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**IDAPA 16  
TITLE 03  
CHAPTER 15**

**16.03.15 - RULES AND MINIMUM STANDARDS FOR SEMI-INDEPENDENT GROUP RESIDENTIAL FACILITIES FOR THE DEVELOPMENTALLY DISABLED OR MENTALLY ILL**

**000. LEGAL AUTHORITY.**

The Idaho Legislature has given to the Board of Health and Welfare, under Sections 39-4605 and 66-317, Idaho Code, the authority to adopt rules for semi-independent group residential facilities in the state of Idaho. (3-26-08)

**001. TITLE AND SCOPE.**

These rules contain the standards for semi-independent group residential facilities for the developmentally disabled or mentally ill. These rules are to be known as Idaho Department of Health and Welfare Rules, IDAPA 16.03.15, "Rules and Minimum Standards for Semi-Independent Group Residential Facilities for the Developmentally Disabled or Mentally Ill." (3-15-85)

**002. POLICY.**

It is the policy of the Department of Health and Welfare to facilitate a continuum of community residential care for the developmentally disabled or mentally ill resident. Semi-independent group residential facilities provide services to persons who in the aggregate are able to care for themselves and who possess sufficient community living skills to adequately function in a homelike, noninstitutional setting providing maximum opportunity to learn the skills necessary for more independent living. The major focus of the facility is to create an environment that encourages self-management and self-support abilities and at the same time develop a sense of mutual responsibility among residents for their own and their peers' welfare. The goals for developing semi-independent group residential facilities are to allow individuals to remain within the community in a family-style setting and to avoid unnecessarily entering a higher level of care. (3-15-85)

**003. DEFINITIONS.**

**01. Activities.** All organized and directed social, habilitative and rehabilitative services a facility or resident provides or arranges. (3-15-85)

**02. Administrator.** The person or organization responsible for the operation of a facility. The Administrator and the legal owner may be the same. (3-15-85)

**03. Applicant.** The person or organization who applies for approval under these rules. (3-15-85)

**04. Approval Authority.** The Regional Services Manager of the Idaho Department of Health and Welfare. (3-15-85)

**05. Board.** Idaho State Board of Health and Welfare. (12-31-91)

**06. Continuous Protective Oversight.** Facility provision for the continuous awareness of a resident's whereabouts, intervention if a crisis arises for a resident and twenty-four (24) hour responsibility for the welfare of the resident. This requires at least one (1) staff person on the premises of the facility at all times. (3-15-85)

**07. Department.** The Idaho Department of Health and Welfare. (12-31-91)

**08. Developmental Disability.** A disability which: (3-15-85)

**a.** Is attributable to an impairment, such as mental retardation, cerebral palsy, epilepsy, autism, or other conditions found to be closely related to or similar to one (1) of these impairments that requires similar treatment or services or is attributable to dyslexia resulting from such impairments; and (3-15-85)

**b.** Has continued or can be expected to continue indefinitely; and (3-15-85)

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who has specialized training in mental retardation, one (1) year of experience in treating mental retardation, and is currently employed in a developmental disabilities rehabilitation setting; or (3-15-85)

**g.** A speech pathologist or audiologist who 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 meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification; and has specialized training in mental retardation, one (1) year of experience in treating mental retardation, and is currently employed in a developmental disabilities rehabilitation setting; or (3-15-85)

**h.** A counselor who is licensed under Idaho Code and has specialized training in developmental disabilities or one (1) year of experience in treating the mentally retarded; or (3-15-85)

**i.** A therapeutic recreation specialist who is a graduate of an accredited program and has specialized training in mental retardation, has one (1) year of experience in working with the mentally retarded, where applicable is licensed or registered in Idaho, and is currently employed in a developmental disabilities rehabilitation setting. (3-15-85)

**13. Mentally Ill.** An individual who: (3-15-85)

**a.** Has a significant disorder of thought, mood, perception, orientation or memory, which impairs judgment, behavior, capacity to recognize and adapt to reality; and (3-15-85)

**b.** Has demonstrated, over a period of time, marginal social adjustment which hinders him from living independently in the community; and/or (3-15-85)

**c.** Has difficulties in social or personal adjustment associated with psychiatric disability, as demonstrated in reduced, lost or underdeveloped capacities relative to personal relationships, living arrangements, work, recreation, personal care, community living skills, or other primary aspects of daily living. (3-15-85)

