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IDAPA 16
TITLE 03
CHAPTER 22

16.03.22 - RESIDENTIAL CARE OR ASSISTED LIVING FACILITIES IN IDAHO

000. LEGAL AUTHORITY.

The Idaho Board of Health and Welfare is authorized under Section 39-3305, Idaho Code, to adopt and enforce rules to protect the health, safety, and the individual's rights for residents in residential care or assisted living facilities. (3-30-06)

001. TITLE, SCOPE, AND RESPONSIBILITIES.

01. Title. The title of this chapter of rules is IDAPA 16.03.22, "Residential Care or Assisted Living Facilities in Idaho." (3-30-06)

02. Scope. The purpose of a residential care or assisted living facility in Idaho is to provide choice, dignity and independence to residents while maintaining a safe, humane, and home-like living arrangement for individuals needing assistance with daily activities and personal care. These rules set standards for providing services that maintain a safe and healthy environment. (3-30-06)

03. General Provider Responsibilities. The facility must assure quality services by providing choices, dignity and independence to residents. The facility must have an administrator and staff who have the knowledge and experience required to provide safe and appropriate services to all residents of the facility. The facility must be operated consistent with the rules and statutes as it conducts its work. (3-30-06)

04. General Department Responsibilities. The Department is responsible for monitoring and enforcing the provisions of the statute and this chapter to protect residents in these facilities by providing information, education and evaluating providers to assure compliance with statute and these rules. This responsibility includes: licensing facilities and monitoring the condition of the facility. (3-30-06)

05. Exemptions. The provisions of these rules do not apply to any of the following: (3-30-06)

a. Health Facility. The provisions of these rules do not apply to hospitals, nursing facilities, intermediate care facilities for persons with intellectual disabilities, or any other health facility as defined by Title 39, Chapter 13, Idaho Code. (3-30-06)

b. Alternate Living Arrangements. The provisions of these rules do not apply to any house, institution, hotel, congregate housing project, retirement home, or other similar place that is limited to providing one (1) or more of the following: housing, meals, transportation, housekeeping, or recreational and social activities, or that have residents independently accessing supportive services from an entity approved to provide such services in Idaho and holding no legal ownership interest in the entity operating the facility. (3-30-06)

c. Relatives. The provisions of these rules do not apply to any arrangement for the receiving and care of persons by a relative, except when the caretaker is paid for the care through a state or federal program, in which case the caretaker relative and the care setting must meet all applicable requirements. (3-30-06)

002. 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 005 and 006 of these rules. (3-30-07)

003. ADMINISTRATIVE APPEALS AND CONTESTED CASES.

01. Administrative Appeals and Contested Cases. Administrative appeals and contested cases are governed by IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (3-30-06)

02. Informal Dispute Resolution Meeting. If a facility disagrees with a deficiency cited for a core issue, it may request an informal dispute resolution meeting to the Licensing and Certification Unit. The policy and procedure for requesting informal dispute resolution is posted on the Licensing and Certification website at

www.healthandwelfare.idaho.gov. (3-29-10)

004. INCORPORATION BY REFERENCE.
The documents, referenced in Subsection 004.01 through 004.08 of these rules, are incorporated by reference as provided by Section 67-5229 (a), Idaho Code. These incorporated documents are available for public review upon request at the Department of Health and Welfare, 450 West State Street, Boise, Idaho 83702, or when available on line at the websites provided in these rules. (3-30-06)

01. National Fire Protection Association (NFPA) Documents. The NFPA documents referenced in these regulations are available from the National Fire Protection Association, 11 Tracy Drive, Avon, MA 02322-9908; 1-800-344-3555; and online at http://www.nfpa.org. (3-30-06)

02. Idaho Diet Manual. This manual is available from the Idaho Dietetic Association, Ninth Edition, 2005, online at http://eatrightidaho.org. (3-30-06)

03. Idaho Food Code. IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments." These rules are available online at http://adminrules.idaho.gov/rules/current/16/0219.pdf. (3-30-06)

04. Americans with Disabilities Act Accessibility Guidelines. 28 CFR Part 36, Appendix A. This code is available online at http://www.ada.gov/publicat.htm. Contact phone number is 1-800-514-0301. (3-30-06)

05. Idaho Board of Nursing Rules. IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." These rules are available online at http://adminrules.idaho.gov/rules/current/23/23index.htm. (3-30-06)

06. Idaho Board of Pharmacy Rules. IDAPA 27.01.01, "Rules of the Idaho Board of Pharmacy." These rules are available online at http://adminrules.idaho.gov/rules/current/27//27index.htm. (3-30-06)

07. International Building Code. Edition 2003. This code is available from the International Code Council, 4051 West Flossmoor Rd., Country Club Hills, IL 60478-5795, phone: 888-422-7233 and online at http://www.iccsafe.org. (3-30-06)

08. Idaho Medical Assistance Program Rules. IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Section 665. These rules may be found online at http://adminrules.idaho.gov/rules/current/16/0309.pdf. (3-30-06)

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- INTERNET 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. (3-30-06)

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. (3-30-06)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (3-30-06)

04. Telephone. (208) 334-5500. (3-30-06)

05. Internet Website Address. The Department Internet website is www.healthandwelfare.idaho.gov. (3-30-06)

06. Division of Licensing and Certification. The Department's Division of Licensing and Certification Unit is located at 3232 Elder Street, Boise, ID 83705; Phone: 208 334-6626. (3-29-10)

07. Division of Licensing and Certification's website is www.healthandwelfare.idaho.gov. (3-29-10)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS.

01. Confidential Records. Any information about an individual covered by these rules and contained in Department records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." (3-30-06)

02. Public Records. The Department of Health and Welfare will comply with Title 74, Chapter 1, Idaho Code, when requests for the examination and copying of public records are made. Public records in the custody of the Department of Health and Welfare are subject to disclosure, unless otherwise exempted by state and federal law. (3-30-06)

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. (3-30-06)

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 Certification website at www.healthandwelfare.idaho.gov. (3-29-10)

007. -- 008. (RESERVED)

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Criminal History and Background Check. A residential care or assisted living facility must complete a criminal history and background check on employees and contractors hired or contracted with after October 1, 2007, who have direct patient access to residents in the residential care or assisted living facility. The Department check conducted under IDAPA 16.05.06, "Criminal History and Background Checks," satisfies this requirement. Other criminal history and background checks may be acceptable provided they meet the criteria in Subsection 009.02 of this rule and the entity conducting the check issues written findings. The entity must provide a copy of these written findings to both the facility and the employee. (3-26-08)

02. Scope of a Criminal History and Background Check. The criminal history and background check must, at a minimum, be fingerprint-based and include a search of the following record sources: (3-26-08)

a. Federal Bureau of Investigation (FBI); (3-26-08)

b. Idaho State Police Bureau of Criminal Identification; (3-26-08)

c. Sexual Offender Registry; (3-26-08)

d. Office of Inspector General List of Excluded Individuals and Entities; and (3-26-08)

e. Nurse Aide Registry. (3-26-08)

