and state codes applicable to a facility. In the event of a conflict in requirements between codes, the most restrictive shall apply. (T)

**723. -- 749. (RESERVED).**

**750. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: SPECIALIZED CARE UNITS/FACILITIES FOR ALZHEIMERS/DEMENTIA RESIDENTS.**

The facility/unit caring for Alzheimers/Dementia residents shall meet the requirements of Residential Care Facilities For The Elderly, Section 700 through Subsection 722.06, . (T)

01. Type of Facility Required to Meet Specialized Requirements. All facilities, who have a Level III resident with a diagnosis of Alzheimers or an equivalent dementing illness shall meet the requirements for the Specialized Care Units/Facilities For Alzheimers/Dementia Residents, Section 750. (T)

02. Policy. Specialized residential care units/facilities for the elderly are specifically designed, dedicated, and operated to provide the elderly individual with chronic confusion, or dementing illness, or both, with the maximum potential to reside in an unrestrictive environment through the provision of a supervised life-style which is safe, secure, structured but flexible, stress free, and encourages physical activity through a well developed activity and recreational program. The program constantly strives to enable residents to maintain the highest practicable physical, mental or psychosocial well-being. (T)

03. Services. Habilitation services, activity program, and behavior management shall be provided to meet the needs of the resident according to their individualized negotiated service agreement. (T)

04. Additional Licensure Requirements. A synopsis of the program of care to be offered by the special care unit/facility for the elderly shall be submitted to the Department for approval before a Specialized Residential Care Facility For The Elderly License is issued. The synopsis shall include, but not be limited to: (T)

a. A description of the population to be served; (T)

b. A statement of philosophy, objectives, and beliefs upon which decisions will be made regarding the special care unit/facility and the expected results; (T)

c. A description of the admission and discharge criteria; (T)

- d. A copy of the floor plan; (OT)
  - e. Policies and procedures developed for the specialized unit/facility; (OT)
  - f. A proposed staffing pattern; (OT)
  - g. A plan for specialized staff training; and (OT)
  - h. A description of programs for activities and social services. (OT)
05. Staff Orientation. Each specialized residential care facility for the elderly offering specialized care units/facilities for Alzheimers/Dementia residents shall develop an orientation training program, for staff providing care and supervision to these residents, to include, but not be limited to, the following: (OT)
- a. Alzheimers and Dementia; (OT)
  - b. Symptoms and behaviors of memory impaired people; (OT)
  - c. Communication with memory impaired people; (OT)
  - d. The resident's adjustment to residency in the special care unit/facility; (OT)
  - e. Inappropriate and problem behavior of special care unit/facility residents and appropriate staff interventions; (OT)
  - f. Activities of daily living for special care unit/ facility residents; and (OT)
  - g. Stress reduction for special care unit/facility staff and resident. (OT)
06. Orientation Training. Staff shall have at least six (6) additional hours of orientation training prior to service to include, but not be limited to Section 707. (OT)
07. Continuing Training. Four (4) hours of the required sixteen (16) hours per year of continuing training shall be in the provision of services to resident's with Alzheimer's disease or dementia disorders. (OT)
08. Admission Policy. Each residential care facility for the elderly offering special care units/facilities for Alzheimers /Dementias shall develop and implement a written admission policy governing the acceptance of individuals into the unit/facility. The written policy shall include, but not be limited to the following: (OT)
- a. All residents shall be evaluated by the their primary physician for the resident's appropriateness for placement into the unlocked special care unit/facility prior to admission. The facility shall obtain a written statement from the physician stating that the resident is appropriate for admission prior to the resident's admission; (OT)
  - b. Clients of the Department shall also have an assessment from the Department, for the resident's appropriateness for placement into the unlocked special care unit/facility prior to admission. The facility shall obtain from the Department a written statement that the resident is appropriate for admission prior to the resident's admission; (OT)
  - c. The facility shall not admit any resident without a written statement from the resident's primary physician for non clients of the Department and from the Department for clients of the Department that the resident's degree/stage of confusion/dementia is appropriate for the level of services that the facility is licensed to provide; (OT)
  - d. No resident shall be admitted that requires physical restraints, chemical restraints which is defined as a psychopharmacological drug that is used for discipline for convenience and not required to treat medical symptoms, locked doors, and locked gates to ensure his safety; (OT)

e. Residents shall be at a stage of their disease such that only periodic professional observation and evaluation are required; and (OT)

f. The facility administrator/staff shall report to the resident's attending physician for non clients of the Department and to the Department for Department clients any sudden or significant change in orientation and behavior, especially wandering, which may indicate the need for a more secure environment. The resident shall be re-evaluated by their primary physician for non clients of the Department and by the Department for Department clients for progression of the resident's dementia requiring transfer to a facility with greater supervision and security. (OT)

09. Medications. (OT)

a. Psychotropic/behavioral modifying medication intervention shall be used as a last recourse only and at the lowest possible dosage. Prior to the facility obtaining physician orders for psychotropic/behavioral modifying medication the facility shall implement a less restrictive systematic non medication, behavioral management, approach to assist the resident to control his inappropriate behavior. (OT)

b. The facility shall ensure that physician orders for psychotropic/behavioral modifying medications are ordered for a specific condition as diagnosed and documented in the medical record, at the lowest possible dosage and for a duration not to exceed a six (6) month period. At the end of the six (6) month period, the need for the medication and the current dosage shall be reassessed by the resident's physician for possible dose reduction and discontinuation of the medication. The facility shall have written documentation, signed and dated by the physician regarding his reassessment and determinations, in the resident's medical record. (OT)

10. Behavioral Management. The resident with inappropriate behaviors shall be evaluated with appropriate documentation for each incident of inappropriate behavior to determine the following: (OT)

a. Baseline to determine the intensity, duration, and frequency of the inappropriate behavior; (OT)

b. Study of antecedent behaviors and activities; (OT)

c. Identification of recent changes or additional risk factors in the resident's life; (OT)

d. Environment factors such as time of day, staff members involved, noise, levels; (OT)

e. Medical status; (OT)

f. Staffing patterns at times of inappropriate behavior; (OT)

g. Alternative, structured activities or behaviors that have been successful or unsuccessful for the resident in the past; and (OT)

h. Effectiveness of behavioral management approaches. (OT)

11. Safety. (OT)

a. The unit/facility shall have available an outside area or yard that assures the safety of the residents. Areas are to be fenced/walled, gates are not to be locked, plants are to be non toxic for human contact and consumption and adequate staff will be present. (OT)

b. Procedures shall be written and implemented outlining the steps to be taken by staff when a resident is discovered to be missing from the unit/facility. (OT)

c. Procedures shall be written and implemented outlining precautions to be taken when hazardous cleaning materials or potentially dangerous mechanical equipment is being used in the unit/facility. (OT)

d. Procedures shall be written and implemented outlining the steps to be taken by staff when a resident's behavior becomes uncontrollable. (OT)

