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16.03.11 - Rules Governing Intermediate Care Facilities For The Mentally Retarded (ICF/MR)

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**IDAPA 16
TITLE 03
CHAPTER 11**

**16.03.11 - RULES GOVERNING INTERMEDIATE CARE FACILITIES
FOR THE MENTALLY RETARDED (ICF/MR)**

000. LEGAL AUTHORITY.

The Idaho Legislature has vested authority in the Board of Health and Welfare to adopt rules for the operation in the state of Idaho of "Intermediate Care Facilities" for the treatment of mental retardation and related conditions, pursuant to Sections 39-1303a, 39-1307, and 67-6532, Idaho Code, and consistent with rules and regulations issued by the U.S. Department of Health, Education and Welfare. (For the purpose of determining applicable zoning restrictions, refer to Sections 67-6530 through 67-6532, Idaho Code.) (12-31-91)

001. TITLE AND SCOPE.

These rules contain the official legal requirements and licensing standards for the administration of intermediate care facilities for the treatment of mental retardation (ICF/MR). These rules are to be cited as Idaho Department of Health and Welfare Rules, IDAPA 16.03.11, "Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR)". (7-1-80)

002. POLICY.

As a component of the service delivery system in Idaho for persons with mental retardation and related conditions, small community-based facilities and programs will provide intermediate care and active treatment. Services in such facilities must enhance each resident's self-sufficiency and must provide for health needs and personal development. These services will stem from a variety of efforts including deinstitutionalization, normalization, and individual programming and will be chosen from among the least restrictive alternatives. The array of services at the small ICF/MR level must include services available to all citizens, as well as those of a special nature required by individual residents. (7-1-80)

003. PURPOSE.

It is the purpose of these rules to establish standards for the licensing of facilities and to promote the provision of adequate care and treatment through enforcement of these rules. The primary purpose of intermediate care facilities for persons exhibiting mental retardation and related conditions is to provide and to promote services that will enhance the development of those individuals and that will maximize their achievement of independence and self-determination. Programs must be interdisciplinary, based on developmental principles; ensure the maintenance of health care; and use means which are as culturally normative as possible in order to establish and/or maintain personal and social behaviors and characteristics which are as typical of the surrounding culture as possible. (7-1-80)

004. DEFINITIONS AND ABBREVIATIONS.

For the purpose of the rules contained in this chapter the following terms are used, as defined herein: (12-31-91)

- 01. A/CDC.** Adult and Child Development Center. (7-1-80)
- 02. Active Treatment.** Regular participation in accordance with individual plan of care in professionally-developed and supervised activities, experiences, or therapies. (7-1-80)
- 03. Administrator.** The person delegated the responsibility for management of a facility. This person is to be licensed in the state of Idaho as a nursing home administrator, pursuant to Sections 39-1301(c) and 54-1602, Idaho Code. (7-1-80)
- 04. Alteration.** Any change or modification affecting Life Safety Code compliance or utilization of the facility. (7-1-80)
- 05. Ambulatory.** Able to walk without assistance. (7-1-80)
- 06. Board.** The Idaho State Board of Health and Welfare. (12-31-91)
- 07. Certification.** Federal program approval (Medicare, Medicaid, etc.) of the facility to participate in

- the delivering of program care to eligible individuals under applicable federal requirements. (7-1-80)
- 08. Change Of Ownership.** The sale/purchase, exchange, or the lease of an existing facility. (7-1-80)
- 09. Day Care.** Nonresident daily services and supervision provided by a health-related care facility to individuals who are capable of semi-independent living. Services include supervised nutrition, planned, organized activities, and protective, supportive environment for up to twelve (12) hours per day. (7-1-80)
- 10. Department.** The Idaho Department of Health and Welfare. (7-1-80)
- 11. Director.** The Director of the Idaho Department of Health and Welfare or his designee. (12-31-91)
- 12. Facility.** A residential establishment organized and operated to provide health care and habilitative services to two (2) or more individuals, not related to the operator. (7-1-80)
- 13. Governmental Unit.** The state of Idaho, any county, municipality, or other political subdivision, or any department, division, board, or other agency thereof. (7-1-80)
- 14. Hospital Licensing Act.** Sections 39-1301 through 39-1314, Idaho Code. (7-1-80)
- 15. Initial License.** The first license issued to a facility. (7-1-80)
- 16. Interdisciplinary Team (IDT).** An interdisciplinary team consisting of a physician, a social worker, and other appropriate professionals, at least one (1) of whom is a qualified mental retardation professional. (7-1-80)
- 17. Intermediate Care Facility (ICF).** A health care related facility providing in-residence services and support to individuals requiring assistance in meeting daily living needs, motivation, and/or rehabilitation to assist them in reaching their highest level of self-sufficiency. It further provides supervision and assistance to residents whose health needs require regular but less than daily, medical and skilled nursing care, observations, and judgments. (12-31-91)
- 18. Intermediate Care Facility For The Mentally Retarded (ICF/MR).** An intermediate care facility whose primary purpose is to provide habilitative services and maintain optimal health status for the mentally retarded individual or persons with related conditions. (7-1-80)
- 19. Licensee.** Any person, firm, partnership, corporation, company, association, joint stock association, governmental unit, legal entity, legal successor thereof, or organization to whom a license is issued. (7-1-80)
- 20. Licensing Agency.** The Idaho Department of Health and Welfare. (7-1-80)
- 21. Licensed Environmental Health Specialist.** A person registered by the Bureau of Licensing, Idaho State Police, whose job is to inspect small water systems, individual and underground sewage disposals systems, general sanitation, vector, control, swimming pool sanitation and solid waste management. (7-1-80)
- 22. Licensed Nursing Personnel.** A professional registered nurse (R.N.) or licensed practical nurse (L.P.N.) currently licensed by the Idaho State Board of Nursing. (7-1-80)
- 23. Licensed Practical Nurse (LPN).** A person currently licensed by the Idaho State Board of Nursing as a licensed practical nurse. (7-1-80)
- 24. Mental Abuse.** Mental abuse includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivations. (7-1-80)
- 25. Minor Alterations Or Minor Remodeling Changes.** Any alterations or changes which do not affect the structural integrity of the building, change functional operation, affect fire safety, and do not add beds or facilities over those for which the facility is licensed. (7-1-80)

- 26. Mobile Nonambulatory.** Unable to walk independently without assistance, but able to move from place to place with the use of devices including, but not limited to, crutches, braces, walkers, wheelchairs, and wheeled platforms. (7-1-80)
- 27. NFPA.** The National Fire Protection Association, from whom copies of applicable safety standards referenced herein are available at cost. Requests should be addressed to NFPA Publication Department, 470 Atlantic Avenue, Boston, Massachusetts, 02210. (7-1-80)
- 28. On Duty.** Awake, fully dressed, and at the facility. (7-1-80)
- 29. Operator.** See Administrator. (7-1-80)
- 30. Owner.** Any recognized legal entity or governmental unit or person having legal ownership of the facility. (7-1-80)
- 31. Physical Abuse.** Physical abuse refers to corporal punishment and the use of restraints or isolation as a punishment. (7-1-80)
- 32. Physical Restraint.** Physical restraint includes the use of such devices as posey belts, wrist or ankle cuffs, blanket restraints, bed nets, prolonged confinement to a geriatric chair, totally-enclosed cribs, barred enclosures, and locking residents in their rooms, or using locked restraints. (7-1-80)
- 33. Physician.** Any person licensed by the Idaho Board of Medicine to diagnose, prescribe and treat human illness. (7-1-80)
- 34. Provisional License.** A license issued for a period up to six (6) months to a facility that conforms substantially with these rules, during which time deficiencies are to be corrected. (7-1-80)
- 35. Qualified Mental Retardation Professional (QMRP).** A QMRP can be any one (1) of the following: (7-1-80)
- a.** A psychologist who has at least a master's degree from an accredited program; and (7-1-80)
 - i. Specialized training in mental retardation; or (7-1-80)
 - ii. One (1) year of experience in treating mental retardation. (7-1-80)
 - b.** A physician licensed under state law who has: (7-1-80)
 - i. Specialized training in mental retardation; or (7-1-80)
 - ii. One (1) year of experience in treating mental retardation. (7-1-80)
 - c.** An educator who has: (7-1-80)
 - i. A certificate issued by the Idaho State Board of Education to teach in Idaho; and (7-1-80)
 - ii. A degree in education from an accredited program; and (7-1-80)
 - (1) Specialized training in mental retardation; or (7-1-80)
 - (2) One (1) year of experience in working with the mentally retarded. (7-1-80)
 - d.** A social worker who has: (7-1-80)
 - i. A bachelor's degree in social work from an accredited program; or (7-1-80)

- ii. A bachelor's degree in a field other than social work; and (7-1-80)
- and
 - (1) At least three (3) years social work experience under the supervision of a qualified social worker; (7-1-80)
 - (2) Specialized training in mental retardation; and (7-1-80)
- iii. A license issued by the Idaho Bureau of Occupational Licenses to practice in Idaho. (7-1-80)
- who has:
 - e. A physical or occupational therapist, as defined in 42 CFR 405.1101(m) or 42 CFR 405.1101(q), (7-1-80)
 - i. Specialized training in mental retardation; or (7-1-80)
 - ii. One (1) year of experience in treating mental retardation. (7-1-80)
 - f. A speech pathologist or audiologist who: (7-1-80)
 - i. Is eligible for a certificate of clinical competence in either speech pathology or audiology granted by the American Speech and Hearing Association under its requirements in effect on the implementation date of this rule; or (7-1-80)
 - ii. Meets the educational requirements for certification; and (7-1-80)
 - iii. Is in the process of accumulating the supervised experience required for certification; and (7-1-80)
 - iv. Specialized training in mental retardation; and (7-1-80)
 - v. One (1) year of experience in treating mental retardation. (7-1-80)
- Certification: and
 - g. A rehabilitation counselor who is certified by the Committee on Rehabilitation Counselor (7-1-80)
 - i. Has specialized training in mental retardation; or (7-1-80)
 - ii. Has one (1) year of experience in treating the mentally retarded. (7-1-80)
 - h. A registered nurse who: (7-1-80)
 - i. Has specialized training in mental retardation; or (7-1-80)
 - ii. Has one (1) year of experience in treating the mentally retarded. (7-1-80)
 - i. A therapeutic recreation specialist who: (7-1-80)
 - i. Is a graduate of an accredited program; and (7-1-80)
 - (1) Has specialized training in mental retardation; or (7-1-80)
 - (2) Has one (1) year of experience in working with the mentally retarded; and (7-1-80)
 - ii. Where applicable, is licensed or registered in Idaho. (7-1-80)
- 36. Registered Nurse (R.N.).** A person currently licensed by the Idaho State Board of Nursing as a registered nurse. (7-1-80)

37. Resident. That individual residing in a licensed intermediate care facility for the mentally retarded and requiring active treatment. (7-1-80)

38. Resident Representative. A person who acts on a resident's behalf in proceedings affecting the resident but who may not substitute his consent or refusal for that of the resident. The primary responsibility of the resident representative is to help assure that the resident's rights are not violated and to act in the best interests of the resident. (7-1-80)

39. Skilled Nursing Facility. A health facility providing, at a minimum, in-patient care and services to individuals with unstable health problems requiring daily professional and licensed nursing care and supervision; restorative and rehabilitative care and providing assistance in meeting daily living needs. Medical supervision is provided on a regular, but not daily, basis. (12-31-91)

40. Waiver. To refrain from enforcing a rule. (7-1-80)

005. -- 049. (RESERVED).