**14. National Fire Protection Association.** The NFPA, from whom copies of applicable fire safety standards referenced herein are available at cost. Requests should be addressed to: NFPA, Publication Sales Department, Batterymarch Park, Quincy, Massachusetts 02269. (3-15-85)

**15. Notice of Approval.** A letter issued by the Approval Authority in accordance with this chapter after a determination that the program and facility are in substantial compliance. (3-15-85)

**16. Owner.** Any person having legal ownership of the semi-independent group residential facility. (3-15-85)

**17. Persons.** Any recognized legal entity, governmental unit, association or other individual and/or legal successor thereof. (3-15-85)

**18. Resident.** A developmentally disabled or mentally ill adult, eighteen (18) years or older, who possesses sufficient self-help and independent living skills to adequately function in a semi-independent group residential facility providing maximum opportunity to learn the skills necessary for more independent living. Individuals may have specific functional deficiencies not allowing them to live in more independent settings, provided they have sufficient self-care to live semi-independently and do not require direct supervision. (3-15-85)

**19. Self-Preservation.** The ability to vacate the facility promptly following emergency alarms or the onset of fire or other emergency. (3-15-85)

**20. Semi-Independent Group Residential Facility.** A facility in which three (3) or more, but no more than eight (8), residents are living. (3-15-85)

**21. Supportive Services.** Personal assistance and guidance designed and provided by the facility to allow and assist the resident to live semi-independently in the community. (3-15-85)

**22. Substantial Compliance.** The absence of one (1) or more deficiencies which endanger the health, safety or welfare of the residents. (3-15-85)

**23. Waiver.** To refrain from enforcing a rule. (3-15-85)

**004. WRITTEN INTERPRETATIONS.**

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency may have written statements that pertain to the interpretations of the rules of this chapter. These documents are available for public inspection as described in Sections 007 and 008 of these rules. (3-26-08)

**005. ADMINISTRATIVE APPEALS.**

Administrative appeals are governed by provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (3-26-08)

**006. INCORPORATION BY REFERENCE.**

No documents are incorporated by reference in this chapter of rule. (3-26-08)

**007. OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE -- WEBSITE.**

**01. Office Hours.** Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (3-26-08)

**02. Mailing Address.** The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (3-26-08)

**03. Street Address.** The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (3-26-08)

**04. Telephone.** The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (3-26-08)

**05. Internet Website.** The Department's internet website is found at <http://www.healthandwelfare.idaho.gov>. (3-26-08)

**06. Division of Medicaid.** The Department's Division of Medicaid is located at 3232 Elder Street, Boise, Idaho 83705; Phone: (208) 334-5747. (3-26-08)

**07. Licensing and Survey Agency.** The Department's Licensing and Survey Agency, 3232 Elder Street, Boise, Idaho 83705; Phone: 208 334-6626. (3-26-08)

**08. Licensing and Survey Agency Website.** <http://www.facilitystandards.idaho.gov>. (3-26-08)

**008. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS.**

**01. Confidential Records.** Any information about an individual covered by these rules and contained in the Department's records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." (3-26-08)

**02. Public Records.** The Department will comply with Sections 9-337 through 9-350, Idaho Code, when requests for the examination and copying of public records are made. Unless otherwise exempted, all public records in the custody of the Department are subject to disclosure. (3-26-08)

**03. Disclosure of Resident Identity.** Information received by the Department through filed reports, inspections, or as otherwise authorized under the law, will not be disclosed publicly in such a manner as to identify individual residents except as necessary in a proceeding involving a question of licensure. (3-26-08)

**04. Public Availability of Deficiencies.** The survey documents relating to a facility will be available to the public upon written request to the Department and posted on the Licensing and Survey Agency Web site. (3-26-08)

**009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.**

**01. Compliance with Department's Criminal History and Background Check.** A semi-independent group residential facility for the developmentally disabled or mentally ill must comply with IDAPA 16.05.06, "Criminal History and Background Checks." (3-26-08)

**02. Direct Patient Access Individuals.** These rules apply to employees and contractors hired or contracted with after October 1, 2007, who have direct patient access. (3-26-08)

**03. Availability to Work.** Any direct patient access individual hired or contracted with on or after October 1, 2007, must complete an application before having access to patients. If a disqualifying crime as described in IDAPA 16.05.06, "Criminal History and Background Checks," is disclosed, the individual cannot have access to any patient without a clearance by the Department. Once the notarized application is completed the individual can only work under supervision until the individual has been fingerprinted. The individual must have his fingerprints submitted to the Department within twenty-one (21) days of completion of the notarized application. (3-26-08)