**751. -- 774. (RESERVED).**

**775. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY: HOURLY ADULT CARE.**

01. Policies. Policies governing the acceptance of individuals to the hourly adult care program shall be developed and implemented and shall provide at least the following: (OT)

- a. Types of individuals who may not be accepted; (OT)
- b. Health and other pertinent information regarding the individual's needs; (OT)
- c. Emergency telephone numbers for contact with family members or physician and other identification information; and (OT)
- d. Written policies shall be available to participants, families and general public. (OT)

02. Hourly Adult Care Operation. Policies shall be developed and implemented governing the operation of the hourly adult care program and shall include at least the following: (OT)

- a. Time periods of program not to exceed fourteen (14) consecutive hours in a twenty-four (24) hour period; (OT)
- b. Cost of program to resident; (OT)
- c. A description of services offered, including, but not limited to meals, activities, transportation services, if offered, and supervision; and (OT)
- d. Records required. (OT)

03. Medications. (OT)

a. The facility shall not admit residents to the hourly adult care program who cannot administer their own medications. See Subsection 010.73; (OT)

b. Each hourly adult care resident shall be responsible for bringing his own supply of medications for the stay; and (OT)

c. The facility shall be responsible for the safeguarding of the hourly adult care resident's medications while he is at the facility. (OT)

04. Records. (OT)

a. The facility shall maintain a record for each hourly adult care resident which includes at least admission identification information including responsible party and physician; (OT)

b. The facility shall maintain a record for each hourly adult care resident which includes at least pertinent health and social information relevant to the supervision of the resident; and (OT)

c. A log of hourly adult care participants shall be maintained for at least the previous year. (OT)

05. Restrictions. (OT)

a. Hourly adult care services may be provided to such number of individuals that the facility can handle without interference with the normal activities of the residential care facility; (OT)

- b. Provision of time appropriate accommodations shall be made available for the participant, to include, but not be limited to, napping furniture for day time hours, 6:00 am through 10:00 pm, such as lounge chairs, recliners, and couches; (OT)
- c. The facility shall have the ability to space napping furniture at least three (3) feet apart if needed or requested; (OT)
- d. Beds and bedrooms shall be available for the sleeping hours, 10:00 pm through 6:00 am; (OT)
- e. Beds, and bedrooms of residential care residents shall not be utilized; and (OT)
- f. No individual shall be admitted to the hourly adult care program who requires skilled nursing or intermediate care or for whom the facility cannot adequately provide services and supervision. (OT)

**776. -- 799. (RESERVED).**

**800. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH A MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY.**

01. Requirements. The adult foster care home for individuals with mental illness, developmental disability, or physical disability or a combination of resident types shall meet the requirements of IDAPA 16, Title 03, Chapter 22, "Rules For Residential Care Facilities In Idaho," Section 000 through Subsection 550.07 as they apply to certified homes. (OT)

02. Policy. Adult foster care homes in Idaho provide a residential alternative designed to allow individuals to remain in a more normal family style living arrangement, usually within their own communities. Families who provide adult foster care share their homes with adults who need assistance in daily living. Persons who live in adult foster care homes are those who are unable to live alone and whose mental, emotional, developmental, and physical conditions are such that the care given by the foster care provider shall meet the person's needs. Individuals requiring nursing home care or who are unable to self-administer their own medication are not suitable for adult foster care. The adult foster care program seeks to provide community-based living and is an essential element to bridge the gap from total independent living to more restrictive levels of care. (OT)

**801. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH A MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY. ADDITIONAL APPLICATION GUIDELINES.**

01. Age Restrictions. The adult foster care home sponsor shall be at least eighteen (18) years of age (OT)
02. Criminal Record Clearance. All adult, eighteen (18) years of age or older, foster home family members living in the home shall complete a criminal record clearance as provided in Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 06, "Rules Governing Mandatory Criminal History Checks." If they are unable to obtain an acceptable criminal record clearance, the certifying agency shall deny the application. (OT)
03. Number of Providers Per Home. An adult foster care provider may be a couple or a single individual. (OT)
04. Health Status. The health status of the adult foster care family and the resident shall be considered in evaluating the appropriateness of a placement. (OT)
05. Role of Relatives in the Provision of Care. Relatives other than natural or adoptive parents or children of the resident may provide adult foster care. (OT)
06. Number of Residents. Homes shall not be certified for more than two (2) adults, except those

meeting the qualifications for 1501 homes. (T)

07. Placement to Meet the Needs of the Resident. The number, age, and sex of children or other adults in the home shall be taken into account in evaluating the appropriateness of a placement for meeting the needs of an adult. (T)

08. Service Agreement. The adult foster home shall enter into a signed service plan with the Department, which shall outline specific responsibilities of the applicant and the Department for clients of the Department. (T)

09. Provider Orientation. The certifying agency shall assure that all adult foster care providers have the opportunity to receive eight (8) hours of orientation training in the following areas: (T)

a. Training in residents' rights; (T)

b. Training in a basic understanding of the psychosocial and physical needs of the residents; (T)

c. Training in developmentally disabled, mentally ill, and elderly care commensurate with the category of residents admitted; (T)

d. Training in appropriate methods of supervision; (T)

e. A review of the specific services that the resident shall require; and (T)

f. Certification for first aid training including Cardio-Pulmonary Resuscitation (CPR) shall be required prior to accepting residents. Certification shall be kept current. (T)

10. Certification Study. Following receipt of an acceptable application and other required signed documents, the certifying agency shall initiate a certification study. The study shall include a complete review of all material submitted. The certification study, along with the application and other required material, shall serve as the basis upon which an approval certificate is issued or denied. The certifying agency shall schedule an on-site interview with the proposed adult foster care provider and the provider's family to review the certification study, verify that the home meets environmental sanitation, fire and life safety, physical home standards, and to determine the following: (T)

a. That the adult foster care family is physically and emotionally capable of fostering wholesome relationships within the home and to assure a family-like atmosphere for residents. A medical or psychological examination may be required if indicated by the Department; and (T)

b. That the home is in compliance with these rules. (T)

**802. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: EXPIRATION AND RENEWAL OF CERTIFICATES.**

01. Application for a Certificate. The application for renewal of a certificate shall be submitted on a form prescribed by the certifying agency. The completed application shall be returned to the certifying agency at least thirty (30) days prior to the expiration of the existing certificate. (T)

02. Existing Certificate. The existing certificate, unless suspended or revoked, shall remain in force and effect until the Department has acted upon the application renewal when such application for renewal is timely filed. (T)

**803. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: ANNUAL AGREEMENT.**

01. Annual Written Agreement. Homes desiring to accept clients of the Department shall negotiate a written agreement annually with the Department. (T)