050. ADMISSION, TRANSFER, AND RELEASE.

Admission, transfer, and release must be consistent with the following provisions: (7-1-80)

01. Admission. Upon admission of a resident to an ICF/MR, there must be written evidence that a conference has been held including a representative from the Adult and Child Development Center, the medical/social review team, and the interdisciplinary team from the facility and written recommendations from those participating members. (7-1-80)

a. No resident can be admitted or retained for whom the facility does not have the capability and services to provide appropriate care. (7-1-80)

b. All residents must be admitted by a physician. (7-1-80)

c. A medical history and a physical examination must be completed by a physician not more than ninety (90) days before admission. The medical history and the record of the physical examination must include information concerning the resident's activity limitations and the results of a tuberculin skin test or chest x-ray. (7-1-80)

d. The residential facility is to admit only residents who have had a comprehensive evaluation, covering physical, emotional, social, and cognitive factors, conducted by an appropriately constituted interdisciplinary team. (7-1-80)

e. The facility administrator must provide or arrange for the availability of dental services for residents when so ordered by the attending physician. (7-1-80)

f. Roomers and boarders cannot be accepted for lodging in the ICF/MR facility. Under state rules, respite care may be provided. (7-1-80)

g. No children other than residents or children of live-in staff can occupy any portion of the facility. (7-1-80)

h. The facility must not knowingly admit an individual with a communicable disease. (7-1-80)

i. The safety of the other residents must be considered for all admissions. (7-1-80)

02. Transfer To A Medical Facility. Policies and procedures must be in place for the transfer of residents for health care purposes. (7-1-80)

a. Transfer Agreement. Facilities must have a written agreement with one (1) or more nearby hospitals or other providers of services which agree to provide the following services to the residents of the facility:

- (7-1-80)
- i. Laboratory, x-ray, and other diagnostic services; and (7-1-80)
 - ii. Hospitalization for acutely ill residents; and (7-1-80)
 - iii. Skilled nursing care. (7-1-80)
- b.** The agreement must provide reasonable assurance that there will be an interchange of information. (7-1-80)
 - c.** Security and accountability of residents' personal effects are provided for on transfer. (7-1-80)
 - d.** Transfer information, including provisional diagnosis, treatment, clinical condition, reason for transfer and destination, and all other medical and social information must accompany the resident if transferred to or from another facility and must become a part of the resident's medical record. (7-1-80)
- 03. Change In Resident Status.** Any change in the status of a resident will be regulated as follows: (7-1-80)
- a.** There must be written policies and procedures relating to notification of parent, guardian, next of kin, or representative, in the event of a significant change in a resident's health or behavioral status. (7-1-80)
 - b.** As changes occur in their physical or mental conditions, necessitating services or care not regularly provided by the facility, residents must be transferred to a facility which provides the appropriate services. (7-1-80)
 - c.** Residents cannot be transferred or discharged without prior notification of parent, guardian, next of kin, or representative, except in cases of emergency. Residents must be counseled prior to transfer or discharge. (7-1-80)
 - d.** When making recommendations for alternative care, the interdisciplinary team must provide to the resident and parent, guardian, or representative, the names and addresses of appropriate facilities available to him and the services provided. (7-1-80)
- 04. Release.** Prior to release from an ICF/MR there must be written evidence that a conference has been held including a representative from the Adult and Child Development Center and the interdisciplinary team from the facility and written recommendations from those participating members. (7-1-80)
- a.** At the time of permanent release or transfer, there must be recorded a summary of findings, progress and plans. (7-1-80)
 - b.** Planning for release must include provision for appropriate services, including protective supervision and other follow-up services, in the resident's new environment. Procedures must be established so that parents or guardians who request the release of a resident are counseled concerning the advantages and disadvantages of such release. (7-1-80)
 - c.** Security and accountability of the residents' personal effects are to be provided for upon release. (7-1-80)
 - d.** Transfer information, including diagnosis, treatment, clinical condition, reason for transfer and destination, and all pertinent medical and social information must accompany the resident if transferred to or from another facility and must become a part of the resident's medical record. (7-1-80)
 - e.** The facility must make available a release form to be signed by the resident or his parent, guardian, next of kin, or representative when a resident desires to be discharged against medical advice. (7-1-80)
- 051. -- 074. (RESERVED).**

075. RESIDENTS' RIGHTS.

The administrator of the facility shall be responsible for the establishment of and adherence to written policies and procedures pertaining to the rights and responsibilities of residents. If a resident has been determined to be incompetent or incapable of understanding his rights or responsibilities, these same rights and responsibilities shall devolve to the resident's parent, legal guardian or representative. Each resident admitted to the facility must be assured of the following rights: (7-1-80)

01. Full Disclosure. Each resident admitted to the facility must be fully informed, as evidenced by the written acknowledgement prior to, or at the time of admission, and during his residency of his rights and of all rules governing patient conduct and responsibilities. (7-1-80)

02. To Be Informed Of Services And Cost. Each resident admitted to the facility must be informed of services available in the facility and of related charges, including any charges for services which are not covered: (7-1-80)

a. Under Titles XVIII (Medicare) or XIX (Medicaid) of the Social Security Act; or (7-1-80)

b. By the facility's basic per-diem rate. (7-1-80)

03. To Be Informed Of One's Medical Condition. Each resident admitted to the facility must be fully informed of his medical condition, by a physician, unless medically contraindicated, as documented by a physician in his record, and must be afforded the opportunity to participate in the planning of his total care and medical treatment. (7-1-80)

04. To Participate In The Development Of Plan Of Care. The resident must have the opportunity to participate in his plan of care. Residents must be advised of alternative courses or care and treatment and their consequences when such alternatives are available. The resident's preference about alternatives must be elicited and considered in deciding on the plan of care. A resident may request, and must be entitled to, representation and assistance by any consenting person of his choice in the planning of his care and treatment. (7-1-80)

05. The Right To Refuse Treatment. A resident may refuse specific modes of treatment. A resident being considered for participation in experimental research must be fully informed of the nature of the experiment and understand the possible consequences of participating or not participating. The resident's written consent must be received prior to participation. (7-1-80)

06. Protection From Unwarranted Discharge Or Transfer. Each resident admitted to the facility must be transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay, except as prohibited by Titles XVIII (Medicare) or XIX (Medicaid) of the Social Security Act and must be given reasonable advance notice to ensure orderly transfer or discharge. Such actions must be documented in his medical record. (7-1-80)

07. Exercise Of Rights. Each resident admitted to the facility must be encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end can voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal. (7-1-80)

a. Rights as a citizen refer to all the rights of citizens of this country and any particular state or locality. These include, but are not limited to, voting, marriage, divorce, executing instruments (e.g., wills), acquiring and disposing of property, and choosing to practice or not practice a religion. (7-1-80)

b. The facility must have a written procedure for registering and resolving grievances and recommendations by residents or any individual or group designated by the resident as his representative. The procedure must ensure protection of the resident from any form of reprisal or intimidation. The written procedure must include: (7-1-80)

i. That the administrator or his designee must handle grievances and recommendations; and (7-1-80)

- ii. A method for investigating and assessing the validity of a grievance or recommendation; and (7-1-80)
- iii. Methods for resolving grievances; and (7-1-80)
- iv. Methods for recording grievances and actions taken. (7-1-80)

c. The facility must make available the names and addresses of ombudsmen, survey agencies, advocacy agencies, local law enforcement agencies, and other appropriate agencies when procedures described in Subsections 075.07.b.i. and 075.07.b.iv. have been exhausted and have failed to resolve the grievance. (12-31-91)

08. Control Over Financial Affairs. Each resident admitted to the facility must be permitted to manage his personal financial affairs, or must be given an accounting of financial transactions made on his behalf upon request, should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with law. (7-1-80)

a. The facility must maintain a written account of all residents' funds received by or deposited with the facility. (7-1-80)

b. If the facility makes financial transactions on a resident's behalf, the resident is entitled, upon request, to an itemized accounting of disbursements and current balances at least quarterly. A copy of this statement must be maintained in the resident's financial or business record. (7-1-80)

09. Protection From Abuse And Unwarranted Restraints. Each resident admitted to the facility must be protected from mental and physical abuse, and free from chemical and physical restraints except when authorized in writing by a physician for a specified period of time, or when necessary in an emergency to protect the resident from injury to himself or to others (See also Subsection 075.10). (12-31-91)

a. The written policy and procedures governing the use of restraints must specify which staff member may authorize use of restraints and clearly delineate at least the following: (7-1-80)

- i. Orders must indicate the specific reasons for the use of restraints; and (7-1-80)
- ii. The use of restraints must be temporary, and the resident must not be restrained for an indefinite amount of time; and (7-1-80)
- iii. Orders for restraints cannot be in force for longer than twelve (12) hours; and (7-1-80)
- iv. A resident placed in restraint must be checked at least every thirty (30) minutes by appropriately trained staff and an account of this surveillance must be kept; and (7-1-80)
- v. Reorders must be issued only after a review of the resident's condition; and (7-1-80)
- vi. The use of restraints must not be employed as punishment, for the convenience of the staff, or as a substitute for supervision; and (7-1-80)
- vii. Mechanical restraints must avoid physical injury to the resident and must provide a minimum of discomfort; and (7-1-80)
- viii. Opportunity for motion and exercise must be provided for a period of not less than ten (10) minutes during each two (2) hours in which the restraint is employed, except at night; and (7-1-80)
- ix. The practice of locking residents in their rooms or using locked restraints constitutes physical restraint and must be in conformance with the requirements of the Life Safety Code as well as the requirements contained in Subsection 075.09. (12-31-91)

b. Mechanical supports used in normative situations to achieve proper body position and balance are not considered to be restraints, but must be designed and applied: (7-1-80)

i. Under the supervision of a qualified professional person; and (7-1-80)

ii. In accordance with principles of good body alignment, concern for circulation, and allowance for change of position. (7-1-80)

c. Physical restraints must not be used to limit resident mobility for the convenience of staff, and must comply with life safety requirements. If a resident's behavior is such that it will result in injury to himself or others and any form of physical restraint is utilized, it must be in conjunction with a treatment procedure designed to modify the behavioral problems for which the patient is restrained and, as a last resort, after failure of attempted therapy. (7-1-80)

d. Drugs such as tranquilizers must not be used as chemical restraints to limit or control resident behavior for convenience of staff. (7-1-80)

10. Protection From Unwarranted Use Of Behavior Modification Programs. Every resident admitted to the facility is to participate in behavior modification programs involving the use of restraints, timeout, or aversive stimuli only when the program: (7-1-80)

a. Has been reviewed and approved by the facility's human rights committee; and (7-1-80)

b. Has been developed and reviewed by a qualified mental retardation professional; and (7-1-80)

c. Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and (7-1-80)

d. Is described in written plans that are kept on file in the facility; and (7-1-80)

e. Is not used for more than one (1) hour in the case of removal from a situation for time-out purposes, and this procedure is to be used only during the conditioning program, and only under the supervision of the trainer. (7-1-80)

11. Assurance Of Confidentiality. Each resident admitted to the facility must be assured confidential treatment of his personal and medical records, and must be permitted to approve or refuse their release to any individual outside the facility except: (7-1-80)

a. In the case of his transfer to another health care institution; or (7-1-80)

b. As required by law, regulation or third-party contract. (7-1-80)

12. Right To Dignity And Privacy. Each resident admitted to the facility must be: (7-1-80)

a. Treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; and (7-1-80)

b. Permitted to send and receive his personal mail unopened, unless medically contraindicated as documented by his physician in his medical records and to make and receive telephone calls in privacy; and (7-1-80)

c. If married, must be assured privacy for visits by his spouse. If both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated as documented by the attending physician in the medical record. (7-1-80)

d. Residents' individual preferences regarding such things as menus, clothing, religious activities, friendships, activity programs, and entertainment must be elicited and respected by the facility. (7-1-80)

13. Freedom Of Association. Each resident admitted to the facility must be permitted to associate and communicate privately with persons of his choice, and to participate in activities of social, religious, and community groups at his discretion, unless medically contraindicated as documented by his physician in his medical record. (7-1-80)

14. Freedom From Performing Services. No resident admitted to the facility must be required to perform services for the facility that are not included for therapeutic purposes in his plan of care. (7-1-80)

15. Right To Personal Items. Each resident admitted to the facility must be permitted to retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, and unless medically contraindicated as documented by his physician in his medical record. (7-1-80)

16. Freedom To Reside In The Least Restrictive Environment. Residents must be placed in or transferred to the least restrictive setting in keeping with their level of functioning. (7-1-80)

17. Right To Appropriate Treatment, Services, And Habilitation. Residents have a right to appropriate treatment, services, and habilitation. (7-1-80)

a. The treatment, services, and habilitation for each resident must be designed to maximize the developmental potential of the resident and must be provided in the setting that is least restrictive of the resident's personal liberties; and (7-1-80)

b. Appropriate training and habilitation programs must be provided to residents with hearing, vision, perceptual, or motor impairments in cooperation with appropriate staff; and (7-1-80)

c. The resident's record must include evidence that the resident's habilitation rights are observed. (7-1-80)

076. -- 079. (RESERVED).