**010. -- 099. (RESERVED).**

**100. APPROVAL.**

**01. Request for Approval.** A person seeking approval shall make a written request to the Regional Services Manager in the Region where the facility is located. (3-15-85)

**02. Initial Inspection of Facility.** Upon receiving a request, the Regional Services Manager shall contact the Administrator to schedule an inspection of the facility. An inspection shall be conducted by a regional Department employee with program knowledge of the type of residents to be served and the proposed program offered by the facility. The Administrator shall arrange for a fire safety inspection to be completed prior to the initial inspection and make the results available for review by the regional department employee. Upon completion of the inspection, a written report shall be submitted to the Regional Services Manager and to the Administrator. (3-15-85)

**03. Issuance of Notice of Approval.** If the Regional Services Manager determines that the facility complies or substantially complies with these rules, he shall issue a written Notice of Approval to the applicant. A Notice of Approval shall remain in effect for one (1) year and a request for reapproval must be submitted at least sixty (60) days prior to expiration. Issuance of a Notice of Approval shall not affect the need for any other state or local permit, certificate, approval, registration, charter or license. (3-15-85)

**04. Facility Not in Substantial Compliance.** Upon determining that a facility whose approval is in effect is not in substantial compliance with these rules, the Regional Services Manager shall notify the Administrator, all residents of the facility, the Regional Mental Health or Developmental Disabilities Program Supervisor, and the Regional Supervisor for Financial Assistance of the noncompliance. (3-15-85)

**101. WAIVERS.**

The Approval Authority may waive these rules, 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. (3-15-85)

**102. -- 199. (RESERVED).**

**200. INSPECTIONS.**

The Department shall make such investigations and inspections as deemed necessary to protect the health or safety of the resident with or without advance notice, but at least annually. (3-15-85)

**201. -- 299. (RESERVED).**

**300. ADMINISTRATION.**

**01. Qualifications of Administrator. (3-15-85)**

- a.** Each facility shall be under the direction of an Administrator. (3-15-85)
- b.** The Administrator shall be at least twenty-one (21) years of age and in such physical and mental health as to not adversely affect either the health of the residents or their ability to function semi-independently. (3-15-85)

**c.** The Administrator must demonstrate knowledge of and competence in methods and procedures employed in the habilitation of the population to be served by the facility. The Administrator must also possess sufficient education and/or experience to develop an individual service plan for each resident and participate in the implementation of those plans. (3-15-85)

**02. Responsibilities of Administrator. (3-15-85)**

- a.** The Administrator shall adopt written policies for guiding the operation of the facility. (3-15-85)
- b.** In case of serious illness, accident or death of a resident, the Administrator shall immediately notify the resident's guardian or family, the resident's physician, the Approval Authority and the developmental disabilities or mental health professional providing services. (3-15-85)

**c.** The Administrator shall provide any data, statistics and reports that the Department may request. (3-15-85)

**d.** The Administrator shall maintain a resident record for each individual to include, but not be limited to, the following: (3-15-85)

- i.** Name, age, Social Security number; and (3-15-85)
- ii.** Emergency names and telephone numbers; and (3-15-85)
- iii.** Date of entry into the facility; and (3-15-85)
- iv.** Service providers providing service to the resident; and (3-15-85)
- v.** Medical profile to include, but not be limited to, the type and frequency of medications taken, special health problems, any limitations of the individual to participate; and (3-15-85)
- vi.** Financial arrangements between resident and facility shall be noted in writing; and (3-15-85)
- vii.** A copy of the preadmission assessment by mental health or mental retardation professional; and (3-15-85)
- viii.** Predischarge staffing. (3-15-85)

**e.** The Administrator shall not disclose or authorize the disclosure of information contained in or derived from such records without the consent of the resident, or if incompetent, the resident's guardian, provided that the Department may review all records to verify compliance with this section. (3-15-85)

**f.** The Administrator shall not mix levels of care within the facility. (3-15-85)

**301. WRITTEN AGREEMENTS WITH REGIONAL OFFICES OF HEALTH AND WELFARE.**

**01. Annual Written Agreement.** Administrators of approved semi-independent group residential

facilities accepting mentally ill or developmentally disabled persons shall negotiate a written agreement annually with the Regional Office of the Department in the Region where the facility is located. The agreement shall be available at the facility for inspection. (3-15-85)