02. Agreement Requirements. The purpose of the agreement shall be to ensure that the clients receive services and treatment necessary to maintain them at the highest level of independence. The agreement is to establish a basis for coordination and communication between the homes and the Department's regional programs. The agreement shall, in itself or by reference to the resident's negotiated service agreement, clearly define the Department's roles and provider roles in meeting the needs and providing care to Department clients. The agreement shall include at least the following: (T)

- a. Services, consultation and approved training to be provided by the Department to adult foster care providers; (T)
- b. The person responsible for obtaining resident data base information; (T)
- c. How coordination of services for residents shall be accomplished; (T)
- d. Identification of Department staff liaisons for services to adult foster care residents; (T)
- e. Provision for handling emergency and crisis situations or both pertaining to adult foster care; (T)
- f. Procedures to be used in medical emergencies; (T)
- g. The person responsible for transportation to sheltered workshops and Department service programs; (T)
- h. The person responsible for financial or medical assistance applications and reporting of changes in resources; (T)
- i. Conditions for renewal or termination of the agreement; (T)
- j. A paragraph to comply with civil rights requirements; and (T)
- k. Signatures of responsible Department personnel and the adult foster care home sponsor. (T)

**804. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: INSPECTIONS.**

Adult foster care home inspections and investigations shall be conducted as deemed necessary by the certifying agency but at intervals not to exceed six (6) months. (T)

**805. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: SPONSOR.**

- 01. Age Restrictions. The sponsor shall be at least eighteen (18) years of age. (T)
- 02. Physical and Emotional Status. The sponsor and his family shall be physically and emotional capable of fostering wholesome relationships within the home to assure a family-like atmosphere for residents. (T)
- 03. Good Judgement. The sponsor shall be capable of exercising good judgement in caring for dependent adults. (T)

**806. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: PROVIDER ORIENTATION TRAINING.**

Provider Orientation. The certifying agency shall assure that all adult foster care providers receive eight (8) hours of orientation training in the following areas: (T)

01. Resident Rights. Training in residents' rights. (T)
02. Resident Needs. Training in a basic understanding of the psychosocial and physical needs of the residents; (T)
03. Category of Residents. Training in developmentally disabled, mentally ill, and elderly care commensurate with the category of residents admitted; (T)
04. Appropriate Supervision. Training in appropriate methods of supervision; (T)
05. Resident Services. A review of the specific services that the resident shall require; (T)
06. First Aid and CPR. Certification in first aid training and CPR, Cardio-Pulmonary Resuscitation, to include training about bleeding and seizure control, and the care for abrasions, scratches, cuts, and insect bites; (T)
07. Assistance with Medications. Assisting residents with medications; (T)
08. Emergency. Emergency procedures; (T)
09. Disaster. Disaster preparedness; (T)
10. Fire Safety. Fire safety, fire extinguisher and smoke alarms; (T)
11. Complaints and Surveys. Complaint investigations and survey procedures; (T)
12. Housekeeping and Sanitation. House keeping and proper sanitation procedures; and (T)
13. Other Topics. Other topics as identified by the sponsors. (T)

**807. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: PROVIDER CONTINUING TRAINING.**

The Department shall assure that all home providers receive a minimum of eight (8) hours per year of ongoing training in the provision of supervision, services, and care, to include but not be limited to the orientation training program as required in Section 806 of this Chapter. (T)

**808. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: FIRE AND LIFE SAFETY STANDARDS FOR HOMES.**

01. Smoke Detection. Electrically interconnected smoke detectors shall be installed throughout the home. The detectors shall be such that if one activates they all sound. The location and number of detectors shall be determined by the certifying agency. (T)
02. Door Openings. No door in the path of travel to an exit and no exit door shall be less than twenty-eight (28) inches wide. (T)
03. Bathroom Doors. Every bathroom door shall be designed to permit the opening of the locked door from the outside in case of an emergency. (T)
04. Fire Drills. Fire drills shall be conducted at least monthly. Drills shall be held at irregular times



during the day and night. A record of each drill including resident response shall be maintained on file. (T)

**809. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: MAINTENANCE OF EQUIPMENT AND SYSTEMS FOR FIRE AND LIFE SAFETY.**

Smoke detectors shall be tested at least monthly by a designated employee and a written record of the test results maintained on file. (T)

**810. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: REQUIREMENTS FOR EXISTING BUILDINGS TO BE CONVERTED TO AN ADULT FOSTER CARE HOME.**

Use Of Mobile Homes Or Manufactured Homes. Mobile homes or manufactured homes approved for use as a home prior to July 1, 1991, may continue to be certified when evaluated on a case-by-case basis for fire and life safety issues. (T)

**811. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY: BUILDING CONSTRUCTION AND PHYSICAL STANDARDS FOR A HOME.**

01. Building. The home shall not be in a building intended for other than residential use and shall be suitable for use as a home. (T)

02. Toilet and Bathroom. The home shall have at least one (1) flush toilet, one (1) tub or shower, and one (1) sink with a mirror accessible to residents. (T)

03. Resident Sleeping Rooms in Basements. If resident sleeping rooms are in basements, the following shall apply: (T)

a. The sleeping room window shall not open into a window well that can not be exited and does not provide an adequate view; (T)

b. The floors, ceilings, and walls of the basement must be finished to the standard of the rest of the home; and (T)

c. The resident must be capable of evacuating from the basement without assistance. (T)

**812. -- 849. (RESERVED).**

**850. ADULT FOSTER CARE HOMES FOR THE ELDERLY.**

01. Requirements. The adult foster care home for the elderly shall meet the requirements of IDAPA 16, Title 03, Chapter 22, "Rules For Residential Care Facilities In Idaho," Sections 000 through Subsection 550.07 as they apply to certified homes. (T)

02. Policy. Adult foster care homes in Idaho provide a residential alternative designed to allow individuals to remain in a more normal family style living arrangement, usually within their own communities. Families who provide adult foster care share their homes with adults who need assistance in daily living. Individuals who live in adult foster care homes are those who are unable to live alone and whose mental, emotional, developmental, and physical conditions are such that the care given by the foster care provider shall meet the person's needs. Individuals requiring nursing home care or who are unable to self-administer their own medication are not suitable for adult foster care. The adult foster care program seeks to provide community-based living and is an essential element to bridge the gap from total independent living to more restrictive levels of care. (T)

**851. ADULT FOSTER CARE HOMES FOR THE ELDERLY: ADDITIONAL APPLICATION GUIDELINES.**

01. Age Restrictions. The adult foster care home sponsor shall be at least eighteen (18) years of age.

(T)

02. Criminal Record Clearance. All adult, eighteen (18) years of age or older, foster home family members living in the home shall complete a criminal record clearance as provided in Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 06, "Rules Governing Mandatory Criminal History Checks." If they are unable to obtain an acceptable criminal record clearance, the certifying agency shall deny the application.

(T)

03. Number of Providers per Home. An adult foster care provider may be a couple or a single individual.

(T)

04. Health Status. The health status of the adult foster care family and the resident shall be considered in evaluating the appropriateness of a placement.