03. Availability to Work. Any direct patient access individual hired or contracted with on or after October 1, 2007, must self-disclose all arrests and convictions before having access to residents. (7-1-15)

a. The individual is allowed to only work under supervision until the criminal history and background check is completed, unless: (7-1-15)

i. The individual has completed an alternative criminal history and background check that includes a search of the record sources listed in Subsections 009.02.b. through 009.02.e. of this rule; and (7-1-15)

ii. The facility determines there is no potential danger to residents. (7-1-15)

b. This alternative criminal history and background check is only in effect until the Department has issued a clearance or denial based on the Department's completed fingerprint based background check. (7-1-15)

c. 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 resident. (7-1-15)

04. Submission of Fingerprints. The individual's fingerprints must be submitted to the entity conducting the criminal history and background check within twenty-one (21) days of his date of hire. (3-26-08)

05. New Criminal History and Background Check. An individual must have a criminal history and background check when: (3-26-08)

a. Accepting employment with a new employer; and (3-26-08)

b. His last criminal history and background check was completed more than three (3) years prior to his date of hire. (3-26-08)

06. Use of Previous Criminal History and Background Check. Any employer may use a previous criminal history and background check obtained under these rules if: (3-26-08)

a. The individual has received a criminal history and background check within three (3) years of his date of hire; (3-26-08)

b. The employer has documentation of the criminal history and background check findings; (3-26-08)

c. The employer completes a state-only background check of the individual through the Idaho State Police Bureau of Criminal Identification; and (3-26-08)

d. No disqualifying crimes are found. (3-26-08)

07. Employer Discretion. The new employer, at its discretion, may require an individual to complete a criminal history and background check at any time, even if the individual has received a criminal history and background check within three (3) years of his date of hire. (3-26-08)

010. DEFINITIONS AND ABBREVIATIONS A THROUGH E.

01. Abuse. The non-accidental act of sexual, physical or mental mistreatment, or injury of a resident through the action or inaction of another individual. (3-30-06)

02. Accident. An unexpected, unintended event that can cause a resident injury. (3-30-06)

03. Activities. All organized and directed social and rehabilitative services a facility provides, arranges, or cooperates with. (3-30-06)

04. Activities of Daily Living. The performance of basic self-care activities in meeting an individual's needs to sustain him in a daily living environment, including bathing, washing, dressing, toileting, grooming, eating, communicating, continence, and mobility. (3-30-06)

05. Administrator. An individual, properly licensed by the Bureau of Occupational Licensing, who is responsible for day to day operation of a residential care or assisted living facility. (3-30-06)

06. Administrator's Designee. An administrator's designee is a person authorized to act in the absence of the administrator and who is knowledgeable of facility operations, the residents and their needs, emergency procedures, the location and operation of emergency equipment and how the administrator can be reached in the event of an emergency. (7-1-15)

07. Adult. A person who has attained the age of eighteen (18) years. (3-30-06)

08. Advance Directive. A written instruction, such as a living will or durable power of attorney for health care, recognized under State Law, whether statutory or as recognized by the courts of the State, and relates to the provision of medical care when the individual is unable to communicate. (3-30-06)

09. **Advocate**. An authorized or designated representative of a program or organization operating under federal or state mandate to represent the interests of a population group served by a facility. (3-30-06)

10. **Ambulatory Person**. A person who, unaided by any other person, is physically and mentally capable of walking a normal path to safety, including the ascent and descent of stairs. (3-30-06)

11. **Assessment**. The conclusion reached using uniform criteria which identifies resident strengths, weaknesses, risks and needs, to include functional, medical and behavioral needs. (3-30-06)

12. **Authentication**. Proof of authorship. (3-30-06)

13. **Authorized Provider**. An individual who is a nurse practitioner or clinical nurse specialist or physician assistant. (3-30-06)

14. **Basement**. That portion of a building that is partly or completely below grade plane. A basement will be considered as a story above grade plane where the finished surface of the floor above the basement is: (1) More than six (6) feet (1829 mm) above grade plane; (2) More than six (6) feet (1829 mm) above the finished ground level for more than fifty percent (50%) of the total building perimeter; or (3) More than twelve (12) feet (3658 mm) above the finished ground level at any point. International Building Code-2003. (3-30-06)

15. **Behavioral Plan**. A written plan which decreases the frequency or intensity of maladaptive behaviors and increases the frequency of adaptive behaviors and introduces new skills. (3-30-06)

16. **Call System**. A signaling system whereby a resident can contact staff directly from their sleeping room, toilet room, and bathing area. The system may be voice communication; an audible or visual signal; and, may include wireless technology. The call system cannot be configured in such a way as to breach a resident's right to privacy at the facility. including but not limited to, the resident's living quarters, common areas, medical treatment and other services, written and telephonic communications, or in visits with family, friends, advocates, and resident groups. (3-29-10)

17. **Chemical Restraint**. A medication used to control behavior or to restrict freedom of movement and is not a standard treatment for the resident's condition. (3-30-06)

18. **Client of the Department**. Any person who receives financial aid, or services, or both from an organized program of the Department. (3-30-06)

19. **Complaint**. A formal expression of dissatisfaction, discontent, or unhappiness by or on behalf of a resident concerning the care or conditions at the facility. This expression could be oral, in writing, or by alternative means of communication. (3-30-06)

20. **Complaint Investigation**. A survey to investigate the validity of allegations of noncompliance with applicable state requirements. (3-30-06)

21. **Core Issue**. A core issue is any one (1) of the following: abuse; neglect; exploitation; inadequate care; a situation in which the facility has operated for more than thirty (30) days without a licensed administrator designated the responsibility for the day to day operations of the facility; inoperable fire detection or extinguishing systems with no fire watch in place pending the correction of the system; or surveyors denied access to records, residents or facilities. (3-30-06)

22. **Criminal Offense**. Any crime as defined in Section 18-111, Idaho Code, in 18 U.S.C. Section 4A1.2(o), and 18 U.S.C. Sections 1001 through 1027. (3-30-06)

23. **Deficiency**. A determination of non-compliance with a specific rule or part of a rule. (3-30-06)

24. **Dementia**. A chronic deterioration of intellectual function and other cognitive skills severe enough to interfere with the ability to perform activities of daily living and instrumental activities of daily living. (3-30-06)

25. **Department**. The Idaho Department of Health and Welfare. (3-30-06)

26. **Developmental Disability**. A developmental disability, as defined in Section 66-402, Idaho Code, means chronic disability of a person which appears before the age of twenty-two (22) years of age and: (3-30-06)

a. Is attributable to an impairment, such as an intellectual disability, 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 (3-30-06)

b. Results in substantial functional limitations in three (3) or more of the following areas of major life activity; self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living, or economic self-sufficiency; and (3-30-06)

c. Reflects the need for a combination and sequence of special, interdisciplinary or direct care, treatment or other services which are of life-long or extended duration and individually planned and coordinated. (3-30-06)

27. **Director**. The Director of the Idaho Department of Health and Welfare or his designee. (3-30-06)

28. **Electronic Signature, E-Signature**. The system for signing electronic documents by entering a unique code or password that verifies the identity of the person signing and creates an individual "signature" on the record. (3-30-06)

29. **Exit Conference**. A meeting with the facility administrator or designee to: (1) provide review, discussion and written documentation of non-core issues (Punch List), and (2) to provide preliminary findings of core issues. (3-30-06)

30. **Exploitation**. The misuse of a resident's funds, property, resources, identity or person for profit or advantage, for example: (3-29-10)

a. Charging a resident for services or supplies not provided; or (3-29-10)

b. Charging a resident for services or supplies not disclosed in the written admission agreement between the resident and the facility. (3-29-10)