**02. Purposes of Written Agreement.** (3-15-85)

**a.** To ensure mentally ill and developmentally disabled residents receive necessary services to allow them to achieve their highest level of independence; (3-15-85)

**b.** To establish basis for coordination and communication between the facility and the Department's regional programs; (3-15-85)

**c.** To clearly define the regional staff and facility Administrator roles in meeting the needs of and providing care to the mentally ill or developmentally disabled. (3-15-85)

**302. -- 399. (RESERVED).**

**400. STAFF.**

The Administrator shall determine the need for staff as it pertains to the provision of support services. (3-15-85)

**401. -- 499. (RESERVED).**

**500. RESIDENT ADMISSION AND DISCHARGE PROCEDURES.**

**01. Documentation of Diagnosis.** Each individual considered for admission to the semi-independent group residential facility shall provide documentation that he has been determined by a mental retardation or mental health professional to be mentally ill or developmentally disabled and will benefit from residing in such a facility. (3-15-85)

**02. Admission Criteria.** Each individual admitted to the facility shall meet all the following criteria in the facility's environment: (3-15-85)

**a.** An understanding of the requirements of the facility; and (3-15-85)

**b.** The ability to maintain a daily schedule; and (3-15-85)

**c.** Participation in a vocational, prevocational or related activity; (3-15-85)

**d.** Can reasonably be expected, with supportive services, to perform at least the following independent living skills without the necessity of continuous protective oversight by the Administrator or facility staff (Alternate criteria for persons unable to perform the skills because of physical handicap may be utilized.) (3-15-85)

**i.** Personal care skills, including: (3-15-85)

(1) Bathes/showers, shampoos, brushes teeth; (3-15-85)

(2) Combs/brushes hair; (3-15-85)

(3) Dresses self; and (3-15-85)

(4) Wears clothing appropriate for the weather and activity. (3-15-85)

**ii.** Health and safety skills, including: (3-15-85)

(1) Has life-safety skills enabling appropriate action for self-preservation and avoidance of physically threatening circumstances; (3-15-85)

- (2) Communicates basic needs; (3-15-85)
- (3) Recognizes need for health care and takes appropriate action; and (3-15-85)
- (4) Takes own medication, as prescribed. (3-15-85)
- iii. Social skills, including: (3-15-85)
  - (1) By absence of recent overt acts of endangering others, is not expected to act in a way detrimental to the health, safety or welfare of others; (12-31-91)
  - (2) Responds to directions; (3-15-85)
  - (3) Conveys messages; (3-15-85)
  - (4) Produces identification, as needed; (3-15-85)
  - (5) Initiates most of own routine activities; and (3-15-85)
  - (6) Plans and arrives on time for routine activities. (3-15-85)
- iv. Practical living skills, including: (3-15-85)
  - (1) Does simple cooking; (3-15-85)
  - (2) Does simple shopping; (3-15-85)
  - (3) Maintains basic sanitation in facility; (3-15-85)
  - (4) Does own laundering; (3-15-85)
  - (5) Understands need to plan use of time; (3-15-85)
  - (6) Handles personal finances with some support and intervention; and (3-15-85)
  - (7) Travels to and from necessary destinations. (3-15-85)

**03. Change in Resident's Needs.** If the medical, behavioral, physical, or mental condition of a resident deteriorates to a point that the needs of the resident cannot be met by the facility, the Administrator shall immediately refer the client to the appropriate support service system. (3-15-85)

**04. Preadmission Assessment.** A preadmission assessment completed by a mental health or mental retardation professional shall be completed within ninety (90) days prior to admission into the semi-independent group residential facility to review the eligibility of the person and to determine his functional skills and supportive services needed. Findings of the preadmission assessment shall be entered in writing into the record of the resident. (3-15-85)

**05. Discharge.** Procedures to discharge a resident who is no longer benefiting from the program or transferring a resident to a more suitable program or to independent living shall be initiated by the Administrator. The Administrator shall coordinate pre-discharge planning with the Department case manager, if a client or with those individuals responsible for providing care. Facts supporting the action shall be entered into the record of the resident. (3-15-85)

**501. -- 599. (RESERVED).**

**600. SUPPORTIVE SERVICES.**

**01. Resident Assessment.** Each resident shall have an annual assessment of functional skills progress and supportive service needs and an individualized service plan. (3-15-85)

**02. Supportive Services to Be Provided.** Facilities will provide or arrange for needed supportive services to residents, such as their participation in psychosocial programs, day treatment, vocational training, medication management and crisis intervention services. (3-15-85)