(T)

05. Role of Relatives in the Provision of Care. Relatives other than natural or adoptive parents or children of the resident may provide adult foster care.

(T)

06. Number of Residents. Homes shall not be certified for more than two (2) adults, except those meeting the qualifications for 1501 homes.

(T)

07. Placement to Meet the Needs of the Resident. The number, age, and sex of children or other adults in the home shall be taken into account in evaluating the appropriateness of a placement for meeting the needs of an adult.

(T)

08. Service Agreement. The adult foster home shall enter into a signed service plan with the Department, which shall outline specific responsibilities of the applicant and the Department for clients of the Department.

(T)

09. Provider Orientation. The certifying agency shall assure that all adult foster care providers have the opportunity to receive eight (8) hours of orientation training in the following areas:

(T)

a. Training in residents' rights;

(T)

b. Training in a basic understanding of the psychosocial and physical needs of the residents;

(T)

c. Training in developmentally disabled, mentally ill, and elderly care commensurate with the category of residents admitted;

(T)

d. Training in appropriate methods of supervision;

(T)

e. A review of the specific services that the resident shall require; and

(T)

f. Certification in first aid training including Cardio- Pulmonary Resuscitation (CPR) shall be required initially prior to accepting residents. These certifications shall be kept current.

(T)

10. Certification Study. Following receipt of an acceptable application and other required signed documents, the certifying agency shall initiate a certification study. The study shall include a complete review of all material submitted. The certification study, along with the application and other required material, shall serve as the basis upon which an approval certificate is issued or denied. The certifying agency shall schedule an on-site interview with the proposed adult foster care provider and the provider's family to review the certification study, verify that the home meets environmental sanitation, fire and life safety, physical home standards, and to determine the following:

(T)

a. That the adult foster care family is physically and emotionally capable of fostering wholesome relationships within the home and to assure a family-like atmosphere for residents. A medical or psychological examination may be required if indicated by the Department; and

(T)

- b. That the home is in compliance with these rules. (T)

**852. ADULT FOSTER CARE HOMES FOR THE ELDERLY: EXPIRATION AND RENEWAL OF CERTIFICATES.**

01. Application for a Certificate. The application for renewal of a certificate shall be submitted on a form prescribed by the certifying agency. The completed application shall be returned to the certifying agency at least thirty (30) days prior to the expiration of the existing certificate. (T)

02. Existing Certificate. The existing certificate, unless suspended or revoked, shall remain in force and effect until the Department has acted upon the application renewal when such application for renewal is timely filed. (T)

**853. ADULT FOSTER CARE HOMES FOR THE ELDERLY: ANNUAL AGREEMENT.**

01. Annual Written Agreement. Homes desiring to accept clients of the Department shall negotiate a written agreement annually with the Department. (T)

02. Agreement Requirements. The purpose of the agreement shall be to ensure that the clients receive services and treatment necessary to maintain them at the highest level of independence. The agreement is to establish a basis for coordination and communication between the homes and the Department's regional programs. The agreement shall, in itself or by reference to the resident's negotiated service agreement, clearly define the Department's roles and provider roles in meeting the needs and providing care to Department clients. The agreement shall include at least the following: (T)

- a. Services, consultation and approved training to be provided by the Department to adult foster care providers; (T)
- b. The person responsible for obtaining resident data base information; (T)
- c. How coordination of services for residents shall be accomplished; (T)
- d. Identification of Department staff liaisons for services to adult foster care residents; (T)
- e. Provision for handling emergency and crisis situations or both pertaining to adult foster care; (T)
- f. Procedures to be used in medical emergencies; (T)
- g. The person responsible for transportation to sheltered workshops and Department service programs; (T)
- h. The person responsible for financial or medical assistance applications and reporting of changes in resources; (T)
- i. Conditions for renewal or termination of the agreement; (T)
- j. A paragraph to comply with civil rights requirements; and (T)
- k. Signatures of responsible Department personnel and the adult foster care home sponsor. (T)

**854. ADULT FOSTER CARE HOMES FOR THE ELDERLY: INSPECTIONS.**

Adult foster care home inspections and investigations shall be conducted as deemed necessary by the certifying agency but at intervals not to exceed six (6) months. (T)

**855. ADULT FOSTER CARE HOMES FOR THE ELDERLY: SPONSOR.**

01. Age Restrictions. The sponsor shall be at least eighteen (18) years of age. (T)
02. Physical and Emotional Status. The sponsor and his family shall be physically and emotional capable of fostering wholesome relationships within the home to assure a family-like atmosphere for residents. (T)
03. Good Judgement. The sponsor shall be capable of exercising good judgement in caring for dependent adults. (T)

**856. ADULT FOSTER CARE HOMES FOR THE ELDERLY: PROVIDER ORIENTATION TRAINING.**

Provider Orientation. The certifying agency shall assure that all adult foster care providers receive eight (8) hours of orientation training in the following areas: (T)

01. Resident Rights. Training in residents' rights. (T)
02. Resident Needs. Training in a basic understanding of the psychosocial and physical needs of the residents; (T)
03. Category of Residents. Training in developmentally disabled, mentally ill, and elderly care commensurate with the category of residents admitted; (T)
04. Appropriate Supervision. Training in appropriate methods of supervision; (T)
05. Resident Services. A review of the specific services that the resident shall require; (T)
06. First Aid and CPR. Certification in first aid training and CPR, Cardio-Pulmonary Resuscitation, to include training about bleeding and seizure control, and the care for abrasions, scratches, cuts, and insect bites; (T)
07. Assistance with Medications. Assisting residents with medications; (T)
08. Emergency. Emergency procedures; (T)
09. Disaster. Disaster preparedness; (T)
10. Fire Safety. Fire safety, fire extinguisher and smoke alarms; (T)
11. Complaints and Surveys. Complaint investigations and survey procedures; (T)
12. Housekeeping and Sanitation. House keeping and proper sanitation procedures; and (T)
13. Other Topics. Other topics as identified by the sponsors. (T)

**857. ADULT FOSTER CARE HOMES FOR THE ELDERLY: PROVIDER CONTINUING TRAINING.**

The Department shall assure that all home providers receive a minimum of eight (8) hours per year of ongoing training in the provision of supervision, services, and care, to include but not be limited to the orientation training program as required in Section 856 of this Chapter. (T)

**858. ADULT FOSTER CARE HOMES FOR THE ELDERLY: FIRE AND LIFE SAFETY STANDARDS FOR HOMES.**

01. Smoke Detection. Electrically interconnected smoke detectors shall be installed throughout the home. The detectors shall be such that if one activates they all sound. The location and number of detectors shall be determined by the certifying agency. (T)

02. Door Openings. No door in the path of travel to an exit and no exit door shall be less than twenty-eight (28) inches wide. (T)

03. Bathroom Doors. Every bathroom door shall be designed to permit the opening of the locked door from the outside in case of an emergency. (T)