080. RESIDENT REPRESENTATIVE.

A resident representative is a person who acts on a resident's behalf in proceedings affecting the resident but who may not substitute his consent or refusal for that of the resident. The primary responsibility of the resident representative is to help assure that the resident's rights are not violated and to act in the best interests of the resident. (7-1-80)

01. When A Representative Is Necessary. A representative must be appointed by the administrator of the facility, and all the rights and responsibilities of the resident delineated in Section 075 except those rights delineated in Subsection 075.05 devolve to the resident's representative when: (12-31-91)

a. The resident's parent or legal guardian is unable or unwilling to participate or is unavailable after reasonable efforts to contact them; and (7-1-80)

i. A resident is adjudicated to be incompetent in accordance with Section 56-239, Idaho Code; or (7-1-80)

ii. A qualified mental retardation professional has documented in the resident's record the specific impairment that has rendered the resident incapable of understanding his own rights; or (7-1-80)

iii. A representative is requested by the resident or his parent or guardian. (7-1-80)

b. The fact that a resident has been determined to be incompetent or incapable does not absolve the facility from advising the resident of these rights to the extent that the resident is able to understand them. (7-1-80)

02. Who Will Represent The Resident. The administrator of the facility must assure that all residents will be represented by individuals who are not employed by the facility. The priority for selection of representatives will be in the following order: (7-1-80)

- a. Parent(s) or legal guardian; (7-1-80)
- b. An interested family member if there are not interested parents; (7-1-80)
- c. Interested parties. (7-1-80)

03. Rights Of The Representative. In addition to rights delineated in Section 075, the representative accrues the following rights on behalf of the client he is representing: (12-31-91)

- a. To be informed of activities related to the resident that may be of interest to them or of significant changes in the resident's condition; and (7-1-80)
- b. To visit the resident at any reasonable hour, and without prior notice unless contraindicated by the resident's needs. Steps must be taken, however, so that the privacy and rights of the other residents are not infringed by this practice; and (7-1-80)
- c. To receive prompt replies to any communication sent to the facility regarding the resident; and (7-1-80)
- d. To visit all parts of the facility that provide services to residents. (7-1-80)
- e. To be given a written interpretation of the interdisciplinary evaluation that is conducted for each resident within thirty (30) days after admission to the facility and for all subsequent evaluations, such interpretations to be provided by the administrator of the facility; and (7-1-80)
- f. To be counseled as to the advantages and disadvantages of releasing a resident from the facility. This includes those occasions when a resident is transferred to another facility; and (7-1-80)
- g. To be notified promptly in the event of any unusual occurrence, including serious illness or accident, impending death, or death; and in the case of death, to be told of autopsy findings if an autopsy is performed; and (7-1-80)
- h. To be given access to all of the resident's records that pertain to his active treatment, subject to the requirements specified in Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 01, Sections 300 through Subsection 301.06, and Sections 310 through 339, "Use and Disclosure of Department Records". (12-31-91)

081. -- 099. (RESERVED).

100. ENVIRONMENTAL SANITATION STANDARDS.

The ICF/MR facility is responsible for the prevention of disease and for the maintenance of sanitary conditions. (7-1-80)

- 01. Water Supply.** The water supply for the facility must be adequate, of a safe, sanitary quality and: (7-1-80)
 - a. An approved public or municipal water supply must be used wherever available. (7-1-80)
 - b. In areas where an approved public or municipal water supply is not available, a private water supply must be provided, and it must meet the standards approved by the Department. (7-1-80)
 - c. If water is from a private supply, water samples must be submitted to the Department through the District Public Health Laboratory for bacteriological examination at least once every three (3) months. Copies of the laboratory reports must be kept on file at the facility. (7-1-80)
 - d. There must be a sufficient amount of water under adequate pressure to meet the sanitary

requirements of the facility at all times. (7-1-80)

02. Sewage Disposal. All sewage and liquid wastes must be discharged into a municipal sewage system where such a system is available. Where a municipal sewage system is not available, sewage and liquid wastes must be collected, treated, and disposed of in a manner approved by the Department. (7-1-80)

03. Garbage And Refuse Disposal. Garbage and refuse disposal must be provided by the facility. (7-1-80)

a. All containers used for storage of garbage and refuse must be constructed of durable, nonabsorbent material and shall not leak or absorb liquids. Containers must be provided with tight-fitting lids. (7-1-80)

b. Garbage containers stored outside the facility must be stored on a concrete slab or on a rack above the ground. (7-1-80)

c. Garbage containers must be maintained in good repair. Sufficient containers must be afforded to hold all garbage and refuse which accumulates between periods of removal from the premises. Storage areas must be kept clean and sanitary. (7-1-80)

04. Insect And Rodent Control. The facility must be maintained free from insects, rodents and other pests. Chemicals (pesticides) used in the control program must be selected, used, and stored in the following manner: (12-31-91)

a. The chemical must be selected on the basis of the pest involved and used only in the manner prescribed by the manufacturer, who must be registered with the Idaho Department of Agriculture. (7-1-80)

b. All toxic chemicals must be properly labeled and stored under lock and key. (7-1-80)

c. No toxic chemicals can be stored in resident areas, with drugs, or in any area where food is stored, prepared, or served. (7-1-80)

d. The storage and use of pesticides must be in accordance with local, state, or federal directives. (7-1-80)

05. Linen - Laundry Facilities And Service. Adequate facilities and procedures must be provided for the proper and sanitary washing of linen and other washable goods laundered at the facility. (7-1-80)

a. The linen-laundry facility must: (7-1-80)

i. Have available at all times a quantity of linen essential to the proper care and comfort of residents. Linens must be handled, processed, and stored in a manner that prevents contamination and the transmission of infections. (7-1-80)

ii. Be situated in an area separate and apart from any facility or room where food is stored, prepared, or served. (7-1-80)

iii. Be well-lighted and ventilated, adequate in size for the needs of the facility, maintained in a sanitary manner, and kept in good repair. (7-1-80)

iv. If other laundry facilities are used, meet the requirements established herein for such facilities. (7-1-80)

b. The handling of linen, both clean and soiled, is subject to the following: (7-1-80)

i. Soiled linen must be handled as follows: (7-1-80)

(1) All soiled linen must be collected and transported to the laundry in covered, washable containers in

a sanitary manner. (7-1-80)

(2) Soiled linen cannot be transported through resident rooms, kitchens, food preparation or storage areas. Soiled linen cannot be sorted, processed, or stored in these areas. (7-1-80)

(3) Soiled linen must be handled and stored in such a manner as to prevent contamination of clean linen. (7-1-80)

(4) Soiled linen and clothing must be stored separately in suitable bags or containers. (7-1-80)

(5) Facilities used to collect, transport, and store soiled linen must be stored in separate, ventilated areas and cannot be permitted to accumulate in the facility. (7-1-80)

ii. Clean linen must be handled as follows: (7-1-80)

(1) Clean linen to be stored, dried, ironed, or sorted must be handled in a sanitary manner. (7-1-80)

(2) Clean linen must be transported, stored, and distributed in a sanitary manner. (7-1-80)

(3) Clean linen and clothing must be stored in a clean, dry, dust-free area easily accessible to the residential living area. (7-1-80)

(4) Closets conveniently located must be provided on each floor or wing for the storage of clean linen. (7-1-80)

c. Residents' and employees' laundry must be collected, transported, sorted, washed and dried in a sanitary manner and cannot be washed with bed linens. Residents' clothing must be labeled to ensure proper return to the owner. (7-1-80)

06. Housekeeping Services And Equipment. Sufficient housekeeping and maintenance personnel and equipment must be provided to maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. (7-1-80)

a. Floors, walls, ceilings, and other interior surfaces, equipment, and furnishings must be cleaned in a sanitary manner and must be kept clean. (7-1-80)

b. Procedures for cleaning of surfaces and equipment must be written and explained to all persons engaged in housekeeping duties. The residents who are engaged in facility housekeeping duties as part of their training program must be supervised by facility program personnel. (7-1-80)

c. After discharge of a resident, the room must be thoroughly cleaned, including the bed, bedding, and furnishings. (7-1-80)

d. Deodorizers cannot be used to cover odors caused by poor housekeeping or unsanitary conditions. (7-1-80)

e. Storage areas, attics, basements, and grounds must be kept free from refuse, litter, weeds, or other items detrimental to the health, safety, or welfare of the residents. (7-1-80)

f. All housekeeping equipment must be in good repair and maintained in a clean and sanitary manner. (7-1-80)

101. -- 109. (RESERVED).

110. FIRE AND LIFE SAFETY STANDARDS.

Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. (7-1-80)

01. General Requirements. General requirements for the fire and life safety standards for an ICF/MR facility are that: (7-1-80)

a. The facility must be structurally sound and must be maintained and equipped to assure the safety of residents, employees and the public. (7-1-80)

b. On the premises of all facilities where natural or man-made hazards are present, suitable fences, guards, and railings must be provided to protect residents, employees and the public. (7-1-80)

02. Life Safety Code Requirements. The facility must meet such provisions of the Life Safety Code of the National Fire Protection Association (24th Edition, 1976) as are applicable to an ICF/MR facility, as specified below: (7-1-80)

a. Except as modified herein, the facility must comply with the standards for "Health Care Occupancies" contained in Chapter 10, and applicable provisions of Chapters 01 through 07, Chapter 17 and Appendices A and B of the Life Safety Code; or (7-1-80)

b. If the facility meets the following requirements, compliance can be achieved alternatively under standards for "Lodging and Rooming Houses" contained in Chapter 11, "Lodging and Rooming House Occupancies" and applicable provisions of Chapters 01 through 07, Chapter 17 and Appendices A and B of the Life Safety Code: (7-1-80)

i. Services are provided exclusively to mentally retarded persons or persons with related conditions. (7-1-80)

ii. A physician or psychologist has certified that each resident is: (7-1-80)

(1) Ambulatory; or (7-1-80)

and (2) Capable of following directions and making self-preservation action in the event of an emergency; (7-1-80)

(3) Under a plan of active rehabilitation whose goal is to achieve independent living. (7-1-80)

iii. The facility is a single story structure. (7-1-80)

iv. Each building housing residents is limited to fifteen (15) beds or less. (7-1-80)

c. Each facility must have one (1) hour fire rated construction protecting hazardous areas, if deemed necessary by the Department. Hazardous areas include, but are not limited to, boiler and heater rooms, laundries, soiled linen rooms, kitchens, repair shops, and rooms or spaces used for storage. (7-1-80)

d. All draperies and/or cubicle curtains must be fire resistive or rendered and maintained flame retardant. (7-1-80)

e. All wastebaskets must be of noncombustible or other approved materials. (7-1-80)

f. Portable fire extinguishers must be installed throughout the facility in accordance with applicable NFPA Standard #10, "Installation of Portable Fire Extinguishers". (7-1-80)

g. The use of portable comfort heating devices of any kind is prohibited. (7-1-80)

h. Each facility must provide emergency electrical service for at least the exit passageway lighting, hall lighting, and the fire alarm system. (7-1-80)

03. Smoking. Because smoking has been acknowledged to be a fire hazard, a continuous effort must be

made to reduce its presence in the facility. Written rules governing smoking must be adopted and must be conspicuously posted and made known to all facility personnel, residents, and the public. These rules must include at least the following provisions: (7-1-80)

- a.** That smoking is prohibited in any area where flammable liquids, gases, or oxygen are in use or stored. These areas must be posted with "No Smoking" signs. (7-1-80)
- b.** That residents are not permitted to smoke in bed. (7-1-80)
- c.** That unsupervised smoking by residents classified as not mentally or physically responsible is prohibited. This includes residents so affected by medication. (7-1-80)
- d.** That smoking is prohibited in areas where combustible supplies or materials are stored. (7-1-80)
- e.** That designated areas must be assigned for employee, resident, and public smoking. (7-1-80)