011. DEFINITIONS AND ABBREVIATIONS F THROUGH M.

01. **Follow-Up Survey**. A survey conducted to confirm that the facility is in compliance and has the ability to remain in compliance. (3-30-06)

02. **Functional Abilities Assessment**. An assessment of the resident's degree of independence with which the resident performs activities of daily living and instrumental activities of daily living. (3-30-06)

03. **Governmental Unit**. The state, any county, municipality, or other political subdivision or any Department, division, board, or other agency thereof. (3-30-06)

04. **Grade Plane**. A reference plane representing the average of finished ground level adjoining the building at exterior walls. Where the finished ground level slopes away from the exterior walls, the reference plane will be established by the lowest points within the area between the building and the lot line or, where the lot line is more than six (6) feet (1829 mm) from the building, between the building and a point six (6) feet (1829 mm) from the building. International Building Code - 2003. (3-30-06)

05. **Hands On**. Physical assistance to the resident beyond verbal prompting. (3-30-06)

06. **Hourly Adult Care**. Nonresident daily services and supervision provided by a facility to individuals who are in need of supervision outside of their personal residence for a portion of the day. (3-30-06)

07. **Immediate Danger**. Any resident is subject to an imminent or substantial danger. (3-30-06)

08. **Inadequate Care**. When a facility fails to provide the services required to meet the terms of the Negotiated Service Agreement, or provide for room, board, activities of daily living, supervision, first aid, assistance and monitoring of medications, emergency intervention, coordination of outside services, a safe living environment, or engages in violations of resident rights or takes residents who have been admitted in violation of the provisions of Section 39-3307, Idaho Code. (3-30-06)

09. **Incident**. An event that can cause a resident injury. (3-30-06)

10. **Incident, Reportable**. A situation when a facility is required to report information to the Licensing and Certification Unit. (3-29-10)

a. Resident injuries of unknown origin. This includes any injury, the source of which was not observed by any person or the source of the injury could not be explained by the resident; or the injury includes severe bruising on the head, neck, or trunk, fingerprint bruises anywhere on the body, laceration, sprains, or fractured bones. Minor bruising and skin tears on the extremities need not be reported. (3-30-06)

b. Resident injury resulting from accidents involving facility-sponsored transportation. Examples: falling from the facility's van lift, wheel chair belt coming loose during transport, or an accident with another vehicle. (3-30-06)

c. Resident elopement of any duration. Elopement is when a resident who is unable to make sound decisions physically leaves the facility premises without the facility's knowledge. (3-30-06)

d. An injury due to resident-to-resident incident. (3-30-06)

e. An incident that results in the resident's need for hospitalization, treatment in a hospital emergency room, fractured bones, IV treatment, dialysis, or death. (3-30-06)

11. **Independent Mobility**. A resident's ability to move about freely of their own choice with or without the assistance of a mobility device such as a wheelchair, cane, crutches, or walker. (3-30-06)

12. **Instrumental Activities of Daily Living**. The performance of secondary level of activities that enables a person to live independently in the community, including preparing meals, access to transportation, shopping, laundry, money management, housework, and medication management. (3-30-06)

13. **Legal Guardian or Conservator**. A court-appointed individual who manages the affairs or finances or both of another who has been found to be incapable of handling his own affairs. (3-30-06)

14. **License**. A permit to operate a facility. (3-30-06)

15. **Licensing and Certification Unit**. The Department's Division of Licensing and Certification is responsible for licensing and surveying residential care or assisted living facilities. In this chapter of rules, "Licensing and Certification Unit" and "Licensing and Survey Agency" are synonymous. (7-1-15)

16. **Medication**. Any substance or drug used to treat a disease, condition, or symptom, which may be taken orally, injected, or used externally and is available through prescription or over-the-counter. (3-30-06)

17. **Medication Administration**. It is a process where a prescribed medication is given to a resident by one (1) of several routes by licensed nurses. (3-30-06)

18. **Medication Assistance**. The process whereby a non-licensed care provider is delegated tasks by a licensed nurse to aid a person who cannot independently self-administer medications. IDAPA 23.01.01. "Rules of the Idaho State Board of Nursing," Section 010. (3-30-06)

19. **Medication Dispensing**. The act of filling, labeling and providing a prescribed medication to a resident. (3-30-06)

20. **Medication, Self-Administration**. The act of a resident taking a single dose of his own medication from a properly labeled container and placing it internally in, or externally on, his own body as a result of an order by a authorized provider. (3-30-06)

21. **Mental Disorders**. Health conditions that are characterized by alterations in thinking, mood or behavior (or some combination thereof), that are all mediated by the brain and associated with distress and or impaired functioning. (3-30-06)

22. **Mental Illness**. Refers collectively to all diagnosable mental disorders. (3-30-06)

23. **Monitoring Visit**. A visit by a representative of the Licensing and Certification Unit for the purpose of assuring residents are not in immediate danger. (3-29-10)

24. **Neglect**. Failure to provide food, clothing, shelter, or medical care necessary to sustain the life and health of a resident. (3-30-06)

25. **Negotiated Service Agreement**. The plan reached by the resident and/or their representative and the facility based on the assessment, physician or authorized provider's orders, admission records, and desires of the resident, and which outlines services to be provided and the obligations of the facility and the resident. (3-30-06)

26. **Non-Core Issue**. Any finding of deficiency that is not a core issue. (3-30-06)

012. DEFINITIONS AND ABBREVIATIONS O THROUGH Z.

01. **Owner**. Any person or entity, having legal ownership of the facility as an operating business, regardless of who owns the real property. (3-30-06)

02. **Personal Assistance**. The provision by the staff of the facility of one (1) or more of the following services as outlined in the Negotiated Service Agreement: (3-30-06)

a. Assisting the resident with activities of daily living and instrumental activities of daily living. (3-30-06)

b. Arranging for supportive services. (3-30-06)

c. Being aware of the resident's general whereabouts and supervision. (3-30-06)

d. Monitoring the activities of the resident while on the premises of the facility to assure the resident's health, safety, and well-being. (3-30-06)

e. Assisting residents with self-administration of medication. (3-30-06)

03. **Personnel**. Paid individuals assigned the responsibility of providing care and supervision and services to the facility and its residents. (3-30-06)

04. **Physical Restraint**. Any device or physical force that restricts the free movement of, normal functioning of, or normal access to a portion or portions of an individual's body except for treatment of a medical condition. (3-30-06)

05. **Portable Heating Device**. Any device designed to provide heat on a temporary basis; is not designed as part of a building's heating system; is not permanently affixed to the building; and, if electrical, is not hardwired to the building's electrical service. This does not include the therapeutic devices of heating pads, heated mattress pads and electric blankets which require a physician or authorized provider’s order. (3-30-06)

06. **PRN**. Indicates that a medication or treatment prescribed by a medical professional to an individual may be given as needed. (3-30-06)

07. **Pressure Ulcer**. Any lesion caused by unrelieved pressure that results in damage to the underlying tissue(s). Although friction and shear are not primary causes of pressure ulcers, friction and shear are important contributing factors to the development of pressure ulcers. (3-30-06)

08. **Provisional License**. A license which may be issued to a facility not in compliance with the rules pending the satisfactory correction of all deficiencies. (3-30-06)