04. Fire Drills. Fire drills shall be conducted at least monthly. Drills shall be held at irregular times during the day and night. A record of each drill including resident response shall be maintained on file. (T)

**859. ADULT FOSTER CARE HOMES FOR THE ELDERLY: MAINTENANCE OF EQUIPMENT AND SYSTEMS FOR FIRE AND LIFE SAFETY.**

Smoke detectors shall be tested at least monthly by a designated employee and a written record of the test results maintained on file. (T)

**860. ADULT FOSTER CARE HOMES FOR THE ELDERLY: REQUIREMENTS FOR EXISTING BUILDINGS TO BE CONVERTED TO AN ADULT FOSTER CARE HOME.**

Use Of Mobile Homes Or Manufactured Homes. Mobile homes or manufactured homes approved for use as a home prior to July 1, 1991, may continue to be certified when evaluated on a case-by-case basis for fire and life safety issues. (T)

**861. ADULT FOSTER CARE HOMES FOR THE ELDERLY: BUILDING CONSTRUCTION AND PHYSICAL STANDARDS FOR A HOME.**

01. Building. The home shall not be in a building intended for other than residential use and shall be suitable for use as a home. (T)

02. Toilet and Bathroom. The home shall have at least one (1) flush toilet, one (1) tub or shower, and one (1) sink with a mirror accessible to residents. (T)

03. Resident Sleeping Rooms in Basements. If resident sleeping rooms are in basements, the following shall apply: (T)

a. The sleeping room window shall not open into a window well that can not be exited and does not provide an adequate view; (T)

b. The floors, ceilings, and walls of the basement must be finished to the standard of the rest of the home; and (T)

c. The resident must be capable of evacuating from the basement without assistance. (T)

**862. -- 874. (RESERVED).**

**875. PERSONAL CARE SERVICE HOMES.**

01. Policy. Personal care service homes are to help maintain eligible medicaid recipients in their own homes in order to provide for the greatest degree of independence possible. These services are an integral component of the long-term care service delivery system and they are to be designed to provide a range of services for persons who are elderly and for persons with disabilities. These services are to help individuals compensate for functional limitations and are to be delivered over a sustained period of time to persons who lost or never acquired some degree of functional capacity. Personal care services will be viewed as services which enhance the quality of life, individual choice, independence and community integration. Community centered, in-home, medically related services shall be provided, for as long as possible, that will maintain the privacy, and dignity of the individual in the least restrictive setting. The family of the recipient, if available, and the recipient shall be involved in the development of the negotiated service agreement to insure the agreement will enhance the existing base of support provided by the family. (T)

02. Services. Case management, habilitation/rehabilitation services, personal care services, medically

related services, and nursing supervision shall be provided to meet the needs of the recipient according to their individualized negotiated service agreement. (OT)

03. Minimum Requirements. At a minimum, personal care service homes shall meet the requirements for adult foster care homes as set forth in this Chapter. (OT)

**876. -- 899. (RESERVED).**

**900. LICENSED FACILITIES/CERTIFIED HOMES: IMPOSITION OF ENFORCEMENT REMEDIES.**

01. Recommendation Of Remedy. In determining which remedy to recommend, the state survey agency shall consider the facility's/home's compliance history, change of ownership, the number of deficiencies, scope and severity of the deficiencies. Subject to these considerations, the Department may impose any of the remedies described in Subsections 150.01.a. through 150.01.g. (OT)

02. Immediate Jeopardy. If the state survey agency finds that the facility's/home's deficiency or deficiencies immediately jeopardize the health or safety of its residents, the Department shall: (OT)

a. Appoint temporary management and impose one (1) or more of the remaining remedies specified in Subsections 150.01.a. through 150.01.g.; and (OT)

b. Summarily suspend the facility's license/home's certification. (OT)

03. No Immediate Jeopardy. If the state survey agency finds that the facility's/home's deficiency or deficiencies do not immediately jeopardize resident health or safety, the Department may impose one (1) or more of the remedies specified in Subsections 150.01.a. through 150.01.g. and 150.01.f. and 150.01.g.; (OT)

04. Repeated Noncompliance. If the state survey agency makes a determination of repeated noncompliance with respect to a facility/home, the state survey agency may impose any of the remedies listed in Subsections 150.01.a. through 150.01.g. The state survey agency shall monitor the facility/home on-site on and as needed basis, until the facility/home has demonstrated to the state survey agency's satisfaction that it is in compliance with all program requirements governing facilities/homes and that it will remain in compliance; (OT)

05. Failure To Comply. If a facility/home has not complied with any program requirement within three (3) months of the date the facility/home is found to have been out of compliance with such requirement, or as stated in the facility's/home's accepted plan of correction and the Department has verified, via on-site resurveys, that the facility/home has made little or no progress in correcting deficiencies then the Department shall institute a revocation action against the facility/home. (OT)

**901. -- 924. (RESERVED).**

**925. LICENSED FACILITIES/CERTIFIED HOMES: ENFORCEMENT REMEDY OF BAN ON ALL ADMISSIONS.**

The licensing/certifying agency shall notify the facility/home via certified mail banning all admissions to the facility/home pending satisfactory correction of all deficiencies. Such bans to the facility/home or to any part thereof shall remain in effect until the state survey agency determines that the facility/home has achieved full compliance with all program requirements, or until a substitute remedy is imposed. (OT)

**926. LICENSED FACILITIES/CERTIFIED HOMES: ENFORCEMENT REMEDY OF BAN ON ADMISSIONS OF RESIDENTS WITH SPECIFIC DIAGNOSIS.**

The licensing/certifying agency shall notify the facility/home via certified mail banning admission of all residents with a specific diagnosis. Such bans may be imposed for all prospective residents both state and private, and shall prevent the facility/home from admitting the kinds of resident it has shown an inability to provide adequate care for. (OT)

**927. LICENSED FACILITIES/CERTIFIED HOMES: ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.**

01. Civil Monetary Penalties. Civil monetary penalties shall be based upon one (1) or more findings of noncompliance. Actual harm to a resident or residents need not be shown. Nothing shall prevent the Department from imposing this remedy for deficiencies which existed prior to the survey or complaint investigation through which they are identified. A single act, omission or incident shall not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule. In such cases, the single highest class of deficiency shall be the basis for penalty. Compliance by the facility/home at a later date shall not result in the reduction of the penalty amount. The three (3) classes of deficiencies upon which civil monetary penalties shall be based are as follows: (T)

a. Class A: A deficiency or combination of deficiencies which places one (1) or more residents at substantial risk of serious physical or mental harm; (T)

b. Class B: A deficiency or combination of deficiencies, other than Class A deficiencies, which have a direct adverse affect on the health, safety, welfare, or rights of residents; (T)

c. Class C: A deficiency, or combination of deficiencies other than A or B deficiencies, which indirectly over a period of thirty (30) days are likely to have an adverse affect on the health, safety, welfare, or rights of residents. (T)