04. Emergency Plans For Protection And Evacuation Of Residents. In cooperation with the local fire authority, the administrator must develop a prearranged written plan for employee response for protection of residents and for orderly evacuation of residents in case of an emergency. (7-1-80)

- a.** A diagram of the building showing emergency protection equipment, evacuation routes, and exits must be conspicuously posted throughout the facility. An outline of emergency instructions must be posted with the diagram. (7-1-80)
- b.** Emergency plans must be thoroughly tested and used as necessary to assure rapid and efficient function. (7-1-80)
- c.** A minimum of twelve (12) unannounced fire drills must be held annually, irregularly scheduled throughout all shifts. In addition, a least one (1) drill per shift must be held on a Sunday or holiday. (7-1-80)

05. Report Of Fire. A separate report of each fire incident occurring within the facility must be submitted to the Department within thirty (30) days of the occurrence. The reporting form, "Facility Fire Incident Report," will be issued by the Department, to secure specific data concerning date, origin, extent of damage, method of extinguishment, and injuries, if any. (7-1-80)

06. Maintenance Of Equipment. The facility must establish routine test, check, and maintenance procedures for alarm systems, extinguishment systems, and all essential electrical systems. The following rules apply to all ICF/MR facilities: (7-1-80)

- a.** The use of any defective equipment on the premises of any facility is prohibited. (7-1-80)
- b.** The administrator must have all equipment and appliances inspected for safe condition and function prior to use by any resident, employees, or visitor of the facility. (7-1-80)
- c.** The administrator must show written evidence of adequate preventive maintenance procedures for equipment directly related to the health and safety of the residents. (7-1-80)
- d.** The fire alarm system and smoke detection system must be serviced at least annually by an authorized servicing agency or by a facility employee licensed and/or certified under Idaho Law to service fire alarm systems. Servicing must be in accordance with the applicable NFPA Standard 72 pamphlet (1979 edition). (7-1-80)
- e.** Automatic sprinkler systems, if installed, must be serviced at least annually by an authorized servicing agency. Servicing must be in accordance with the applicable NFPA Standard 13a (1978 edition), "Care and Maintenance of Sprinkler Systems". (7-1-80)
- f.** Portable fire extinguishers must be serviced in accordance with the applicable NFPA Standard 10 (1978 edition), "Portable Fire Extinguishers". (7-1-80)

g. The facility must establish routine in-house test and check procedures covering alarm systems, extinguishment systems, and essential electrical systems. (7-1-80)

111. -- 119. (RESERVED).

120. BUILDING CONSTRUCTION AND PHYSICAL FACILITY STANDARDS.

In addition to the construction and the physical facility standards set forth in this section, new construction must comply with the Uniform Building Code, 1976 Edition, for Group R, Division 3 Occupancies. Additions to existing facilities, conversions of existing building to facilities, and portions of facilities undergoing remodeling or alterations other than repairs will also be required to meet these standards. (7-1-80)

01. Plans, Specifications, And Inspections. Plans, specifications, and inspections of any new facility construction or any addition, conversion or remodeling of an existing structure are governed by the following rules: (7-1-80)

a. Plans for new construction of facilities must be prepared by an architect licensed in the State of Idaho. The employment of an architect can be waived by the Department in connection with certain minor alterations. (7-1-80)

b. Prior to commencing work pertaining to construction of new buildings, any additions or structural changes to existing facilities, or conversion of existing buildings to be used as a facility, plans and specifications must be submitted to, and approved by, the Department to assure compliance with the applicable construction standards, codes, rules, and regulations. (7-1-80)

c. Preliminary plans must be submitted and must include at least the following: (7-1-80)

i. The assignment of all spaces, size of areas and rooms, and indication in outline of the fixed and movable equipment and furniture. (7-1-80)

ii. Drawings of each floor including, but not limited, to the basement, approach or site plan, roads, parking areas, sidewalks. (7-1-80)

iii. The total floor area and number of beds. (7-1-80)

iv. Outline specifications describing the general construction, including interior finishes, acoustical materials, heating, electrical, and ventilation systems. (7-1-80)

v. The plans must 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 one (1) foot. (7-1-80)

d. Before the commencement of construction, working drawings must be developed in close cooperation and with approval by the Department and other appropriate agencies and: (7-1-80)

i. The drawings and specifications must be well prepared and of accurate dimensions and must include all necessary explanatory notes, schedules and legends. They must be stamped with the architect's seal. (7-1-80)

ii. The drawings must be complete and adequate for contract purposes. (7-1-80)

e. Prior to occupancy, the facility must be inspected and approved by the Department. The Department must be notified at least two (2) weeks prior to completion in order to schedule a final inspection. (7-1-80)

f. Construction features of all facilities must meet local, state, and national codes applicable to Intermediate Care Facilities for the Mentally Retarded. (7-1-80)

- g.** In the event of a conflict in requirements between codes, the most restrictive will apply. (7-1-80)
- 02. Site Requirements.** The location of all ICF/MR facilities is controlled by the following rules: (7-1-80)
- a.** The facility must be served by an all-weather road kept open to motor vehicles at all times of the year; and (7-1-80)
- b.** It must be accessible to physician, professional, and habilitation services, medical facilities, shopping centers, and population centers where employees may be recruited and retained; and (7-1-80)
- c.** It must be remote from railroads, factories, airports, and similar noise, odor, smoke, dust, or other nuisances; and (7-1-80)
- d.** It must be accessible to public utilities such as electrical power, telephone service, and fire protection; and (7-1-80)
- e.** Adequate off-street parking must be available; and (7-1-80)
- f.** It must be physically separate from any Skilled Nursing Facility, Intermediate Care Facility, or Shelter Care Facility by sufficient distance--not less than one thousand five hundred (1,500) feet--to preclude the adjacent or nearby location of two (2) or more facilities. Allowance for such arrangements would be counter to basic principles of normalization. Facilities licensed as ICF/MR's six (6) months or more prior to the effective date of these rules will be exempted from the requirements of this Subsection as long as they continue under current ownership. Upon transfer of ownership of the facility, this Subsection will apply. (7-1-80)
- 03. General Building Requirements.** All buildings to be used for ICF/MR facilities must be of such character to be suitable for such usage. These buildings will be subject to approval by the Department. Other requirements are as follows: (7-1-80)
- a.** The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents. (7-1-80)
- b.** All stairways must be provided with sturdy handrails on both sides of the stairs, and all open stairwells must be protected with guardrails. All stairways must be provided with nonskid tread covering the entire surface of the stair. (7-1-80)
- c.** All open porches and verandas must be protected by sturdy guardrails of an adequate height. (7-1-80)
- d.** There must be a telephone in the building which is accessible to all residents for private conversations. (7-1-80)
- 04. Resident Accommodations.** Accommodations for the residents of an ICF/MR facility must include the following: (7-1-80)
- a.** Each resident room must be an outside room. (7-1-80)
- b.** Not more than two (2) residents can be housed in any multi-bedroom. (7-1-80)
- c.** No window area in a resident's room can be less than one-eighth (1/8) of the floor area, and one-half (1/2) of the window area must be openable. Suitable window shades or drapes must be provided as a means of controlling light. Windows must be so located as to permit residents a view through the windows from a sitting position. Windows must be of such construction as to prevent any drafts when closed. (7-1-80)

- d.** No resident's room can be located: (7-1-80)
- i. In such a way that its outside walls are below grade. (7-1-80)
 - ii. In any attic story, trailer house or in any other room other than an approved room. (7-1-80)
 - iii. So that it can be reached only by passing through another individual's room, a utility room, or any other room. (7-1-80)
 - iv. So that it opens into any room in which food is prepared, stored, or served. (7-1-80)
- e.** Resident's rooms must be of sufficient size to allow not less than sixty (60) square feet of usable floor space per bed in multiple-bedrooms. Private rooms must have not less than eighty (80) square feet of usable floor space. (7-1-80)
- f.** Rooms must be of dimensions which allow not less than three (3) feet between beds. (7-1-80)
- g.** Ceiling heights in resident rooms must be a minimum of seven and one-half (7 1/2) feet. (7-1-80)
- h.** Toilet rooms and handwashing facilities must be constructed as follows: (7-1-80)
- i. Toilet rooms and bathrooms for residents and personnel must not open directly into any room in which food, drink, or utensils are handled or stored. They must not be so located that the kitchen or other rooms where food is cooked, stored, or served are used as a thoroughfare. (7-1-80)
 - ii. Toilet and bathrooms must be separated from all rooms by solid walls or partitions. Adequate provisions to insure the resident's privacy must be made. (7-1-80)
 - iii. All toilet rooms and bathrooms must be of easily cleanable construction. (7-1-80)
 - iv. Where wheelchair residents are housed, there must be at least one (1) toilet room and one (1) bathing area large enough to accommodate wheelchairs. (7-1-80)
 - v. All inside bathrooms and toilet rooms must have forced ventilation to the outside. (7-1-80)
 - vi. On each resident floor for eight (8) beds or less, there must be one (1) toilet, one (1) tub or shower, and one (1) lavatory bowl. Tubs, showers, and lavatory bowls must be connected to hot and cold running water. (7-1-80)
 - vii. Toilet rooms for resident use must be so arranged that it is not necessary for an individual to pass through another resident room to reach the toilet facilities. (7-1-80)
 - viii. If the facility accepts physically handicapped residents, handrails or grab-bars must be provided in resident toilet rooms, and bathrooms and must be located so as to be functionally adequate. (7-1-80)
 - ix. Each resident must be provided with an individual towel and washcloth. (7-1-80)
 - i. Every facility must provide a minimum of twenty-five (25) square feet per licensed bed for living and/or recreational activities. It must be for the sole use of the resident, and under no circumstances can these rooms be used as bedrooms by residents or personnel. A hall or entry is not acceptable as a living room or recreation room. (7-1-80)
- j.** Each resident must be provided with his own bed which will: (7-1-80)
- i. Be at least thirty-six (36") inches wide, be substantially constructed, and in good repair. Bedrails must be provided when needed. Roll-away type beds, cots, folding beds cannot be used. (7-1-80)

ii. Have satisfactory springs in good repair and a clean, comfortable mattress that is standard in size for the bed. Each mattress must be rendered and maintained water repellent. (7-1-80)

k. Closet space must be provided in each resident bedroom (minimum of two (2) lineal feet per bed). If a common closet is used for two (2) persons, there must be a physical separation of clothing for each person. (7-1-80)

l. The interior design of each living unit must simulate as closely as possible, the functional arrangement of a home to encourage a personalized atmosphere for small groups of residents. (7-1-80)

m. All furniture and equipment must be maintained in a sanitary manner, kept in good repair, and must be so located to permit convenient use by residents. (7-1-80)

n. Accessory equipment cannot be located so that it projects into corridors and constitutes a hazard or impedes easy passage. (7-1-80)

05. Dining Areas. Facilities must provide one (1) or more attractively furnished, multi-purpose areas of adequate size for residents' dining, diversional, and social activities. (7-1-80)

a. Dining room areas must be well-lighted, ventilated, and equipped with tables and chairs with easily-cleanable surfaces. The floors in the dining rooms must be of easily cleanable construction. (7-1-80)

b. Table service must be provided for all who can and will eat at a table, including residents in wheelchairs. Dining areas must be equipped with eating utensils and dishes designed to meet the developmental needs of each resident. (7-1-80)

06. Storage Areas. The facility must provide general storage areas and a medical storage area as follows: (7-1-80)

a. General storage areas (minimum of ten (10) square feet per licensed bed) must be provided, in addition to suitable storage provided in the resident's bedrooms for personal clothing, possessions and individual prosthetic equipment. (7-1-80)

b. The facility must provide safe and adequate storage of medical supplies and equip a space appropriate for the preparation of medications. (7-1-80)

07. Lighting. Lighting standards for the facility will be as follows: (7-1-80)

a. All resident rooms must have a minimum of thirty (30) foot candles of light delivered to reading surfaces and ten (10) foot candles of light in the remainder of the room. (7-1-80)

b. All hallways, storerooms, stairways, inclines, ramps, exits, and entrances must have a minimum of five (5) foot candles of light measured in the darkest corner. (7-1-80)

08. Ventilation. The facility must be ventilated, and precautions must be taken to prevent offensive odors from entering resident rooms. (7-1-80)

09. Heating. A heating system must be provided for the facility that is capable of maintaining a temperature of seventy-five (75) to eighty (80) degrees Fahrenheit in all weather conditions. Oil space heaters, recessed gas wall heaters, and floor furnaces cannot be used as heating systems for any facility. (7-1-80)

10. Plumbing. Plumbing at the facility must be as follows: (7-1-80)

a. All plumbing fixtures must be clean and in good repair. (7-1-80)

b. Vacuum breakers must be installed where necessary to prevent backsiphonage. (7-1-80)

c. The temperature of hot water at plumbing fixtures used by the residents must be between one hundred five (105) to one hundred twenty (120) degrees Fahrenheit. (7-1-80)

11. Equipment And Supplies For Resident Care. Adequate and satisfactory equipment and supplies must be provided to enable the staff to satisfactorily serve the residents. (7-1-80)

a. The amount of equipment and supplies of various kinds will vary according to the size of the facility and the type of residents. (7-1-80)

b. An authorized representative of the Department will make the final determination as to adequacy and suitability of equipment and supplies. (7-1-80)

c. Any single-use or disposable equipment and supplies cannot be reused. (7-1-80)

121. -- 199. (RESERVED).