09. **Psychosocial History**. A combined summary of psychological and social histories of an individual designed to inform a care giver of a person's abilities and limitations which will assist in identifying appropriate resources. (3-30-06)

10. **Publicly Funded Programs**. Any program funded in whole or in part by an appropriation of the U.S. Congress, the Idaho Legislature, or other governmental body. (3-30-06)

11. **Punishment**. Any action in which an adverse consequence is presented to a resident that is designed to produce a decrease in the rate, intensity, duration or probability of the occurrence of a behavior; or the administration of any noxious or unpleasant stimulus or deprivation of a resident's rights or freedom for the purpose of reducing the rate, intensity, duration, or probability of a particular behavior. (3-30-06)

12. **Relative**. A person related by birth, adoption, or marriage to the first degree and grandparent and grandchild. (3-30-06)

13. **Repeat Deficiency**. A deficiency found on a resurvey, complaint investigation, or follow-up survey that was also found on the previous survey or visit. (3-30-06)

14. **Resident**. An adult, other than the owner, administrator, their immediate families, or employees, who lives in a residential care or assisted living facility. (3-30-06)

15. **Residential Care or Assisted Living Facility**. A facility or residence, however named, operated on either a profit or nonprofit basis for the purpose of providing necessary supervision, personal assistance, meals, and lodging to three (3) or more adults not related to the owner. In this chapter, Residential Care or Assisted Living Facilities are referred to as "facility." Distinct segments of a facility may be licensed separately, provided each segment functions independently and meets all applicable rules. (3-30-06)

16. **Room and Board**. Lodging, meals, and utilities. (3-30-06)

17. **Scope**. The frequency or extent of the occurrence of a deficiency in a facility. (3-30-06)

18. **Self-Evacuating Resident**. A resident who is able to leave the building without one-on-one (1 on 1) or hands-on assistance and can remain at a designated location. (3-30-06)

19. **Self Preservation**. The ability of a person to independently avoid situations and circumstances in which he might be easily taken advantage of, and to protect themselves and property. (3-30-06)

20. **Short Term**. A treatment window designed to allow a resident to receive treatment for a short term acute episode, usually fourteen (14) days or less, as determined by a licensed professional nurse. (3-30-06)

21. **Story**. That portion of a building included between the upper surface of a floor and the upper surface of the floor or roof next above. It is measured as the vertical distance from top to top of two (2) successive tiers of beams or finished floor surfaces and, for the topmost story, from the top of the floor finish to the top of the ceiling joists or, where there is not a ceiling, to the top of the roof rafters. (3-30-06)

22. **Story Above Grade Plane**. Any story having its finished floor surface entirely above grade plane, except that a basement will be considered as a story above grade plane where the finished surface of the floor above

the basement is: (1) more than six (6) feet (1829 mm) above grade plane, (2) more than six (6) feet (1829 mm) above the finished ground level for more than fifty percent (50%) of the total building perimeter; or (3) more than twelve (12) feet (3658 mm) above the finished ground level at any point. (3-30-06)

23. **Substantial Compliance**. A facility is in substantial compliance with these rules when no core issues have been cited as a deficiency during any survey. (3-30-06)

24. **Substantial Evening Meal**. An offering of three (3) or more menu items at one-time, one (1) of which includes a high-quality protein such as meat, fish, eggs, or cheeses. The meal should represent no less than twenty percent (20%) of the day's total nutritional requirements. (3-30-06)

25. **Supervision**. A critical watching and directing activity which provides protection, guidance, knowledge of the resident's general whereabouts, and assistance with activities of daily living. The administrator is responsible for providing appropriate supervision based on each resident's Negotiated Service Agreement or other legal requirements. (3-30-06)

26. **Supportive Services**. Services provided to the resident in the community. (3-30-06)

27. **Survey**. A review conducted by a surveyor to determine compliance with statutes and rules. There are two (2) components to a survey, health care and fire life safety and sanitation. (3-30-06)

28. **Surveyor**. A person authorized by the Department to conduct surveys or complaint investigations to determine compliance with statutes and rules. (3-30-06)

29. **Syringe -- Oral Feeding**. Use of a syringe to deliver liquid or pureed nourishment directly into the mouth. (3-30-06)

30. **Therapeutic Diet**. A diet ordered by a physician or authorized provider as part of treatment for a clinical condition or disease, or to eliminate or decrease specific nutrients in the diet, (e.g. sodium) or to increase specific nutrients in the diet (e.g. potassium) or to provide food the resident is able to eat (e.g. mechanically altered diet). (3-30-06)

31. **Traumatic Brain Injury (TBI)**. An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both. The term applies to open or closed head injuries resulting in impairments in one (1) or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psycho-social behavior; physical functions; information processing; and speech. (3-30-06)

32. **Trust Account**. An account maintained by the facility separate from its own accounts, to deposit, hold, or disburse monies belonging to a resident. The facility is the trustee of such accounts and the residents are the beneficiaries. (3-30-06)

33. **Uniform Assessment Instrument (UAI)**. A set of standardized criteria to assess functional and cognitive abilities of the resident. (3-30-06)

34. **Unlicensed Assistive Personnel (UAP)**. Unlicensed assistive personnel (UAP) employed to perform nursing care services under the direction and supervision of licensed nurses. UAP also includes licensed or credentialed health care workers whose job responsibilities extend to health care services beyond their usual and customary roles and which activities are provided under the direction and supervision of licensed nurses. (3-30-06)

35. **Variance**. Permission by the Department to do something contrary to rule. (3-30-06)

36. **Waiver Services**. Home and Community Based (HCBS) Services. (3-30-06)

37. **Waivered Level Three Small Facility**. An existing facility, licensed prior to July 1, 1992, that: (3-30-07)

a. Serves residents who require extensive assistance with mobility; (3-30-07)

b. Houses nine (9) or fewer residents on the first story only; and (3-30-07)

c. Complies with the requirements of Chapter 21, Residential Board and Care Section for Prompt Evacuation Capability, of the National Fire Protection Association (NFPA), Life Safety Code, 1988 Edition. (3-30-07)

013. -- 049. (RESERVED)

050. VARIANCES.
The Licensing and Survey Agency may grant a variance provided the following criteria in Subsection 050.01 of these rules are met. (3-30-06)

01. Written Request. A written request for a variance must be sent to the Licensing and Survey Agency. The request must include the following: (3-30-06)

a. Reference to the section of the rules for which the variance is requested; (3-30-06)

b. Reasons that show good cause why the variance should be granted, the extenuating circumstances which caused the need for the variance, any compensating factors or conditions that may have bearing on the variance such as additional floor space or additional staffing; and (3-30-06)

c. Written documentation that assures residents' health and safety will not be jeopardized if a variance is granted. (3-30-06)

02. Temporary Variance. A temporary variance may be granted for a specific resident or situation. The variance expires when the resident no longer lives at the facility or when the situation no longer exists. (3-30-06)

03. Continuing Temporary Variance. The Licensing and Survey Agency reviews the appropriateness of continuing a variance during the survey process. If the facility administrator wishes to continue the variance, an annual request must be submitted to the Licensing and Survey Agency in writing. (3-30-06)

04. Permanent Variance. A permanent variance may be granted provided the provisions of Subsections 050.01.a. through 050.01.c. of these rules are met. (3-30-06)

05. Decision to Grant a Variance. The decision to grant a variance will not be considered as a precedent or be given any force or effect in any other proceeding. (3-30-06)

06. Revocation of Variance. The Licensing and Survey Agency may revoke a variance if circumstances identify a risk to resident health and safety. (3-30-06)

051. -- 099. (RESERVED)

100. REQUIREMENTS FOR A LICENSE.

01. Current License. No person, firm, partnership, association, corporation, or governmental unit can operate, establish, manage, conduct, or maintain a residential care or assisted living facility in Idaho without a license issued by the Department. (3-30-06)

02. Issuance of License. Upon completion of the application process requirements the Department will issue: (3-30-06)

a. A residential care or assisted living license, in the name of the licensee applying for the license and to the address of the facility stated in the application; (3-30-06)

b. The residential care or assisted living license will specify the maximum allowable number of beds.