**03. Resident Participation.** The facility must ensure that residents participate in those supportive services defined in their individual service plans and reviewed at least every six (6) months. (3-15-85)

**601. RESIDENT CHARGES/FINANCIAL RECORDS.**

**01. Written Description of Charges.** A written description of all charges of the facility and a written description of all services or items for which a resident may be charged must be provided to a resident or his responsible agent prior to admission and upon request thereafter. The facility must maintain a record of all financial transactions in excess of five dollars (\$5) between the resident and the facility or between the resident and any of the facility's personnel. (12-31-91)

**02. Resident Trust Account.** Whenever the facility manages funds belonging to a resident, it must maintain a trust account showing in detail all deposits to the account and all disbursements from the account. (3-15-85)

**03. Residents Not Required to Purchase Goods and Services from Facility.** The facility cannot require the residents to purchase goods or services from the facility other than basic room and board. For those residents who receive public assistance, the facility's basic room and board charge shall not exceed that portion of the resident's public assistance grant designated for food and semi-independent group residential facility allowance. (3-15-85)

**602. -- 699. (RESERVED).**

**700. FIRE AND LIFE SAFETY STANDARDS.**

Buildings on the premises used as facilities must meet all the requirements of local and state codes concerning fire and life safety that are applicable to the particular facilities. (3-15-85)

**01. General Requirements.** (3-15-85)

**a.** The facility must be structurally sound, maintained and equipped to assure the safety of residents, staff and the public. (3-15-85)

**b.** On the premises of all facilities where natural or man-made hazards are present, suitable fences, guards, and/or railings must be provided to protect the residents. (3-15-85)

**c.** The premises and all buildings used as semi-independent facilities must be kept free from the accumulation of weeds, trash, and rubbish. (3-15-85)

**d.** The inside of the facility shall be maintained in an orderly, clean and esthetically pleasing manner; free from clutter, trash, and accumulations of personal effects. (3-15-85)

**02. Life Safety Code Requirements.** The facility must meet the One (1) and Two (2) Family Dwelling Requirements of the Life Safety Code of the NFPA (1981 Edition). (3-15-85)

**03. Additional Life Safety Requirements.** In addition, all facilities must comply with the following: (3-15-85)

**a.** Any locks installed on exit doors must be easily opened from the inside without the use of keys or any special knowledge. (3-15-85)

- b.** Quantities of hazardous flammable and/or combustible materials must not be stored in the facility. (3-15-85)
- c.** Boilers, hot water heaters, and unfired pressure vessels must be equipped with automatic pressure-relief valves. (3-15-85)
- d.** Portable fire extinguishers must be installed throughout the facility in accordance with NFPA Standard #10, "Installation of Portable Fire Extinguishers." (3-15-85)
- e.** Electrical installations and equipment must comply with the applicable local and/or state electrical requirements. (3-15-85)
- f.** Solid fuel heating devices must be installed in accordance with NFPA Standard #211, "Chimneys, Vents, Fireplaces, and Solid Fuel Burning Appliances," 1980 Edition. In addition, openings in all solid fuel heating devices must be protected by a door(s) constructed of heat tempered glass or other approved material. (3-15-85)
- g.** Any resident requiring assistance in ambulation must reside on the ground level. (3-15-85)
- h.** If oxygen or other medical gasses are utilized, it must be in accordance with the NFPA Standard 56A, "Inhalation Anesthetics," 1978 Edition. (3-15-85)
- i.** There must be a telephone available on the premises for use in the event of an emergency. Emergency telephone numbers must be posted near the telephone. (3-15-85)
- j.** Furnishings, decorations, or other objects must not be placed so as to obstruct exits or the access thereto. (3-15-85)
- 04. Fire Safety Inspections.** The Administrator shall arrange for the local fire department or another safety consultant to inspect and approve each physical site for fire safety and to determine the number, location and type of fire extinguishers and smoke detectors, in accordance with such provisions as referenced in this chapter. This fire safety inspection shall be done for initial occupancy and annually thereafter. All inspections must be documented and kept on file at the facility. (3-15-85)
- 05. Smoking.** Written rules governing smoking must be adopted and must be posted and made known to all. (Note: Nothing in this section requires that smoking be permitted in facilities whose known admission policies prohibit smoking.) (3-15-85)
- 06. Emergency Plans and Training.** (3-15-85)