200. ADMINISTRATION.

The administration of ICF/MR facilities must provide for individual program planning, implementation and evaluation. Individual programs must be based on relevant assessment of needs and problems and must reflect the participation of the individual, the service providers, and where possible, the individual's family or surrogate. Individual program planning must include provisions for total program coordination and continuous, self-correcting processes for review and program revision. Programming for individuals must incorporate the resident's legal rights of due process, appropriate care, training and treatment. (7-1-80)

01. Governing Body. Each facility will be organized and administered under one (1) authority which may be a proprietorship, partnership, association, corporation, or governmental unit. If administered by other than a single owner or partnership, the facility will have a governing board which assumes full legal responsibility for the overall conduct of the facility and for full compliance with these rules. (7-1-80)

a. The true name and current address of each person or business entity having more than five percent (5%) ownership interest in the facility must be supplied to the Department at the time of licensure application. (7-1-80)

b. The names, addresses, and titles of officers held by all members of the facility's governing authority must be submitted to the Department and updated upon any change in membership. (7-1-80)

02. Appointment Of Administrator. The governing body, of each licensed nursing home must appoint an administrator who: (7-1-80)

a. Must be at least twenty-one (21) years of age; and (7-1-80)

b. Must be responsible and accountable for implementation of the policies established by the governing body. (7-1-80)

03. Administrator's Duties. The administrator's duties will be as follows: (7-1-80)

a. The administrator will be responsible for establishing and implementing written policies and procedures for each service of the facility and the operation of its physical plant. He must see that these policies and procedures are adhered to and must make them available to authorized representatives of the Department. (7-1-80)

b. The administrator will be responsible for the completion, keeping, and submission of such reports and records as may be required by the Department. (7-1-80)

c. The administrator must have available for review by the Department a copy of the lease (if a building or buildings are leased to a person or persons to operate as a facility) showing clearly which party to the agreement will be held responsible for the maintenance and upkeep of the property in conformance with minimum standards. (7-1-80)

d. The facility administrator must notify the Department immediately of anticipated or actual termination of any service vital to the continued safe operation of the facility or the health and safety of its residents and personnel. (7-1-80)

e. The administrator cannot leave the premises without delegating necessary authority in writing to a competent employee. He must advise the designee as to where he can be reached in event of an emergency. (7-1-80)

201. -- 209. (RESERVED).

210. RESIDENT RECORD REQUIREMENTS.

A record must be maintained for each resident of the facility. (7-1-80)

01. General Record Requirements. Each resident's general facility record must include the following: (7-1-80)

a. Evidence of planning and continuous evaluation of the resident's habilitation program; and (7-1-80)

and **b.** Documentary evidence of the resident's progress and of his response to his habilitation program; (7-1-80)

c. Information adequate to protect the legal rights of the residents, facility, and staff. (7-1-80)

d. All entries in the resident's record must be legible, dated, and authenticated by the signature and professional designation of the individual making the entry. (7-1-80)

them. **e.** Symbols and abbreviations will be used in record entries only if a legend is available to explain them. (7-1-80)

02. Records On Admission. Information placed in each resident's record on admission must include: (7-1-80)

a. Name, date of admission, date of birth, place of birth, citizenship status, marital status, and social security number; and (7-1-80)

and **b.** Father's name and birthplace, mother's maiden name and birthplace, and parents' marital status; (7-1-80)

c. Name and address of parents, legal guardian, and/or next of kin; and (7-1-80)

d. Sex, race, height, weight, color of hair, color of eyes, identifying marks, and recent photograph; and (7-1-80)

e. Reason for admission or referral problem; and (7-1-80)

f. Legal status of admission; and (7-1-80)

g. Record of immunizations; and (7-1-80)

h. Language spoken or understood; and (7-1-80)

i. Sources of support, including social security, veterans' benefits, and insurance; and (7-1-80)

j. Information relevant to religious affiliation; and (7-1-80)

k. Report(s) of the preadmission evaluation(s); and (7-1-80)

- l.** Documented evidence that a conference has been held, pursuant to Subsection 050.01; and (12-31-91)
- m.** Name and address of personal physician and dentist. (7-1-80)
- 03. Record Of Evaluation And Program Plan.** Within one (1) month after a resident's admission to a facility, a current evaluation and individual program plan must be entered in the resident's record. (7-1-80)
- 04. Record During Residence.** Information placed in each resident's record during residence must include: (7-1-80)

 - a.** Reports of accidents, seizures, illnesses, treatments for the aforementioned, and immunizations; and (7-1-80)
 - b.** Records of all periods of restraint, use of aversive stimuli and time out, with justification and authorization for each; and (7-1-80)
 - c.** Reports of regular review and evaluation of the program and the developmental progress, and status of each resident, which must be conducted at least once a year; and (7-1-80)
 - d.** Observations of the resident's response to his program, recorded with sufficient frequency to enable evaluation of its efficacy; and (7-1-80)
 - e.** Records of significant behavior incidents; and (7-1-80)
 - f.** Records of family visits and contacts; and (7-1-80)
 - g.** Records of leaves; and (7-1-80)
 - h.** Correspondence pertaining to the resident; and (7-1-80)
 - i.** Periodic updating of the information recorded at the time of admission; and (7-1-80)
 - j.** Appropriate authorizations and consents; and (7-1-80)
 - k.** Record of resident's personal effects. An inventory of all valuables entrusted to the facility for safekeeping must be kept. A proper accounting of resident's funds deposited with the facility for safekeeping and/or expenditure must be kept and made available to authorized individuals for review, which must include the resident so affected. (7-1-80)
- 05. Health Services.** The facility must maintain a health services record for each resident. The health services record must include: (7-1-80)

 - a.** An admissions history and report of physical examination conducted by a physician at a date not to exceed ninety (90) days prior to admission; and (7-1-80)
 - b.** A record of all medications and treatments prescribed and administered; and (7-1-80)
 - c.** All physician's orders for treatments and drugs which must be written on a duplicating form. The original copy of the medication orders must be forwarded to the pharmacy and the copy must be attached to the resident's record; and (7-1-80)
 - d.** Record of diagnostic and treatment appointments and visits; and (7-1-80)
 - e.** Notation record of the individual resident's health care complaints and problems together with evaluation and action followed. (7-1-80)

06. Confidentiality. The confidentiality of all information contained in a resident's record and the right of the facility to release all or any part of it will be governed in accordance with relevant provisions of Idaho Department of Health and Welfare Rules, IDAPA 16.05.01, "Use and Disclosure of Department Records" and by the following rules: (7-1-80)

a. All information contained in a resident's record, including information contained in an automated data bank, will be considered confidential. (7-1-80)

b. The facility must have written policies governing access to, duplication of, and dissemination of information from the record. (7-1-80)

c. The facility with custody of the record shall have the responsibility to protect the information against loss, defacement, tampering, or use by unauthorized persons. (7-1-80)

07. Census Register. A census register must be kept, listing in chronological order, the names of residents, dates of admission and discharge, and daily census. (The total resident days and average yearly census are required in the annual report.) (7-1-80)

211. -- 229. (RESERVED).

230. PERSONNEL.

The facility will recruit and employ qualified personnel, provide initial orientation for new employees, provide a continuing inservice training program for all employees, and provide competent supervision designed to improve resident care and employee efficiency. (7-1-80)

01. Personnel Rules. Explicit and uniform rules will be established for each classification of employees concerning hours of work, paydays, overtime and related personnel matters. A statement of all such rules will be provided to each employee. (7-1-80)

02. Administrative Requirements. The administrator of an ICF/MR facility will be responsible for ensuring that the following statements, schedules, charts and records are completed and kept up to date: (7-1-80)

a. The administrator must have on file a current, written statement outlining authority, responsibilities, and duties of all personnel in the facility, including the administrator. A copy of each employee's particular job description must be provided each employee. (7-1-80)

b. Daily work schedules, reflecting the daily adjustments of employees, shall be kept in writing, showing the personnel on duty at any given time for the previous three (3) month period. Personnel shall be identified by first and last names, including professional designation (R.N., L.P.N., Q.M.R.P., etc.), and position. (7-1-80)

c. The administrator must have posted or available to view by all employees, or in the employees' possession, a current organizational chart which clearly indicates lines of authority within the facility's organizational structure. (7-1-80)

d. A complete record of each employee's hours of work, paydays, overtime, and related personnel matters must be kept. (7-1-80)

03. Personnel Records. An individual record must be maintained for each employee. Personnel records must contain the following information: (7-1-80)

a. Name, current address, and telephone number of employee; and (7-1-80)

b. Social Security number; and (7-1-80)

c. Education; and (7-1-80)

- d.** Experience; and (7-1-80)
- e.** Other qualifications (if licensure in Idaho is required, the facility must have written verification of the original license number and date the current registration expires); and (7-1-80)
- f.** Date of employment; and (7-1-80)
- g.** Position in the facility (description of work performed); and (7-1-80)
- h.** Date of termination of employment and reason for resignation or termination. (7-1-80)
- 04. Health And Age Requirements.** All personnel employed by an ICF/MR facility must meet and observe the following requirements: (7-1-80)

 - a.** Each employee must be free of communicable disease or infected skin lesions while on duty. (7-1-80)
 - b.** Each employee must have a tuberculin skin test consistent with current tuberculosis control procedures. (7-1-80)
 - c.** No employee who is less than eighteen (18) years of age can provide direct resident care. (7-1-80)
- 05. Staff Development And Training.** As appropriate to the employees' job responsibilities, staff development and training will include: (7-1-80)

 - a.** Orientation for all new employees to acquaint them with the philosophy, organization, programs, practices and goals of the facility; and (7-1-80)
 - b.** The upgrading of competencies to improve skills based on resident needs and corresponding staff expertise; and (7-1-80)
 - c.** Training in the ability to detect signs of illness or dysfunction that warrant medical or nursing referral and intervention; and (7-1-80)
 - d.** Instruction in the proper management of seizure disorders, physical handicaps, special communication needs and physically injurious behaviors. This instruction must be provided before personnel are assigned to work with individuals who may be affected by the above disorders, handicaps, needs and behaviors; and (7-1-80)
 - e.** Training in the interdisciplinary approach; and (7-1-80)
 - f.** Training in implementing the principle of normalization; and (7-1-80)
 - g.** Training in facility procedures and familiarization with the process of documentation and recordkeeping; and (7-1-80)
 - h.** An overview of the facility's resident rights policies; and (7-1-80)
 - i.** Training in the supervision and recording of residents' medications. (7-1-80)

231. -- 249. (RESERVED).