All occupants other than the owner, administrator, immediate family, or employees will be included in the licensed bed capacity of the facility. (3-30-06)

03. Distinctive Business Name. Every facility must use a distinctive name, which is registered with the Secretary of State of Idaho. If a facility decides to change its name, it will only be changed upon written notification to the Licensing and Survey Agency confirming the registration of the name change with the Secretary of State of Idaho. This notification needs to be received by the Licensing and Survey Agency at least thirty (30) calendar days prior to the date the proposed name change is to be effective. (3-30-06)

04. Licensed Administrator. Each facility must have an administrator, licensed by the Bureau of Occupational Licensing, who is responsible for the day-to-day operation of the facility. (3-30-06)

05. Display of Facility License. The current facility license must be posted in the facility and clearly visible to the general public. (3-30-06)

06. Change in Corporate Shares. When there is a significant change in shares held by a corporate licensee of a residential care or assisted living facility, which does not alter the overall ownership or operation of the business, that change must be communicated to the Licensing and Survey Agency within (60) days of the effective date of change. (3-30-06)

07. Licensee Responsibility. The licensee of the facility is responsible for the operation of the residential care or assisted living facility, even when a separate administrator is employed. (3-30-06)

101. -- 104. (RESERVED)

105. CHANGE OF OWNERSHIP.

01. Non-Transfer of Facility License. A facility license is not transferable from one (1) individual to another, from one (1) business entity to another, or from one (1) location to another. When a change of licensee, ownership, lease or location occurs, the facility must be re-licensed. The new licensee must follow the application procedures, and obtain a license, before commencing operation as a facility. (3-30-06)

02. Application for Change of Ownership. The application for a change of ownership must be submitted to the Licensing and Survey Agency at least ninety (90) days prior to the proposed date of change. (3-30-06)

03. Change of Ownership for a Facility In Litigation. An application for change of ownership of a facility from a person who is in litigation for failure to meet licensure standards, or who has had a license revoked, must include evidence that there is a bona fide, arms-length agreement and relationship between the two (2) parties. An entity purchasing a facility with an enforcement action acquires the enforcement action. (3-30-06)

106. -- 109. (RESERVED)

110. FACILITY LICENSE APPLICATION.

01. Facility License. License application forms are available upon written request or online at the Licensing and Survey Agency's website at http://www.assistedliving.dhw.idaho.gov/. The applicant must provide the following information: (3-30-06)

a. A written statement that the applicant has thoroughly read and reviewed the statute, Title 39, Chapter 33, Idaho Code, and IDAPA 16.03.22, "Rules for Residential Care or Assisted Living Facilities in Idaho," and is prepared to comply with both; (3-30-06)

b. The applicant must provide a written statement and documentation that demonstrate no license revocation or other enforcement action has been taken or is in the process of being taken, against a license held or previously held by the applicant in Idaho or any other state or jurisdiction; (7-1-15)

c. When the applicant is a firm, association, organization, partnership, business trust, corporation, government entity, or company, the administrator and other members of the organization who directly influence the facility's operation must provide the information contained in Subsections 110.01.a. and 110.01.b. of these rules. (7-1-15)

d. Each shareholder or investor holding ten percent (10%) or more interest in the business must be listed on the application; (3-30-06)

e. A copy of the Certificate of Assumed Business Name from Secretary of State of Idaho; (3-30-06)

f. A statement from the local fire authority that the facility is located in a lawfully constituted fire district or affirmation that a lawfully constituted fire authority will respond to a fire at the facility; (3-30-06)

g. A statement from a licensed electrician or the local or state electrical inspector that all wiring in the facility complies with current electrical codes; (3-30-06)

h. When the facility does not use an approved municipal water or sewage treatment system, a statement from a local environmental health specialist with the public health district indicating that the water supply and sewage disposal system meet the Department's requirements and standards; (3-30-06)

i. A complete set of printed operational policies and procedures as described in Sections 150 through 162 of these rules. (3-30-06)

j. A detailed floor plan of the facility, including measurements of all rooms, or a copy of architectural drawings must be submitted for evaluation by the Licensing and Survey Agency. See Sections 250-260, 400-410, and 430 of these rules. (3-30-06)

k. A copy of the Purchase Agreement, Lease Agreement, or Deed. (3-30-06)

l. For facilities with nine (9) beds or more, signatures must be obtained from the following: (3-30-06)

i. The local zoning official documenting that the facility meets local zoning codes for occupancy; (3-30-06)

ii. The local building official documenting that the facility meets local building codes for occupancy; and (3-30-06)

iii. The local fire official documenting that the facility meets local fire codes for occupancy. (3-30-06)

02. Written Request for Building Evaluation. The applicant must request in writing to the Licensing and Survey Agency for a building evaluation of existing buildings. The request must include the physical address of the building that is to be evaluated; the name, address, and telephone number of the person who is to receive the building evaluation report. (3-30-06)

03. Building Evaluation Fee. This application and request must be accompanied by a five hundred dollar ($500) initial building evaluation fee. (3-30-06)

04. Identification of the Licensed Administrator. The applicant must provide the following information for the licensed administrator: (3-30-06)

a. A copy of the administrator license; (3-30-06)

b. A current primary residence of the administrator. (3-30-06)

05. Failure to Complete Application Process. Failure of the applicant to complete the Licensing and Survey Agency's application process within six (6) months, of the original date of application, may result in a denial of the application. If the application is denied the applicant is required to initiate a second licensing process.

(3-30-06)

111. -- 114. (RESERVED)

115. EXPIRATION AND RENEWAL OF LICENSE.

01. Application for License Renewal. The facility must submit a Licensing and Survey Agency application for renewal of a license at least thirty (30) days prior to the expiration of the existing license. (3-30-06)

02. Existing License. The existing license, unless suspended, surrendered, or revoked, remains in force and effect until the Licensing and Survey Agency has acted upon the application renewal, when such application for renewal has been filed. (7-1-15)

116. -- 119. (RESERVED)

120. FACILITY OPERATING WITHOUT A LICENSE.

01. Facility Without a License. An operation is considered an unlicensed facility if it meets the definition of a facility stated in these rules, or is represented to provide care and serve the population of a residential or assisted living facility, is not licensed and is not exempt from licensure. (3-30-06)

02. Residents in Facility Without a License. Upon discovery of a facility operating without a license, the Department will refer residents to an appropriate placement or adult protective services agency if either of the following conditions exist: (3-30-06)

a. There is an immediate threat to the resident's health and safety; or (3-30-06)

b. The unlicensed facility does not cooperate with the Department to apply for a license and meet licensing standards requirements. (3-30-06)