  - a.** There must be prepared in writing and on file at the facility a plan for the protection of all persons in the event of fire or other emergency. An evacuation plan must be posted in the sleeping areas and near primary exits. (3-15-85)
  - b.** All residents must be advised of the actions required under emergency conditions. (3-15-85)
  - c.** All residents must engage in fire drills not less than one (1) time per month. Fire drills must be conducted at different times of the day and night. (3-15-85)
  - d.** Each fire drill and the response of the residents must be written and maintained on file at the facility. (3-15-85)
  - e.** Problems encountered must be discussed with the residents. (3-15-85)
- 07. 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. (3-15-85)

**08. Maintenance of Equipment.** The Administrator must assure that all equipment is properly maintained to assure the safety of the residents. (3-15-85)

**a.** Any fire alarm and smoke detection system must be tested at least monthly and a written record of the test results maintained on file. (3-15-85)

**b.** Any automatic fire extinguishing system (e.g., sprinkler system) must be inspected and serviced at least annually by a system servicing agency. Servicing must be in accordance with NFPA Standard 13a, "Care and Maintenance of Sprinkler Systems." A report of the inspection must be maintained on file in the facility. (3-15-85)

**c.** Portable fire extinguishers must be serviced in accordance with NFPA Standard 10, "Installation of Portable Fire Extinguishers." In addition, portable fire extinguishers must be examined at least quarterly by a designated person to determine that: (3-15-85)

i. The extinguisher is in its designated location; (3-15-85)

ii. Seals or tamper indicators are not broken; (3-15-85)

iii. The extinguishers have not been physically damaged; (3-15-85)

iv. The extinguisher does not have any obvious defects; (3-15-85)

v. Inspection tags on each extinguisher must show at least the initials of the person making the quarterly examinations and the dates of examinations; (3-15-85)

vi. All new extinguishers and any replacement extinguishers must be of the multi-purpose ABC type. Rating of the extinguishers shall be determined by the local fire department. (3-15-85)

**d.** Fuel-fired heating systems must be inspected, serviced, and approved at least annually by persons professionally engaged in the business of servicing these systems. The inspection records must be kept on file in the facility. (3-15-85)

**09. Facility Location Requirements.** All buildings utilized as semi-independent group residential facilities shall be: (3-15-85)

**a.** Located in a lawfully constituted fire district; (3-15-85)

**b.** Served by an all-weather road kept open to motor vehicles at all times of the year; (3-15-85)

**c.** Accessible to physician, emergency medical services and necessary mental health and developmental disabilities supportive services within five (5) miles of a city limits of a city containing necessary services; (3-15-85)

**d.** Physically unattached to any other residential facility including, but not limited to, Skilled Nursing Facility, Intermediate Care Facility, ICF/MR, General or Specialized Shelter Care Facility. (3-15-85)

**701. -- 799. (RESERVED).**

**800. PHYSICAL FACILITY STANDARDS.**

**01. Sanitation.** The Administrator is responsible for the prevention of disease and for the maintenance of sanitary conditions. (3-15-85)

**02. Water Supply.** The water supply for the facility shall be adequate, if a safe and sanitary quality. (3-15-85)

**03. Sewage and Waste Disposal.** All sewage and liquid waste from each facility shall be disposed of in a manner that is in accordance with applicable environmental and health regulations. (3-15-85)

**04. Heat and Ventilation.** Each facility shall be adequately heated and ventilated. (3-15-85)

**05. Maintenance.** The floors, walls, ceilings, windows, furniture, and equipment of the facility shall be kept in good repair, clean and orderly. (3-15-85)

**06. Resident Sleeping Rooms:** (3-15-85)

**a.** Resident sleeping rooms shall not be any room commonly used for other than bedroom purposes. (3-15-85)

**b.** Not more than two (2) residents can be housed in a sleeping room. (3-15-85)

**c.** Closet space in each sleeping room shall be provided. (3-15-85)

**d.** A single occupancy bedroom shall have at least eighty (80) square feet of usable floor space per resident. A two (2) bed bedroom shall have at least seventy (70) square feet of usable floor space per resident. (3-15-85)

**e.** A minimum of three (3) feet shall be maintained between each resident bed in a two (2) bed room. (3-15-85)

**f.** Each resident shall be provided with his own bed which shall be at least thirty-six (36) inches wide, substantially constructed, and in good repair. Roll-away type beds, cots, folding beds, and/or double bunk beds shall not be utilized. (3-15-85)

**801. -- 999. (RESERVED).**

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