02. Amount Assessment Of Civil Monetary Penalty. When civil monetary penalties are imposed, such penalties shall be assessed for each day the facility/home is or was out of compliance. The amounts below shall be multiplied by the total number of beds according to the records of the state licensing/certifying agency at the time of the survey. Penalties shall be imposed for each class of deficiencies identified in a survey or complaint investigation. (T)

a. Class A Initial Deficiency is five dollars (\$5); Class A Subsequent Deficiency is seven dollars and fifty cents (\$7.50); Class A Repeat Deficiency is ten dollars (\$10). Class B Initial Deficiency is two dollars and fifty cents (\$2.50); Class B Subsequent Deficiency is three dollars and seventy five cents (\$3.75); Class B Repeat Deficiency is five dollars (\$5). Class C Initial Deficiency is fifty cents (\$0.50); Class C Subsequent Deficiency is seventy five cents (\$0.75); Class C Repeat Deficiency is one dollar and fifty cents (\$1.50). (T)

b. In any ninety (90) day period, the penalty amounts may not exceed the applicable ceiling as described immediately below. The ceiling, initial, subsequent, or repeat, shall be determined by the category which has the largest percentage of the deficiencies cited in the survey or complaint investigation; (T)

c. Ceiling amounts for homes zero to four (0-4) bed size are nine hundred dollars (\$900) for an Initial Deficiency; one thousand two hundred dollars (\$1,200) for a Subsequent Deficiency one thousand eight hundred dollars (\$1,800) for a Repeat Deficiency. For facilities from zero to fifty (0-50) bed size the ceiling amounts are two thousand dollars (\$2,000) for an Initial Deficiency; three thousand dollars (\$3,000) for a Subsequent Deficiency; and four thousand dollars (\$4,000) for a Repeat Deficiency. For facilities from fifty-one to one hundred (51-100) bed size the ceiling amount for an Initial Deficiency is three thousand (\$3,000); four thousand five hundred dollars (\$4,500) for a Subsequent Deficiency; and six thousand dollars (\$6,000) for a Repeat Deficiency. For facilities from one hundred and one to one hundred fifty (101-150) bed size the ceiling amount for an Initial Deficiency is four thousand dollars (\$4,000); six thousand dollars (\$6,000) for a Subsequent Deficiency; and eight thousand dollars (\$8,000) for a Repeat Deficiency. For facilities from one hundred fifty-one (151) or more the ceiling amount is five thousand (\$5,000) for an Initial Deficiency; seven thousand five hundred dollars (\$7,500) for a Subsequent Deficiency; and ten thousand dollars (\$10,000) for a Repeat Deficiency. (T)

03. Imposing Civil Monetary Penalties. Civil monetary penalties shall be imposed as follows: (T)

a. Upon its discovery of a deficiency, the state survey agency shall deliver to the Department, within a period, not to exceed thirty (30) calendar days, its recommendation for assessment of a penalty as a result of such deficiency; and (T)

b. The penalty shall be assessed by the Director. (T)

04. Notice of Civil Monetary Penalties. The Department shall give written notice to the facility/home of its imposition of any such penalty within a period not to exceed thirty (30) days of its receipt of a recommendation by the state licensing/certifying agency for the assessment of a penalty. The notice shall inform the facility/home of the amount of the penalty, the basis for its assessment and the facility's/home's appeal rights. (T)

05. Payment Of Penalties. Within thirty (30) calendar days from the date the notice is received by the facility/home, the facility/home shall pay the full amount of the penalties unless the facility/home requests administrative review of the decision to assess the penalty or penalties. The amount of a civil monetary penalty determined through administrative review shall be paid within thirty (30) calendar days of the facility's/home's receipt of the administrative review decision unless the facility/home requests an administrative hearing. The amount of the civil monetary penalty determined through a hearing shall be paid within thirty (30) calendar days of the facility's/home's receipt of the hearing decision unless the facility/home files a petition for judicial review. Interest shall be assessed and collected on all unpaid penalties at the legal rate of interest for judgments, as set forth herein. Such assessments shall begin one (1) calendar day after: (T)

a. The date of the initial assessment of the penalty; or (T)

b. The date of issuance of the administrative review, administrative hearing or the final judicial review. (T)

06. Collection Of Civil Penalties. If a facility/home fails or refuses to pay a penalty within the time required, the Department may impose other penalties or institute a revocation action against the facility/home. Nothing herein shall prohibit the Department from obtaining judicial enforcement of its right to collect penalties and interest thereon. (T)

07. Failure To Pay. Failure of a facility/home to pay the entire penalty, together with interest, as specified in Subsection 927.05, shall result in an automatic final decision and no further administrative or judicial review or hearing shall be available to the facility/home. (T)

08. Use Of Civil Monetary Penalties. The Department shall use civil monetary penalties' receipts to protect the health and property of the residents including: (T)

a. Maintenance or operation of a facility/home pending correction of deficiencies or closure; or (T)

b. Paying costs of relocating residents; or (T)

c. Reimbursing residents for personal funds lost which reimbursement shall not adversely affect a person's Medicaid eligibility. (T)

**928. LICENSED FACILITIES/CERTIFIED HOMES: ENFORCEMENT REMEDY OF TEMPORARY MANAGEMENT.**

01. Need for Temporary Management. The Department shall impose the remedy of temporary management in situations where the state survey agency finds that there is a need to oversee operation of the facility/home and to assure the health and safety of the facility's/home's residents while there is an orderly transfer of residents of the facility/home to other facilities/homes or while improvements are made in order to bring the facility/home into compliance with all program requirements. (T)

02. Recommendation for Temporary Management. Within five (5) calendar days of its completion of a survey or complaint investigation, the state licensing/certifying agency shall deliver to the Director its written recommendation for appointment of temporary management if, in the agency's judgment, such appointment is necessary. The recommendation shall provide the basis for the decision, including the assessment of the capability of the facility's/home's current management to achieve and maintain compliance with all rules; (T)