03. **Operator of a Facility Operating Without a License**. A person found to be operating a facility without a license is guilty of a misdemeanor punishable by imprisonment in a county jail not to exceed six (6) months, or by a fine not to exceed five thousand dollars ($5000), according to Section 39-3352(4), Idaho Code. (3-30-06)

04. **Prosecution of Violators**. In the event the county attorney in the county where the alleged violation occurred fails or refuses to act within thirty (30) days of notification of the violation, the Attorney General is authorized to prosecute violations under the provisions of Section 39-3352(5), Idaho Code. (3-30-06)

121. -- 125. (RESERVED)

126. EFFECT OF ENFORCEMENT ACTION AGAINST A LICENSE.
The Department will not review an application of an applicant who has an action, either current or in process, against a license held by the applicant either in Idaho or any other state or jurisdiction. (7-1-15)

127. -- 129. (RESERVED)

130. LICENSURE SURVEYS.

01. Surveys of Facilities. The Licensing and Survey Agency will assure that surveys are conducted at specified intervals in order to determine compliance with this chapter and applicable rules and statutes. The intervals of surveys will be: (3-30-06)

a. Within ninety (90) days from initial licensure followed by a survey within fifteen (15) months. Facilities receiving no core issue deficiencies during both the initial and the subsequent survey will then enter the three (3) year survey cycle. (3-30-06)

b. Once every twelve (12) months, or more frequently at the discretion of the Licensing and Survey Agency for those facilities receiving core issue deficiencies during any survey. Surveys will be conducted until the facility attains two (2) consecutive surveys, excluding follow-up surveys, without a core issue deficiency. (3-30-06)

c. At least every thirty-six (36) months, for those facilities having attained no core issue deficiencies for two (2) or more consecutive surveys, regardless of survey type. (3-30-06)

d. Complaint investigation survey based on the potential severity of the complaint. (3-30-06)

02. Unannounced Surveys. Surveys are made unannounced and without prior notice at the discretion of the Department. (3-30-06)

03. Inspection or Survey Services. The Department may use the services of any qualified person or organization, either public or private, to examine, survey or inspect any entity requesting or holding a facility license. (3-30-06)

04. Access and Authority to Entire Facility. A surveyor must have full access and has the authority to examine: quality of care, services delivery, resident records, facility's records including any records or documents pertaining to any financial transactions between residents and the facility or any of its employees, resident accounts, physical premises, including the condition of buildings, grounds and equipment, food service, water supply, sanitation, maintenance, housekeeping practices, and any other areas necessary to determine compliance with applicable statute, rules, and standards. (3-30-06)

05. Interview Authority. A surveyor has the authority to interview any individual associated with the facility or the provision of care, including the license holder, administrator, staff, residents, residents' families, service providers, authorized provider or physician or other legally responsible person. Interviews are confidential and conducted privately unless otherwise specified by the interviewee. (3-30-06)

06. Access to Staff Living Quarters. The surveyor has full authority to inspect the facility, including personal living quarters of operators, administrator, or staff living in the facility, to check for inappropriate storage of combustibles, faulty wiring, or other conditions that may have a direct impact on compliance with these rules. (3-30-06)

07. Written Report of Deficiencies. The Licensing and Survey Agency will provide a written report to support any deficiencies found. (3-30-06)

a. Core Issue Deficiency. The Licensing and Survey Agency will provide, within ten (10) business days from the exit conference or from the last day of receipt of additional material, a written Statement of Deficiencies and Plan of Correction form to the facility when core deficiencies are identified during the survey. (3-30-06)

b. Non-Core Issue Deficiency. The Licensing and Survey Agency will provide the facility a written report specifying the non-core issue deficiencies at the time of the exit conference. (3-30-06)

08. Plan of Correction for Core Issue Deficiencies. The facility must develop a plan of correction and return an acceptable plan of correction to the Licensing and Survey Agency, for all core-issue deficiencies, within ten (10) calendar days of receipt of the Statement of Deficiencies and Plan of Correction form. An acceptable plan of correction must include: (3-30-06)

a. A plan to assure correction of each deficient practice and to assure ongoing compliance; (3-30-06)

b. Describe how and the frequency that the corrective actions will be monitored to assure that each deficient practice is corrected and will not recur, such as what program will be put into place to monitor the continued effectiveness of the systemic change; (3-30-06)

c. State the completion date for correcting each deficiency, except in unusual circumstances, and only with the written approval of the Licensing and Survey Agency. No correction date may be more than sixty (60) days

from the inspection exit date as printed on the "Statement of Deficiencies and Plan of Correction" form; and (3-30-06)

d. The administrator's signature and the date submitted. (3-30-06)

09. Evidence of Resolution for Non-Core Deficiencies. The facility must provide evidence of resolution of non-core issues to the Licensing and Survey Agency, within thirty (30) calendar days of the exit conference. The facility may show evidence of resolution by providing receipts, pictures, and completed policies, training, schedules, and other records. If there are non-core issues that the facility is unable to resolve due to extenuating circumstances, a written request for the delay must be submitted for Licensing and Survey Agency approval within thirty (30) days of the exit conference. The request must contain the following information: (3-30-06)

a. The reason for the delay; (3-30-06)

b. A plan for resolution; (3-30-06)

c. The date of the expected resolution, which may not exceed six (6) months; and (3-30-06)

d. A plan for assuring the safety of the residents until resolution. (3-30-06)

10. Follow-Up Survey. The Licensing and Survey Agency will conduct follow-up surveys to ascertain corrections to core issue and non-core issue deficiencies are made according to time frames established in the plan of correction and evidence of resolution. (3-30-06)

131. -- 139. (RESERVED)

140. COMPLAINTS AND INVESTIGATIONS.

01. Filing a Complaint. Any person who believes that the facility has failed to meet any provision of the rules or statute may file a complaint with the Department. All complaints must have a basis in rule or statutory requirements. In the event that it does not, the complainant will be referred to the appropriate entity or agency. (3-30-06)

02. Investigation Survey. The Licensing and Survey Agency will investigate, or cause to be investigated the following: (3-30-06)

a. Any complaint alleging a violation of the rules or statute; and (3-30-06)

b. Any reportable incident which indicates there was a violation of the rules or statute. (3-30-06)

03. Disclosure of Complaint Information. The Department will not disclose the name or identifying characteristics of a complainant unless: (3-30-06)

a. The complainant consents in writing to the disclosure; (3-30-06)

b. The investigation results in a judicial proceeding and disclosure is ordered by the court; or (3-30-06)

c. The disclosure is essential to prosecution of a violation. The complainant is given the opportunity to withdraw the complaint before disclosure. (3-30-06)

04. Method of Investigation. The nature of the complaint will determine the method used to investigate the complaint. (3-30-06)

05. Notification to Complainant. The Licensing and Survey Agency will inform the complainant of the results of the investigation survey when the complainant has provided a name and address. (3-30-06)

141. -- 149. (RESERVED)

150. POLICIES AND PROCEDURES.
Each facility must develop a written set of policies and procedures which are available to all staff at all times and include the facility policies described in Sections 151 through 162 of these rules. (3-30-06)

151. ACTIVITY POLICIES.

01. Policy and Plan. Each facility must develop a written activity policy that assists, encourages and promotes residents to maintain and develop their highest potential for independent living through their participation in planned recreational and other activities. (3-30-06)