250. FOOD SERVICES.

Food service at the ICF/MR facility must provide for the food and nutritional needs of the residents in a safe and sanitary manner and provide for regular consultation with a Registered Dietician or equivalent. (7-1-80)

- 01. Administrative Duties.** The administrator of the facility must ensure that there will be staff

available to prepare and/or serve food for a total of at least twelve (12) hours each day. (7-1-80)

02. Physician's Duties. All diets must be ordered by the attending physician. (7-1-80)

03. Dietary Services. Consultation must be obtained on a regularly scheduled basis from a Registered Dietician or, if no dietician is available, from a person with at least a bachelor's degree in foods and nutrition. The dietician's duties will include: (7-1-80)

a. Assisting the person in charge with menus and modified diets; and (7-1-80)

b. Providing in-service training for those persons preparing and/or serving food; and (7-1-80)

c. Providing consultation in all areas of food production and service as needed; and (7-1-80)

d. Serving as liaison between physicians, nurses, and those preparing or serving food relative to dietary orders, special prescriptions and related matters. (7-1-80)

04. Food Preparation Personnel. Unless the preparation of foods is a part of the supervised treatment program, food preparation at the facility must be provided by appropriately qualified persons who must: (7-1-80)

a. Have sufficient knowledge of food needs to plan adequate menus and modified diets for the residents; and (7-1-80)

b. Be encouraged to participate in food service workshops, correspondence courses, and other training sessions; and (7-1-80)

c. Not be assigned duties that will interfere with sanitation, safety, or time required for dietary work requirements; and (7-1-80)

d. Not assist with the preparation or serving of food in the kitchen without first having clean clothing or gown and a hairnet or cap. Hands must be thoroughly washed. (7-1-80)

05. General Diets. The general menu must provide for the food and nutritional needs of the resident in accordance with the Recommended Daily Allowances of the Food and Nutritional Board of the National Academy of Service. A daily guide must be based on the following allowances: (7-1-80)

a. General Adult Daily Allowances - TABLE

| Food Groups | Recommended Number of Servings By Age Groups | | |
|--|--|-----------|------------|
| | 1 Serving Equals | 7-10 yrs. | 11-18 yrs. |
| MILK: | | | |
| 1 cup (8 oz.) milk, or Calcium equivalent: | 3 | 4 | 2 |
| 1 1/2 oz. Cheddar cheese* 1 cup pudding 1 3/4 cups ice cream 2 cups cottage cheese* | (8 gm. protein/serving) (290 mg. calcium/serving) | | |
| MEAT: | | | |
| 2 ounces cooked, lean meat, fish, poultry | 2 | 2-3 | 2-3 |

| Food Groups | Recommended Number of Servings By Age Groups | | |
|---|---|------------|-------|
| | 7-10 yrs. | 11-18 yrs. | Adult |
| 1 Serving Equals | | | |
| Or Protein equivalent: 2 eggs 2 oz. Cheddar cheese* 1/2 cup cottage cheese* 1 cup dried beans or peas 4 tbsps. peanut butter | (approx. 14 gm. protein/2 oz. serving) | | |
| FRUIT-VEGETABLE: | | | |
| 1/2 cup cooked or juice 1 cup raw Common portion as medium size apple, banana, etc. (1 serving daily should be high in vitamin C) | 4 | 4 | 4 |
| GRAINS: | | | |
| Whole grain, enriched or fortified: 1 slice bread 1 cup read-to-eat cereal 1/2 cup cooked cereal, rice, pasta | 4 | 4 | 4 |

*Count cheese as a serving of milk or meat, but not both at the same time. (7-1-80)

b. Daily Allowances for Children Under Seven (7) Years of Age - TABLE. Smaller servings of the foods in the four (4) food groups should be served to children under seven (7) years of age. For additional information, refer to the "Idaho Diet Manual," available from the Department of Health and Welfare, Division of Health. Typical servings are specified below:

| Food Groups | Recommended Number of Servings by Age Group | |
|-----------------|--|--------------------|
| | 1-3 | 4-6 |
| Milk | 1/2 - 3/4 cup | 3/4 - 1 cup |
| Meat | 1 - 2 Tbsp. | 2 - 4 Tbsp. |
| Fruit-Vegetable | 2 - 4 Tbsp.each | 1/4 - 1/2 cup |
| Grains | 1/2 - 1 slice bread | 1 slice bread |
| | 3/4 - 1 cup cereal | 3/4 - 1 cup cereal |

(7-1-80)

c. Approximate Calories in Four (4) Food Groups - TABLE. The figure presented in the following table will vary with the kind of milk used and the selection of fruits and vegetables:

| Other Foods | 7-10 yrs. | 11-18 yrs. | Adult |
|---|-----------|------------|-------|
| To round out the meal, satisfy appetites and to provide sufficient calories. | 1300 | 1500 | 1200 |

(7-1-80)

d. 1980 Recommended Dietary Allowances (Average Figures) - TABLE. If a variety of foods are selected from the four (4) food groups, the requirements for other minerals and vitamins will be met. Specific amounts required can be found in the complete Recommended Dietary Allowances (See "Idaho Diet Manual" referred to in Subsection 250.05.b.).

| By Age and Sex | CALORIES | PROTEIN (gm.) | CALCIUM (mg.) |
|------------------|----------|------------------|------------------|
| Children: | | | |
| 1-3 yr. | 1300 | 23 | 800 |
| 4-6 yr. | 1700 | 30 | 800 |
| 7-10 yr | 2400 | 34 | 800 |
| Males: | | | |
| 11-14 yr. | 2700 | 45 | 1200 |
| 15-18 yr. | 2800 | 56 | 1200 |
| 19-50 yr. | 2800 | 56 | 800 |
| 50-75 yr. | 2400 | 56 | 800 |
| 75+ | 2000 | 56 | 800 |
| Females: | | | |
| 11-18 yr. | 2700 | 46 | 1200 |
| 19-50 yr. | 2000 | 44 | 800 |
| 50-75 yr. | 1800 | 44 | 800 |
| 76+ | 1600 | 44 | 800 |

(12-31-91)

06. Modified Or Therapeutic Diets. In providing facility residents with modified or therapeutic diets, as ordered by the attending physician, the facility must observe the following rules: (7-1-80)

a. Diet orders must be kept on file in the facility and modified diets must be reviewed routinely by the attending physician along with other treatment. (7-1-80)

b. All diet orders must be sent to the dietary personnel in written form. Any additional diet information or changes in the order must also be transmitted in writing. (7-1-80)

c. Therapeutic diets must be planned in accordance with the physician's order. To the extent that it is medically possible, it must be planned from the regular menu and must meet the resident's daily need for nutrients. (7-1-80)

d. A written diet plan must be made for each type of diet unless each resident's individual diet is written daily. (7-1-80)

e. A current diet manual approved by the Department and the resident's physician must be available in the kitchen. (The "Idaho Diet Manual" is approved by the Department.) (7-1-80)

07. Menu Planning. The planning of meals at an ICF/MR facility will be governed by the following rules: (7-1-80)

a. Menus must be prepared at least a week in advance. Menus must be corrected to conform with food

actually served. (Items not served must be deleted, and food actually served must be written in.) The corrected copy of the menu and diet plan must be dated and kept on file for thirty (30) days. (7-1-80)

b. Menus must provide a sufficient variety of foods in adequate amounts at each meal. Menus must be different for the same days each week and adjusted for seasonal changes. (7-1-80)

c. Bedtime snacks of nourishing quality must be offered and between-meal snacks, where appropriate, should be offered. (7-1-80)

08. Preparation And Service. Foods must be prepared by methods that will conserve nutritive value, flavor and appearance and must be attractively served at proper temperatures and at certain intervals throughout the day. (7-1-80)

a. A file of tested recipes, adjusted to appropriate yield, must be maintained. (7-1-80)

b. Individual resident diets must be identified with name and diet order. (7-1-80)

c. Foods must be served in a form to meet individual resident's needs: (7-1-80)

i. Food must be cut, ground, or pureed only for those who require it. Pureed or ground food must be the same foods as the menu for that meal; leftovers are not to be used for this purpose; (7-1-80)

ii. Special attention must be given to the food given residents without dentures, with poor dentures, or with poor teeth because of the difficulty these residents have with mastication. (7-1-80)

d. Meal service must be attractive and provisions made to serve hot foods hot and cold foods cold. (7-1-80)

e. Hazardous foods must be kept hot (over one hundred forty (140) degrees Fahrenheit) or cold (under forty-five (45) degrees Fahrenheit) except during actual preparation time. (12-31-91)

f. All milk for drinking purposes must be served from the original container in which it was purchased, or must be served directly from an approved bulk milk dispenser to the resident's glass. (7-1-80)

g. Trays provided for temporarily bedfast residents must rest on firm supports, such as over-bed tables. (7-1-80)

h. At least three (3) meals or their equivalent must be served daily at regular times, with not more than a fourteen (14) hour span between a substantial evening meal and breakfast. (7-1-80)

i. If a resident refuses the food served, appropriate substitutions are to be offered. (7-1-80)

09. Purchasing And Storage. The purchase and storage of food must be as follows: (7-1-80)

a. A current file of food purchase invoices must be kept at least for the preceding thirty (30) day period. (7-1-80)

b. Supplies of staple foods for a minimum of a one (1) week period and of perishable foods for a two (2) day period must be maintained on the premises. (7-1-80)

c. The quality and the safety of food purchased by the facility will be controlled by the following rules: (7-1-80)

i. All processed or canned foods must be obtained from approved commercial sources or from custom canneries or food processing plants. (7-1-80)

ii. All meat and poultry products must have been inspected for wholesomeness under an official

regulatory program. (7-1-80)

iii. Food from damaged cans or thawed and refrozen foods must not be used. (7-1-80)

iv. Only Grade A pasteurized fluid milk and milk products can be used or served. Dry milk and milk products can be reconstituted in the facility if they are used for cooking purposes only. (7-1-80)

d. Storage equipment and areas are to be equipped and maintained as follows: (12-31-91)

i. Each refrigerator and freezer must be equipped with a reliable, easily read thermometer. Refrigerators must be maintained at forty-five (45) degrees Fahrenheit or below. Freezers must be maintained at zero degrees - ten (0-10) degrees Fahrenheit or below. (12-31-91)

ii. Storage areas must be maintained in a clean, orderly manner. No food can be stored on the floor. (7-1-80)

iii. Only food and food service items can be stored in the food storage areas. (7-1-80)

10. Sanitation. The acquisition, preparation, storage and serving of all food and drink in a facility must comply with Idaho Department of Health and Welfare Rules, IDAPA 16.02.19, "Rules Governing Food Sanitation Standards for Food Establishments (UNICODE)," and must include the following provisions: (12-31-91)

a. Adequate facilities, equipment, and utensils must be provided for the preparation, storage, and serving of food and drink to the residents and personnel. (7-1-80)

b. Written reports of food service inspections by authorized representatives of district health departments of the Department of Health and Welfare must be maintained on file at the facility. (7-1-80)

c. Ice must be manufactured from potable water in a sanitary manner, and must be handled, stored and transported in such a manner as to prevent its contamination. (7-1-80)

251. -- 269. (RESERVED).