03. Appointment of Temporary Management. The Director shall appoint temporary management. (OT)
04. Notice of Temporary Management. The Department shall give written notice to the facility/home of its appointment of temporary management within seven (7) calendar days of its receipt of a recommendation for appointment from the state licensing/certifying agency, unless the Department determines that temporary management is not necessary. When the state licensing/certifying agency and Department have determined that the facility's/home's deficiency or deficiencies immediately jeopardize the health or safety of its residents, no administrative review shall be required prior to appointment of temporary management and the provisions of Section 951 shall apply. (OT)
05. Who May Serve as Temporary Manager. The Director may appoint any person or organization which meets the following qualifications: (OT)
- a. The temporary manager shall not have any pecuniary interest in or preexisting fiduciary duty to the facility/home to be managed; (OT)
  - b. The temporary manager must not be related, within the first degree of kinship, to the facility's/home's owner, manager, administrator/sponsor or other management principal; (OT)
  - c. The temporary manager must possess sufficient training, expertise and experience in the operation of a facility/home as would be necessary to achieve the objectives of temporary management. If the temporary manager is to serve in a residential care facility, the manager must possess an Idaho Residential Care Administrator's license; (OT)
  - d. The temporary manager must not be an existing competitor of the facility/home who would gain an unfair competitive advantage by being appointed as temporary manager of the facility/home. (OT)
06. Powers and Duties of the Temporary Manager. The temporary manager shall have the authority to direct and oversee the management, hiring and discharge of any consultant or employee, including the administrator of the facility/sponsor of the home. The temporary manager shall have the authority to direct the expenditure of the revenues of the facility/home in a reasonable, prudent manner, to oversee the continuation of the business and the care of the residents, to oversee and direct those acts necessary to accomplish the goals of the program requirements and to direct and oversee regular accounting, and the making of periodic reports to the state survey agency. The temporary manager shall provide reports no less frequently than monthly showing the facility's/ home's compliance status. Should the facility/home fail or refuse to carry out the directions of the temporary manager, the Department may, at its discretion, impose any other remedies described herein. (OT)
- a. The temporary manager shall observe the confidentiality of the operating policies, procedures, employment practices, financial information, and all similar business information of the facility/home, except that the temporary manager shall make reports to the state licensing/certifying agency as provided in this section; (OT)
  - b. The temporary manager shall be liable for gross, willful or wanton negligence, intentional acts of omissions, unexplained shortfalls in the facility's/home's fund, and breaches of fiduciary duty. (OT)
  - c. The temporary manager shall be bonded in an amount equal to the facility's/home's revenues for the month preceding the appointment of the temporary manager; (OT)
  - d. The temporary manager shall not have authority to cause or direct the facility/home or its owner, administrator/sponsor to incur debt or to enter into any contract with a duration beyond the term of the temporary management of the facility/home; (OT)
  - e. The temporary manager shall not have authority to incur, without the permission of the owner, administrator/sponsor or the Department, capital expenditures in excess of two thousand dollars (\$2,000), unless the capital expenditures are directly related to correcting the identified deficiencies; (OT)

f. The temporary manager shall not have authority to cause or direct the facility/home to encumber its assets or receivables, or the premises on which it is located, with any lien or other encumbrances; (OT)

g. The temporary manager shall not have authority to cause or direct the facility/home to cancel or reduce its liability or casualty insurance coverage; (OT)

h. The temporary manager shall not have authority to cause or direct the sale of the facility/home, its assets or the premises on which it is located; (OT)

07. Responsibility for Payment of the Temporary Manager. All compensation and per diem costs of the temporary manager shall be paid by the facility/home. The Department shall bill the facility/home for the costs of the temporary manager after termination of temporary management. The costs of the temporary manager for any thirty (30) day period shall not exceed one-sixth (1/6) of the maximum allowable administrator's/sponsor's annual salary for the largest facility/home. Within fifteen (15) calendar days of receipt of the bill, the facility/home shall pay the bill or request administrative review to contest the costs for which it was billed. (OT)

08. Termination Of Temporary Management. A temporary manager may be replaced under the following conditions: (OT)

a. The Department may replace any temporary manager whose performance is deemed unsatisfactory by the Department. No formal procedure is required for such removal or replacement but written notice of any action shall be given to the facility/home, including the name of any replacement manager. (OT)

b. The Department shall not terminate temporary management until it has reasonable assurances that the facility/home has management capability to ensure continued compliance with all rules; (OT)

c. A facility/home subject to temporary management may petition the Department for replacement of a temporary manager whose performance it considers unsatisfactory. The petition shall include why the replacement of a temporary manager is necessary or appropriate. The Department shall respond to a petition for replacement within five (5) calendar days after receipt of said petition. (OT)

**929. LICENSED FACILITIES/CERTIFIED HOMES: ENFORCEMENT REMEDY OF SUMMARY SUSPENSION AND TRANSFER OF RESIDENTS.**

01. Summarily Suspend the Facility's License/Home's Certificate and Transfer Residents. The licensing/certifying agency may summarily suspend a facility's license/home's certificate and transfer residents when convinced by a preponderance of the evidence that residents' health and safety are in immediate jeopardy. See Section 111, Subsection 929.02, and Section 971. (OT)

02. Emergency Powers of the Director. In the event of an emergency endangering the life or safety of a resident, the Director may summarily suspend or revoke any facility license/certificate. As soon thereafter as practicable, the Director shall provide an opportunity for a hearing. (OT)

**930. LICENSED FACILITIES/CERTIFIED HOMES: ENFORCEMENT REMEDY OF PROVISIONAL LICENSE/CERTIFICATE.**

Facilities/homes found to be in substantial compliance with this chapter but failing to comply in every detail may be issued a provisional license/certificate. See Subsections 126.03.a. through 126.03.c. (OT)

**931. LICENSED FACILITIES/CERTIFIED HOMES: ENFORCEMENT REMEDY OF REVOCATION OF LICENSE/CERTIFICATE.**

01. Revoke the Facility's License/Home's Certificate. The Department may institute a revocation action when persuaded by a preponderance of the evidence that the facility/home is not in substantial compliance with this chapter. (OT)

02. Causes For Revocation. The licensing/certifying agency may revoke any license/certificate to include the following causes, but not be limited to: (OT)

- a. The license holder/certificate holder has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a license/certificate; (OT)
- b. The facility/home is not in substantial compliance with these rules; (OT)
- c. When persuaded by a preponderance of the evidence that such conditions exist which endanger the health or safety of any resident; (OT)
- d. Any act adversely affecting the welfare of residents is being permitted, aided, performed, or abetted by the person or persons in charge of the facility/home. Such acts may include, but are not limited to, neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights, or exploitation; (OT)
- e. The applicant has demonstrated or exhibited a lack of sound judgment essential to the operation and management of a facility/home; (OT)
- f. The applicant has violated any of the conditions of a provisional license/certificate; (OT)
- g. The facility/home has one (1) or more major deficiencies. A major deficiency is a deficiency that endangers the health or safety or welfare of any resident; (OT)
- h. An accumulation of minor violations that, taken as a whole would constitute a major deficiency as noted in Subsection 151.02.b.; (OT)
- i. Repeat violations of any requirement of these rules or of the Idaho Code; (OT)
- j. The facility/home lacks adequate staff, as required by these rules or as directed by the Department, to properly care for the number and type of residents residing at the facility/home; and (OT)
- k. Substantial Compliance. The facility/home is not in substantial compliance with the provisions for services or residents' rights outlined in Subsection 101.04.d., Sections 250 through Subsection 251.01.e., Sections 607, and 704. (OT)