02. Activity Opportunities. The policy must include opportunities from the following activities: (3-30-06)

a. Socialization through group discussion, conversation, recreation, visiting, arts and crafts, music; (3-30-06)

b. Daily living activities to foster and maintain independent functioning; (3-30-06)

c. Physical activities such as games, sports, and exercises which develop and maintain strength, coordination, and range of motion; (3-30-06)

d. Education through special classes or activities; and (3-30-06)

e. Leisure time so residents may engage in activities of their own choosing. (3-30-06)

03. Community Resources for Activities. The facility will utilize community resources to promote resident participation in integrated activities of their choice both in and away from the facility. (3-30-06)

152. ADMISSION POLICIES.

01. Admissions. Each facility must develop written admission policies and procedures. The written admission policy must include; (3-30-06)

a. The purpose, quantity and characteristics of available services; (3-30-06)

b. Any restrictions or conditions imposed because of religious or philosophical reasons. (3-30-06)

c. Limitations concerning delivery of routine personal care by persons of the opposite gender. (3-30-06)

d. Notification of any residents who are on the sexual offender registry and who live in the facility. The registry may be accessed online at http://isp.idaho.gov/sor_id/search.html. (3-30-06)

e. Appropriateness of placement to meet the needs of the resident, when there are non resident adults or children residing in the facility. (3-30-06)

02. Fee Description. A written description of how fees will be handled by the facility. (3-30-06)

03. Resident Funds Policies. When a resident's funds are deposited with the facility or administrator, the facility must manage the residents' funds as provided in Sections 39-3316 (1), (5) & (6), Idaho Code, and Section 505 and Subsections 550.05 and 550.06 of these rules. Each facility must develop written policies and procedures outlining how residents' funds will be handled. (3-30-06)

a. A statement if the facility does not manage resident funds. (3-30-06)

b. If the facility manages resident funds, how funds are handled and safeguarded. (3-30-06)

04. Resident Admission, Discharge, and Transfer. The facility must have policies addressing admission, discharge, and transfer of residents to, from, or within the facility. (3-30-06)

05. Policies of Acceptable Admissions. Written descriptions of the conditions for admitting residents to the facility must include: (3-30-06)

a. A resident will be admitted or retained only when the facility has the capability, capacity, and services to provide appropriate care, or the resident does not require a type of service for which the facility is not licensed to provide or which the facility does not provide or arrange for, or if the facility does not have the personnel, appropriate in numbers and with appropriate knowledge and skills to provide such services; (3-30-06)

b. No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility. Such residents include: (3-30-06)

i. A resident who has a gastrostomy tube, arterial-venous (AV) shunts, or supra-pubic catheter inserted within the previous twenty-one (21) days; (3-30-06)

ii. A resident who is receiving continuous total parenteral nutrition (TPN) or intravenous (IV) therapy; (3-30-06)

iii. A resident who requires physical restraints, including bed rails, an exception is a chair with locking wheels or chair in which the resident cannot get out of; (3-30-06)

iv. A resident who is comatose, except for a resident who has been assessed by a physician or authorized provider who has determined that death is likely to occur within fourteen (14) to thirty (30) days; (3-30-06)

v. A resident who is on a mechanically supported breathing system, except for residents who use positive airway pressure devices only for sleep apnea, such as CPAP or BiPAP; (7-1-15)

vi. A resident who has a tracheotomy who is unable to care for the tracheotomy independently; (3-30-06)

vii. A resident who is fed by a syringe; (3-30-06)

viii. A resident with open, draining wounds for which the drainage cannot be contained; (3-30-06)

ix. A resident with a Stage III or IV pressure ulcer; (3-30-06)

x. A resident with any type of pressure ulcer or open wound that is not improving bi-weekly; (3-30-06)

c. For any resident who has needs requiring a nurse, the facility must assure a licensed nurse is available to meet the needs of the resident. (3-30-06)

d. A resident will not be admitted or retained who has physical, emotional, or social needs that are not compatible with the other residents in the facility; (3-30-06)

e. A resident that is violent or a danger to himself or others; (3-30-06)

f. Any resident requiring assistance in ambulation must reside on the first story unless the facility complies with Sections 401 through 404 of these rules; (3-30-06)

g. Residents who are not capable of self evacuation must not be admitted or retained by a facility

which does not comply with the NFPA Standard #101, "Life Safety Code, 2000 Edition, Chapter 33, Existing Residential Board and Care Impracticable Evacuation Capability;" and (3-30-06)

153. ADDITIONAL POLICIES REQUIRED.

01. Response of Staff to Abuse, Neglect or Exploitation of Residents. The facility must develop policies and procedures to assure that allegations of abuse, neglect and exploitation are identified, reported, investigated, followed up with interventions to prevent reoccurrence and assure protection, and documented. (3-30-06)

02. Response of Staff to Emergencies. How staff are to respond to emergency situations: (3-30-06)

a. Medical and psychiatric emergencies; (3-30-06)

b. Resident absence; (3-30-06)

c. Criminal situations; and (3-30-06)

d. Presence of law enforcement officials at the facility. (3-30-06)

03. Notification of Changes to Resident Health or Mental Status. Who and how staff are to notify of any changes in residents' health or mental status. (3-30-06)

04. Provided Care and Services by Staff. How staff are to provide care and services to residents in the following areas: (3-30-06)

a. Activities of daily living; (3-30-06)

b. Dietary and eating, including when a resident refuses to eat or follow a prescribed diet; (3-30-06)

c. Dignity; (3-30-06)

d. Assuring each individual's rights; (3-30-06)

e. Medication assistance; (3-30-06)

f. Provision of privacy; (3-30-06)

g. Social activities; (3-30-06)

h. Supervision; (3-30-06)

i. Supporting resident independence; and (3-30-06)

j. Telephone access. (3-30-06)

05. Resident Property Identified and Safe. Identification of resident property and assuring that personal items are kept safe and used only by the resident. (3-30-06)

06. Intervention Procedures to Assure Safety of Residents and Staff. How to intervene to assure resident and staff safety in unsafe situations-physical or behaviorally caused. (3-30-06)

07. Behavior Management for Residents. The facility must have policies and procedures to assure timely assessment, plan development which implements the least restrictive intervention to address the behavior and document the effect of interventions. (3-30-06)

08. Staff Procedures for Accidents, Incidents, and Complaints. The facility must develop policies

and procedures to assure that accidents and incidents are identified, reported, investigated, and followed up with interventions to prevent reoccurrence and assure protection, and documented. (3-30-06)

09. Facility Operations, Inspections, Maintenance, and Testing. Plans and procedures for the operation, periodic inspection, and testing of the physical plant, which includes utilities, fire safety and plant maintenance for all areas of the facility's campus. (3-30-06)

10. Hazardous Materials. Policies and procedures for handling of hazardous materials. (3-30-06)

11. Mechanical Equipment. Policies and procedures for handling potentially dangerous mechanical equipment. (3-30-06)

154. EMERGENCY PREPAREDNESS POLICIES.

01. Emergency Preparedness Plan. Each facility must develop and implement an emergency preparedness plan to follow in the event of fire, explosion, flood, earthquake, high wind, or other emergency. (3-30-06)