270. MEDICAL AND SPECIAL PROGRAMS.

The ICF/MR facility will meet the individual resident's needs by providing the following programs: (7-1-80)

01. General Program Requirements. In planning and implementing the medical and special programs offered at the facility, the following general requirements must be observed: (7-1-80)

a. As a basis for individual program planning and program implementation, assessments must be provided at entry and at least annually thereafter by an interdisciplinary team composed of members drawn from or representing such professions, disciplines or services areas as are relevant to each particular case. (7-1-80)

b. The QMRP is responsible for supervising the implementation of each resident's individual plan of care, integrating the various aspects of the program, recording each resident's progress and initiating periodic review of each individual plan for necessary modifications or adjustments. This function may be provided by a QMRP outside the facility, by agreement. (7-1-80)

c. In addition to the participation of the IDT, the individual resident treatment plan will be developed with the participation of: (7-1-80)

i. The resident, unless inability or unwillingness is documented; and (7-1-80)

ii. The resident's parent, legal guardian, or resident representative, unless indications are that it is inappropriate or unobtainable. (7-1-80)

d. The individual treatment plan must state specific objectives to reach identified goals. The

objectives must be: (7-1-80)

i. Based on complete and relevant diagnostic and prognostic data; and (7-1-80)

ii. Stated in specific measurable behavioral terms that permit the progress of the individual to be assessed; and (7-1-80)

iii. Time limited, giving dates when the objective is to be achieved. (7-1-80)

e. Treatment programs and services provided by the facility or for residents by other agencies or persons outside must meet the standards for kind and quality of service as required by these standards, and all contracts must stipulate that these standards will be met. (7-1-80)

f. Documentation of services rendered to the resident must be maintained in the resident's medical record at the facility. (7-1-80)

02. Health Services. The facility must provide a mechanism which assures that each resident's health problems are brought to the attention of a licensed nurse or physician and that evaluation and follow-up occurs relative to these problems. In addition, services which assure that prescribed and planned health services, medications and diets are made available to each resident as ordered must be provided as follows: (7-1-80)

a. Medical services must be provided as prescribed, both: (7-1-80)

i. Directly, through personal contact between physicians and residents; and (7-1-80)

ii. Indirectly, through contact between physicians and other persons working with the residents. (7-1-80)

b. Physicians must participate, when appropriate: (7-1-80)

i. In the continuing interdisciplinary evaluation of individual residents for the purposes of initiation, monitoring, and follow-up of individualized habilitation programs; and (7-1-80)

ii. In the development of a detailed, written statement for each resident of: (7-1-80)

(1) Case management goals, encompassing the areas of physical and mental health, education, and functional and social competence; and (7-1-80)

(2) A management plan detailing the various habilitation modalities that are to be applied to achieve the specified goals, with clear designation of responsibility for implementation. (7-1-80)

c. The facility must have written policies and procedures which assure that: (7-1-80)

i. Each resident's health care needs are under continuous supervision of a physician; and (7-1-80)

ii. Each resident will be seen by a physician as needed; and (7-1-80)

iii. All medications, health care services, diets, and health care plans will be ordered in the resident's record and signed by the individual's attending physician. (7-1-80)

d. Preventive health services to residents must include annual physical examination which must include: (7-1-80)

i. Examination of vision and hearing; and (7-1-80)

ii. Routine screening laboratory examinations, as determined necessary by the physician, and special studies when the index of suspicion is high. (7-1-80)

e. There must be a formal arrangement for medical care for the facility, including care for medical emergencies on a twenty-four (24) hour, seven (7) days-a-week basis. (7-1-80)

f. Resident Medication Systems. To the extent appropriate, the training of a resident in the proper utilization of required medications will be considered to be an integral part of any ICF/MR training program. In order to allow program flexibility in meeting residents' needs and still maintain resident safety, the medication system used by the facility will be developed in conjunction with and approval of the Department. Any system developed shall take into account the following factors: (7-1-80)

i. All medications in the facility must be kept in a locked area(s) except during those times when the resident is receiving the medication. (7-1-80)

ii. The facility must have policies and procedures controlling the administration of residents' medications. Such policies and procedures must be strictly followed by facility personnel. (7-1-80)

(1) If the resident is not capable of self-administration of medications under staff supervision, this fact must be documented in the resident's assessment. Such residents cannot be accepted by facilities unless a licensed nurse is on duty to administer and record such medications. (7-1-80)

(2) If the resident is capable of self-administration under staff supervision, this fact must be documented in the resident's assessment. A responsible, trained staff member must observe and record the resident's act of self-administration. (7-1-80)

iii. No resident can receive any medication unless his record contains a current and signed physician's order for such medication. (7-1-80)

iv. The resident's medication system must be evaluated and monitored on a regular basis by a registered nurse and/or a licensed pharmacist. Such evaluations must be done at least every thirty (30) days and records of the evaluation, as well as action taken to correct noted problems, must be kept on file by the facility administrator. (7-1-80)

v. Any medication error must be reported immediately to the resident's attending physician and documented in the resident's record. (7-1-80)

03. Nursing Services. Residents must be provided with nursing services in accordance with their needs. There must be a responsible staff member on duty at all times who is immediately accessible, to whom residents can report injuries, symptoms of illness, and emergencies. The nurse's duties and services include: (7-1-80)

a. Providing for the administration of any resident's medication where a need for professional judgment of adjusted schedule or response is anticipated and/or encountered; (7-1-80)

b. Providing a route of contact with a resident's responsible physician to licensed personnel in the event of an unanticipated health related condition and to coordinate follow-up of care. (7-1-80)

c. Participation in the following: (7-1-80)

i. The preadmission evaluation study and plan; and (7-1-80)

ii. The evaluation study, program design, and placement of the resident at the time of admission to the facility; and (7-1-80)

iii. The periodic reevaluation of the type, extent, and quality of services and programming; and (7-1-80)

iv. The development of discharge plans; and (7-1-80)

v. Training in habits in personal hygiene, family life, sex education (including family planning and venereal disease counseling); and (7-1-80)

vi. Control of communicable diseases and infections through identification, assessment, reporting to medical authorities and implementation of appropriate protective and preventative measures. (7-1-80)

04. Dental Services. Dental services must be provided to all residents according to need and will provide the following: (7-1-80)

a. There must be comprehensive diagnostic services for all residents which include: (7-1-80)

i. A complete extraoral and intraoral examination must be performed, utilizing all diagnostic aids necessary to properly evaluate the resident's oral condition. (7-1-80)

ii. This examination must be performed within a period of one (1) month following admission, unless such an evaluation was done within six (6) months of admission and the results are received and reviewed by the facility and entered in the resident's record. (7-1-80)

b. There must be comprehensive treatment services for all residents which include: (7-1-80)

i. Provision for dental treatment; and (7-1-80)

ii. Provision for emergency treatment on a twenty-four (24) hour seven (7) days-a-week basis by a qualified dentist; and (7-1-80)

iii. A recall system that will assure that each resident is reexamined at specified intervals in accordance with his needs, at least once a year. (7-1-80)

c. There must be education and training of the residents in the maintenance of oral health which must include: (7-1-80)

i. A dental hygiene program that includes: (7-1-80)

(1) The imparting of information regarding nutrition and diet control measures to residents and staff; and (7-1-80)

(2) The instruction of residents and staff in living units in proper oral hygiene methods. (7-1-80)

ii. Instruction of parents or surrogates in the maintenance of proper oral hygiene, where appropriate (as in the case of residents leaving the facility). (7-1-80)

d. A permanent dental record must be maintained for each resident which must include: (7-1-80)

i. A summary dental progress report, which must be entered in the resident's record at stated intervals. (7-1-80)

ii. A copy of the permanent dental record, which must be provided to the receiving facility to which any resident is transferred. (7-1-80)

e. All dentists and dental hygienists providing services to the facility must be fully licensed to practice in Idaho. (7-1-80)

05. Psychological Services. Psychological services must be provided to any resident in need of such treatment. (7-1-80)

a. Psychological services must be provided as prescribed; both (7-1-80)

- i. Directly, through personal contact between psychologists and residents; and (7-1-80)
- ii. Indirectly, through contact between psychologists and other persons involved with the residents. (7-1-80)
- b.** The reporting and dissemination of psychological evaluation results will be done in such a manner (7-1-80)
as to:
 - i. Provide information useful to staff working directly with the resident; and (7-1-80)
 - ii. Maintain accepted standards of confidentiality. (7-1-80)
- c.** Psychologists will participate, when appropriate, in the development of written, detailed, specific (7-1-80)
and individualized habilitation program plans that:
 - i. Provide for periodic review, follow-up, and updating; and (7-1-80)
 - ii. Are designed to maximize each resident's development and acquisition of: (7-1-80)
 - (1) Perceptual skills; and (7-1-80)
 - (2) Sensorimotor skills; and (7-1-80)
 - (3) Self-help skills; and (7-1-80)
 - (4) Communication skills; and (7-1-80)
 - (5) Social skills; and (7-1-80)
 - (6) Self direction; and (7-1-80)
 - (7) Emotional stability; and (7-1-80)
 - (8) Effective use of time (including leisure time). (7-1-80)
- 06. Speech Pathology And Audiology Services.** Speech pathology and audiology services must be (7-1-80)
provided to any resident according to his needs.
 - a.** Speech pathology and audiology services must be provided as prescribed through; both (7-1-80)
 - i. Direct contact between speech pathologists, audiologists and residents; and (7-1-80)
 - ii. Working with other personnel, such as teachers and direct-care staff, in implementing (7-1-80)
communication improvement programs.
 - b.** Speech pathology and audiology services available to residents of a facility must include: (7-1-80)
 - i. Screening, evaluation and assessment which must include the following: (7-1-80)
 - (1) Evaluation and screening of residents' speech and hearing functions; (7-1-80)
 - (2) Comprehensive audiological assessment of residents, as indicated by screening results. This must (7-1-80)
include tests of puretone air and bone conduction, speech audiometry, and other procedures, as necessary, and an
assessment of the use of visual cues;
 - (3) Assessment of the use of amplification; (7-1-80)

(4) Provision for procurement, maintenance, and replacement of hearing aids, as specified by a qualified audiologist; (7-1-80)

(5) Comprehensive speech and language evaluation, as indicated by screening results, including appraisal of articulation, voice, rhythm, and language; (7-1-80)

ii. Treatment services, as prescribed, that are interpreted as an extension of the evaluation process. These services must include: (7-1-80)

(1) Direct counseling of residents; and (7-1-80)

(2) Consultation with appropriate staff for speech improvement and speech education activities; and (7-1-80)

(3) Collaboration with appropriate staff to develop specialized programs for developing the communication skills of individuals in comprehension (for example, speech, reading, auditory training, and hearing aid utilization) as well as expression (for example, improvement in articulation, voice, rhythm, and language). (7-1-80)

c. The reporting and recording of evaluation and assessment results must be done accurately, systematically and: (7-1-80)

i. Where appropriate, provide information useful to other staff working directly with the resident; and (7-1-80)

ii. Provide evaluative and summary reports for inclusion to the resident's unit record; and (7-1-80)

iii. When provided, continuing observations of treatment progress must be: (7-1-80)

(1) Recorded accurately, summarized, and communicated to the staff working with the resident. (7-1-80)

(2) Utilized in evaluating progress. (7-1-80)

07. Physical And Occupational Therapy Services. Physical and occupational therapy services must be made available to any resident in need of such treatment. (7-1-80)

a. Physical and occupational therapy services must be provided as prescribed; both (7-1-80)

i. Directly, through personal contact between therapists and residents; and (7-1-80)

ii. Indirectly, through contact between therapists and other persons involved with the residents. (7-1-80)

b. Physical and occupational therapy services must provide treatment/training programs that are designed to: (7-1-80)

i. Preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination, and activities of daily living; and (7-1-80)

ii. Prevent, insofar as possible irreducible or progressive disabilities through means such as the use of orthotic and prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations, and sensory stimulation. (7-1-80)

c. The therapist will function closely with the resident's primary physician and with other medical specialists, will regularly record the treatment/training process and will periodically evaluate the resident's progress.