**932. LICENSED FACILITIES/CERTIFIED HOMES: ENFORCEMENT REMEDY OF INJUNCTION.**

Notwithstanding any other remedy at law, the Director may seek an injunction in the name of the state against any person or governmental unit to enjoin the establishment, conduct, management, or operation of a residential care facility/adult foster care home in violation of the provisions of this chapter. See Sections 39-3358, 39-3558, 39-3380, and 39-3570, Idaho Code. (OT)

**933. -- 949. (RESERVED).**

**950. LICENSED FACILITIES/CERTIFIED HOMES: RIGHT TO SELL.**

Facility/home. Nothing contained in Section 175 shall limit the right of any facility/home owner to sell, lease, mortgage, or close any facility/home in accordance with all applicable laws. (OT)

**951. LICENSED FACILITIES/CERTIFIED HOMES: NOTICE OF ENFORCEMENT REMEDY.**

The Department shall give notice of the imposition of any remedy described in this chapter after the facility/home is afforded any allowable reviews or hearings as follows: (OT)

01. Notice to Facility/Home. The Department shall give notice to the facility/home in writing, transmitted in a manner which shall reasonably ensure timely receipt by the facility/home such as certified mail or personal carrier; and (OT)

02. Notice to Public. The Department shall give notice to the public by transmitting printed notices to the facility/home. The facility/home shall post all notices reasonably expected to be readable by the facility's/home's residents or their representatives, including, but not limited to, exits and common areas. The notices shall remain in place until all remedies are officially removed by the state survey agency. Failure of a facility/home to comply with

notice posting requirements shall constitute a Class B deficiency; and (T)

03. Notice to the Ombudsman. The Department shall give notice to the state Ombudsman for the elderly; and (T)

04. Notice to the Resident's Attending Physicians. The Department shall give notice to the attending physician of each resident affected by a finding of substandard quality of care; and (T)

05. Notice to the Professional Licensing Boards. The Department shall give notice to professional licensing boards, as appropriate; and (T)

06. Failure to Effect Notice. Failure of the Department to effect notice as required in Section 951 through Subsection 951.06 shall not be grounds for the facility/home to contest any action taken under this chapter. (T)

**952. -- 969. (RESERVED).**

**970. LICENSED FACILITIES/CERTIFIED HOMES: PROCEDURE FOR HEARINGS FOR ENFORCEMENT ACTIONS AGAINST A LICENSE/CERTIFICATE.**

01. Facility/home Notification. Immediately upon the decision to implement an enforcement action to include denial of license/ certificate, the licensing/certifying agency shall notify the applicant or administrator/ sponsor in writing by certified mail or by personal service of its decision to implement an enforcement action against the license/certificate and the reason for the enforcement action. (T)

02. Administrative Review. The notification of denial or revocation shall also offer the applicant or the administrator/sponsor the opportunity to request an administrative review. Should the facility/home wish to contest imposition of a remedy, other than a plan of correction and except as provided in Subsections 927.05 and 928.04, a written request for administrative review must be received by the state survey agency within fourteen (14) days of the facility's/home's receipt of notice of imposition of the remedy. The request shall state the grounds for its contention that the imposition of a remedy is in error. (T)

a. During this conference, the position of the Department and the facility/home may be discussed and if possible an alternative to revocation or denial developed. (T)

b. The Department shall transmit printed notice of administrative review. Such notices shall set forth date, time and location whenever the facility/home has requested and been granted a review on imposition of a remedy. The facility/home shall post all notices so provided. The notices shall be placed in areas readily accessible and visible to residents and their representatives. (T)

c. The Department shall issue a written decision within fourteen (14) calendar days of the completion of the facility's/ home's receipt of the administrative review. The review shall be made solely on the basis of the state survey agency recommendation, the survey report, the statement of deficiencies, any documentation the facility/home submits to the Department at the time of its request, and information received as a result of the administrative review process. For the purposes of such review, a hearing shall not be held and oral testimony shall not be taken. (T)

d. If the facility/home fails to file a timely request, the decision to impose a remedy or remedies shall become final and no further hearing or judicial review shall be available. (T)

03. Administrative Hearing. Should the facility/home wish to appeal the administrative review decision for remedies described in Section 150 through Subsection 150.01.g. subject to the limitations therein, it may request an administrative hearing in accordance with the provisions of Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 03, Section 301, et seq., "Rules Governing Contested Cases and Declaratory Rulings." The scope of the administrative hearing shall be limited to issues raised and meaningfully addressed in the administrative review. (T)

a. If the Department has imposed temporary management pursuant to the provisions of Section 928 or

imposed either of the remedies specified in Subsection 150.01.e., the facility/home shall be entitled to a hearing which shall commence not less than five (5) nor more than ten (10) calendar days after the facility's/home's receipt of notice of imposition of said remedy or remedies. No administrative review shall be conducted in such cases and no request for hearing shall be required. A facility/home may waive its right to a hearing by written notice to the state survey agency. (OT)

b. Except in the cases of appointment of a temporary manager, unless the Department has determined that immediate jeopardy to the health or safety of a facility's/home's residents exists, transfer of residents of a facility/home or payment of civil monetary penalties, the imposition of remedies shall not be stayed during the pendency of any hearing. (OT)

**971. LICENSED FACILITIES/CERTIFIED HOMES: TRANSFER OF RESIDENTS.**

The Department may transfer residents from a facility/home to an alternative placement on the following grounds: (OT)

01. Violation of Rules. As a result of a violation of a provision of the rules or standards, the facility/home is unable or unwilling to provide an adequate level of meals, lodging, personal assistance, or supervision to persons residing in the facility/home at the time of the violation; (OT)

02. Violation of Resident's Rights. A violation of a resident's rights provided in Sections 39-3316, 39-3387, 39-3516, 39-3576, or a combination, Idaho Code; (OT)

03. Exceed Licensed/Certified Bed Capacity. The number of residents currently in the facility/home exceeds the number of residents the facility/home is licensed/ certified to serve; (OT)

04. Unlicensed/Uncertified. The facility/home is operating without a license/ certificate; (OT)

05. Imminent Danger. A violation of a provision of this chapter or applicable rules or standards results in conditions that present an imminent danger. (OT)

**972. -- 995. (RESERVED).**

**996. ADMINISTRATIVE PROVISIONS.**

Contested case appeals are governed by Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 03, Section 301 et seq., "Rules Governing Contested Cases and Declaratory Rulings." (OT)

**997. CONFIDENTIALITY OF RECORDS.**

Any disclosure of information obtained by the Department is subject to the restrictions contained in Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 01, "Rules Governing the Protection and Disclosure of Department Records." (OT)

**998. INCLUSIVE GENDER AND NUMBER.**

For the purposes of these rules, words used in the masculine gender include the feminine, or vice versa, where appropriate. (OT)

**999. SEVERABILITY.**

Idaho Department of Health and Welfare Rules, IDAPA 16, Title 03, Chapter 22, are severable. If any rule, or part thereof, or the application of such rule to any person or circumstance, is declared invalid, that invalidity does not affect the validity of any remaining portion of this chapter. (OT)