The therapist will use this information as the basis for continuation or change of the resident's program. (7-1-80)

d. Evaluation results, treatment objectives, plans, and procedures and continuing observations of treatment progress must be: (7-1-80)

and **i.** Recorded accurately, summarized and communicated to staff working directly with the resident; (7-1-80)

ii. Used in evaluating progress; and (7-1-80)

iii. Included in the resident's record. (7-1-80)

08. Training And Habilitation Services. Training and habilitation services are defined as the facilitation of the intellectual, sensorimotor and affective development of the individual. These services must be available to all residents, according to need. (7-1-80)

a. Individual evaluations of residents for the purpose of training and habilitation must: (7-1-80)

available; and **i.** Be based upon the use of empirically reliable and valid instruments, whenever such tools are (7-1-80)

ii. Provide the basis for prescribing and appropriate program of training experiences for the resident. (7-1-80)

b. There must be written training and habilitation objectives for each resident that are: (7-1-80)

i. Based upon complete and relevant diagnostic and prognostic data; (7-1-80)

ii. Stated in specific behavioral terms that permit the progress of the resident to be assessed. (7-1-80)

c. There must be a functional training and habilitation record for each resident maintained by and available to all training and habilitation staff which shows evidence of training and habilitation service activities designed to meet the objectives set for every resident. (7-1-80)

d. Appropriate training and habilitation programs must be provided residents with hearing, visual, perceptual, or motor impairments, in cooperation with appropriate staff or service providers. (7-1-80)

e. There must be sufficient appropriately qualified training and habilitation personnel and necessary supporting staff available to carry out the residents' training and habilitation program. (7-1-80)

f. A qualified mental retardation professional will be responsible for: (7-1-80)

i. Supervision of delivery of training and habilitation services integrating various aspects of the facility's program; and (7-1-80)

ii. Recording each resident's progress; and (7-1-80)

iii. Initiating periodic review of each individual plan of care for necessary modifications or adjustments. (7-1-80)

09. Social Services. Social services, as part of an interdisciplinary spectrum of services, must be provided for all residents, according to need. (7-1-80)

toward: **a.** Social services will be provided to the residents through the use of social work methods directed (7-1-80)

i. Maximizing the social functioning of each resident; and (7-1-80)

- ii. Enhancing the coping capacity of his family; and (7-1-80)
- iii. Asserting and safeguarding the human and civil rights of the retarded and their families and fostering the human dignity and the personal worth of each resident. (7-1-80)

b. During the evaluation process, which may or may not lead to admission, the resident and his family will be helped by social workers to consider alternative services, based on the retarded person's status and salient family and community factors, and to make a responsible choice as to whether and when residential placement is indicated. (7-1-80)

c. During the retarded person's admission to, and residence in, the facility, or while he is receiving services from the facility, social workers will as appropriate, provide liaison between him, the facility, staff, the family, and the community to: (7-1-80)

- i. Enable the staff to: (7-1-80)
 - (1) Individualize and understand the needs of the resident and his family in relation to each other; and (7-1-80)
 - (2) Understand social factors in the resident's day-to-day behavior, including staff-resident relationships; and (7-1-80)
 - (3) Prepare the resident for changes in his living situation. (7-1-80)

- ii. To help the family to: (7-1-80)
 - (1) Develop constructive and personally meaningful ways to support the resident's experience in the facility through counseling concerned with problems associated with changes in family structure and functioning; (7-1-80)
 - (2) Help the family to participate in planning for the resident's return to home or other community placement. (7-1-80)

10. Recreational Services. Recreational services must be provided for all residents, according to need. (7-1-80)

a. Recreational services must be coordinated with other services and programs provided the residents, in order to make fullest possible use of resources and to maximize benefits to the residents. (7-1-80)

b. Personnel conducting the recreation program must have either: (7-1-80)

- i. A bachelor's degree in recreation, or in a specialty area, such as art, music or physical education; or (7-1-80)
- ii. An associate degree in recreation and one (1) year of experience in recreation; or (7-1-80)
- iii. A high school diploma, or an equivalency certificate and two (2) years of experience in recreation; or (7-1-80)
- or
- iv. A high school diploma or an equivalency certificate and one (1) year of experience in recreation plus completion of comprehensive inservice training in recreation; or (7-1-80)

v. Demonstrated proficiency and experience in conducting activities in one or more program areas. (7-1-80)

c. Recreational records concerning residents must include: (7-1-80)

- i. Periodic surveys of their recreation interests; and (7-1-80)
- ii. Documentation of the extent and level of each resident's participation in the activities program. (7-1-80)

271. -- 299. (RESERVED).

300. LICENSURE.

Before any person can operate a facility under these rules, he must make an application for and receive a license for the operation of the facility. No resident can be admitted or cared for in a facility for which licensure is required by law until a license is obtained. General requirements for the licensure of an ICF/MR facility are as follows: (7-1-80)

01. Licensees Bound By Department Rules. Licensees must conform to all applicable rules of the Department. (7-1-80)

02. Inspection Privileges. An ICF/MR facility or buildings associated with its operation, as well as all records required under this chapter, must be accessible at all reasonable times to the Department for the purpose of inspection, with or without prior notification, pursuant to Sections 39-108(1) and 39-108(2), Idaho Code. The Department can utilize the services of any legally-qualified person or organization, either public or private, to examine and inspect any facility requesting licensure. (12-31-91)

03. Size Limitations. The maximum size of ICF/MR facilities must be no more than fifteen (15) beds except as specified below. Facilities serving eight (8) or fewer mentally handicapped persons are not required to secure conditional use permits, zoning variances, or zoning clearance, pursuant to Sections 67-6530 through 67-6532, Idaho Code. Facilities licensed on the initial effective date of these rules have a maximum of two (2) years from that effective date to comply with this provision. Facilities licensed as ICF/MR's six (6) months or more prior to July 1, 1980 will be exempted from the requirements of Subsection 300.03 so long as they continue under current ownership. Upon transfer of the facility, this subsection will apply. (12-31-91)

04. Restrictions Regarding Name Of Applicant Facility. Every facility must use a distinctive name in applying for a license, and the name cannot be changed without first notifying the Department in writing at least thirty (30) days prior to the date that the proposed change in name is to be effective. (7-1-80)

05. Compliance With Water And Sanitation Rules. A statement from a licensed environmental health specialist indicating that the water supply and sewage disposal systems meet the requirements of the Department must be kept on file. (7-1-80)

06. Approval Of Facility Plans. Before any building is constructed or altered for use as a facility, written approval of construction or alteration plans must be obtained from the Department. (7-1-80)

301. -- 309. (RESERVED).

310. APPLICATION FOR INITIAL LICENSE.

Application for an initial license to operate an ICF/MR facility will be governed by the following rules: (7-1-80)

01. Form Of Application. All persons planning the operation of a facility must apply to the Department for an initial license on a form provided by the Department. This application must be submitted to the Department at least ninety (90) days prior to the planned opening date. (7-1-80)

02. Additional Documents Required. In addition to the application form, the following must be submitted prior to occupancy: (7-1-80)

- a. A certificate of occupancy from the local building and fire authority. (7-1-80)
- b. Evidence of staffing patterns, qualifications of employees, and organizational design. (7-1-80)

c. If the facility is owned by a corporation, the names and addresses of all officers and stockholders having more than five percent (5%) ownership. (7-1-80)

03. Status Of Existing License Pending Renewal. When an application for renewal of a license has been made in the proper manner and form, the existing license will, unless revoked, remain in force and effect until the Department has acted on the application for renewal. (7-1-80)

04. Change Of Ownership. Before a new owner can operate a facility, he must submit a new application for a license and must receive the license from the Department. (7-1-80)

05. Total Number Of Licensed And Medicaid Certified ICF/MR Beds. The total number of licensed and Medicaid Certified ICF/MR beds shall not exceed four hundred eighty-six (486) at any given time. To accommodate the needs of ICF/MR eligible consumers, twelve (12) of the total beds within this limitation shall be reserved for time-limited emergency use as specified in Subsection 320.02 of this chapter. (7-1-00)T

311. -- 319. (RESERVED).

320. ISSUANCE OF LICENSE.

The issuance of licenses for ICF/MR facilities will be governed by the following requirements: (7-1-80)

01. License Issued Only To Named Applicants. Each license will be issued only for the premises and persons or governmental units named in the application, pursuant to Section 39-1305, Idaho Code. (7-1-80)

02. License Must Specify Maximum Allowable Beds. Each license must specify the maximum allowable number of beds in each facility, which number cannot be exceeded, except on a time-limited emergency basis, with the authorization of the Department. (7-1-80)

03. License Valid And Renewable For Twelve Month Periods. A license will be valid for a period of twelve (12) months from the date of issuance by the Department, and unless sooner suspended or revoked, will be renewable annually without charge. (7-1-80)

04. Provisional License. A provisional license will be valid for a period not to exceed six (6) months from the date of issuance by the Department. Provisional licenses can be issued: (7-1-80)

a. To implement administrative changes; or (7-1-80)

b. For four (4) additional six (6) month periods if major structural changes to the facility are required for licensure, provided written plans are furnished showing approximate dates when areas of nonconformance will be corrected. (7-1-80)

321. -- 329. (RESERVED).

330. DISPLAY OF LICENSE.

The facility license must be framed and posted in a conspicuous place on the licensed premises so as to be visible to the general public, pursuant to Section 39-1305, Idaho Code. (7-1-80)

331. -- 349. (RESERVED).

350. DENIAL OR REVOCATION OF LICENSE.

Pursuant to Section 39-1306, Idaho Code, following notice to the licensee by registered mail or personal service and following an opportunity for hearing (see Idaho Department of Health and Welfare Rules Sections 05.03.300 et seq., and Section 05.03.302, "Rules Governing Contested Case Proceedings and Declaratory Rulings," the Department can deny an application for a license or revoke a license under the following circumstances: (12-31-91)

01. Major Deficiency. An application for a license can be denied or an existing license can be revoked if there exists a major deficiency in the facility's compliance with the provisions of the Idaho Code or of these rules, including but not limited to: (7-1-80)

- a. Any deficiency that would endanger the health or safety or welfare of any resident. (7-1-80)
- b. Any repeated violations of any requirements of these rules or of the Idaho Code. (7-1-80)
- c. The accumulation of minor violations that, taken as a whole, would endanger the health, safety, or welfare of any resident. (7-1-80)

02. Prior Record Related To Licensure. An application for a license can be denied or an existing license can be revoked if the owner or administrator: (7-1-80)

- a. Has been denied or has had revoked any health or personal care license; or (7-1-80)
- b. Has been convicted of operating any health or personal care facility without a license; or (7-1-80)
- c. Has been enjoined from operating such facility in an action related to improper operation of a facility. (7-1-80)

03. Personnel Inadequacies. An application for a license can be denied or an existing license can be revoked if the owner or administrator lacks personnel sufficient in number or qualification by virtue of training, experience, or temperament to properly care for the proposed or actual number and type of residents. (7-1-80)

04. Inadequate Or False Disclosure. An application for a license can be denied or an existing license can be revoked if the owner or administrator has misrepresented or failed to fully disclose any facts or any items in any application or any other document requested by the Department. (7-1-80)

05. Prior Criminal Record. An application for a license can be denied or an existing license can be revoked if the owner or administrator has been convicted of any crime or infraction associated with the operation of a licensed health or personal care facility. (7-1-80)

06. Actions Posing Threat To Residents. An application for a license can be denied or an existing license can be revoked if the welfare of residents is substantially adversely affected in the operation of the facility. (7-1-80)

351. -- 359. (RESERVED).

360. SUMMARY SUSPENSION OF LICENSE.

In the event of any emergency endangering the life or safety of a resident, the Director can summarily suspend any facility license. As soon thereafter as is practical, the Director must provide an opportunity for a hearing, as specified in Idaho Department of Health and Welfare Rules, IDAPA 16.05.03, Section 300, et seq., and Section 302, "Rules Governing Contested Case Proceedings and Declaratory Rulings". (12-31-91)

361. -- 369. (RESERVED).

370. RETURN OF SUSPENDED, REVOKED, OR EXPIRED LICENSE.

Each facility license is the property of the state of Idaho and must be returned to the Department immediately upon its suspension or revocation or upon its expiration. (7-1-80)

371. -- 699. (RESERVED).

700. VARIANCES.

Pursuant to Section 39-1306, Idaho Code, variances to these rules, either temporary or permanent, can be issued by the Department as necessary provided that granting the waiver does not endanger the health or safety of any resident. Granting a waiver must not be considered as a precedent or be given any force or effect in any other proceeding. (12-31-91)

701. -- 995. (RESERVED).

996. ADMINISTRATIVE PROVISIONS.

Contested case appeals shall be governed by Idaho Department of Health and Welfare Rules, IDAPA 16.05.03, Sections 000, et seq., "Rules Governing Contested Case Proceedings and Declaratory Rulings". (12-31-91)

997. CONFIDENTIALITY.

Information received by the Department from field reports and inspections is subject to the provisions of Section 39-1310, Idaho Code, and Idaho Department of Health and Welfare Rules, IDAPA 16.03.05, Subsections 011.01. through 011.02, "Use and Disclosure of Department Records". (12-31-91)

998. INCLUSIVE GENDER.

For the purposes of these rules, words used in the masculine gender include the feminine, or vice versa, where appropriate. (7-1-80)

999. SEVERABILITY.

Idaho Department of Health and Welfare Rules, IDAPA 16.03.11, 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. (7-1-80)

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