02. Written Procedures. The facility must have written procedures outlining steps to be taken in the event of an emergency including: (3-30-06)

a. Who is to respond; (3-30-06)

b. Each person's responsibilities; (3-30-06)

c. Where and how residents are to be evacuated; and (3-30-06)

d. Notification of emergency agencies. (3-30-06)

155. HOURLY ADULT CARE POLICIES.
Facilities offering hourly adult care must develop written policies and procedures which include the following: (3-30-06)

01. Services Offered for Hourly Adult Care. A description of services offered, including: transportation services if offered, meals, activities, and supervision. (3-30-06)

02. Acceptable Hourly Care Individuals. Types of individuals who may or may not be accepted for hourly care. (3-30-06)

03. Cost of Program. Cost of program to individual. (3-30-06)

04. Health and Other Individual Needs. Health and other pertinent information regarding the individual's needs. (3-30-06)

05. Emergency Information. Emergency telephone numbers of family members and physician or authorized provider, and other identification information. (3-30-06)

06. Hours for Care. Time periods of program not to exceed fourteen (14) consecutive hours in a twenty-four (24) hour period. (3-30-06)

156. INFECTION CONTROL POLICIES.
Each facility must develop policies and procedures consistent with recognized standards which control and prevent infections for both staff and residents. (3-30-06)

157. MEDICATION POLICIES.

01. Medication. Each facility must develop written medication policies and procedures that detail the

following: (3-30-06)

a. Receiving of medications; (3-30-06)

b. Storage of medications; (3-30-06)

c. Medication distribution system to be used; (3-30-06)

d. How staff are to respond if: (3-30-06)

i. A resident refuses a medication; (3-30-06)

ii. A resident misses a medication and the reason; (3-30-06)

iii. A resident medication is not available; (3-30-06)

iv. Medications are missing; (3-30-06)

v. A resident receives an incorrect medication; (3-30-06)

e. The process for determining who can self-administer medication; (3-30-06)

f. Unused medications: (3-30-06)

i. Destruction; (3-30-06)

ii. Return of medications to the pharmacy; (3-30-06)

g. Documentation requirements: (3-30-06)

i. Taken; (3-30-06)

ii. Refused; (3-30-06)

iii. Missed; (3-30-06)

iv. Not available; and (3-30-06)

v. For residents self-medicating. (3-30-06)

02. **Nurse Delegation**. The process the nurse will use to delegate assistance with medication and how it will be documented. (3-30-06)

158. FOOD AND NUTRITIONAL CARE POLICIES.

Each facility must develop written policies and procedures for providing proper nutritional care for each resident which includes procedures to follow if the resident refuses food or to follow the prescribed diet. (3-30-06)

159. RECORDS POLICIES.

01. **Complete and Accurate Records**. Each facility must develop written policies and procedures to assure complete, accurate, and authenticated records. (3-30-06)

02. **Electronic Records**. Facilities that implement an electronic record or signature must have written policies in place to assure the following: (3-30-06)

a. Proper security measures to protect the use of an electronic signature by anyone other than the person to which the electronic signature belongs; (3-30-06)

b. The privacy and integrity of the record; (3-30-06)

c. Includes which records will be maintained and signed electronically; (3-30-06)

d. How an e-signature code is assigned and the code and associated staff identities are protected; (3-30-06)

e. How passwords are assigned and the frequency for which they are changed; (3-30-06)

f. Allows resident access to his records within one (1) business day of the request; and (3-30-06)

g. Allows immediate access to records by surveyors, and others who are authorized by law; (3-30-06)

160. RESIDENT RIGHTS POLICIES.
Each facility must develop written policies and procedures which assure that resident rights will be promoted and protected in the facility. (3-30-06)

161. SMOKING POLICIES.

01. **Policy on Smoking**. The facility must develop written rules governing smoking. These rules must be made known to all facility personnel, residents, and the visiting public. (3-30-06)

02. **Smoking Prohibited**. Nothing in this section requires that smoking be permitted in a facility whose admission policies prohibit smoking. (3-30-06)

03. **Policy Content**. The policy must include: (3-30-06)

a. Prohibiting smoking in any area where flammable liquids, gases, or oxidizers are in use or stored; (3-30-06)

b. Prohibiting smoking in bed by anyone; (3-30-06)

c. Prohibiting unsupervised smoking by residents classified as not mentally or physically responsible, and residents affected by medication; (3-30-06)

d. Prohibiting smoking in areas where combustible supplies or materials are stored; and (3-30-06)

e. Designating areas where smoking is permitted. (3-30-06)

162. STAFFING POLICIES.
The facility must develop written staffing policies and procedures based on the numbers of residents, resident needs, and configuration of the facility. (3-30-06)

163. -- 209. (RESERVED)

210. REQUIREMENTS FOR ACTIVITIES.
The facility must provide an ongoing program of activities that is consistent with the facility's policies and procedures as described in Section 151 of these rules. (3-30-06)

211. -- 214. (RESERVED)

215. REQUIREMENTS FOR A FACILITY ADMINISTRATOR.
Each facility must be organized and administered under one (1) licensed administrator assigned as the person responsible for the operation of the facility. Multiple facilities under one (1) administrator may be allowed by the Department based on an approved plan of operation described in Section 216 of these rules. (7-1-15)

01. Administrator Responsibility. The administrator is responsible for assuring that policies and procedures required in Title 39, Chapter 33, Idaho Code and IDAPA 16.03.22, "Residential Care or Assisted Living Facilities in Idaho" are implemented. (3-30-06)

02. Availability of Administrator. The facility's administrator must be on site sufficiently to provide for safe and adequate care of the residents to meet the terms in the Negotiated Service Agreement. The facility's administrator or his designee must be available to be on-site at the facility within two (2) hours. (3-30-06)

03. Thirty Day Operation Limit. The facility may not operate for more than thirty (30) days without a licensed administrator. (3-30-06)

04. Representation of Residents. The owner or administrator, their relatives, or employees cannot act as or seek to become the legal guardian of, or have power of attorney for any resident. Specific limited powers of attorney to address emergency procedures where competent consent cannot otherwise be obtained are permitted. (7-1-15)

05. Responsibility for Acceptable Admissions. The administrator must assure that no resident is knowingly admitted or retained who requires care as defined in Section 39-3307, Idaho Code, and Subsection 152.05 of these rules. (3-30-06)

06. Sexual Offender. The administrator must assure that a non-resident on the sexual offender registry is not allowed to live or work in the facility. The registry may be accessed online at http://isp.idaho.gov/sor_id/search.html. (3-30-06)

07. Notification of Adult Protection and Law Enforcement. The administrator must assure that adult protection and law enforcement are notified in accordance with Section 39-5310, Idaho Code. (3-30-06)

08. Procedures for Investigations. The administrator must assure the facility procedures for investigation of incidents, accidents, and allegations of abuse, neglect, or exploitation are implemented to assure resident safety. (3-30-06)

09. Identify and Monitor Patterns of Incidents and Accidents. The administrator must identify and monitor patterns related to incidents and accidents and develop interventions to prevent recurrences. (7-1-15)

10. Notification of Reportable Incidents. The administrator must assure notification to the Licensing and Certification Unit of reportable incidents. (3-29-10)

11. Administrator's Designee. A person authorized in writing to act in the absence of the administrator. An administrator's designee may act in the absence of the administrator for no longer than thirty (30) consecutive days when the administrator: (7-1-15)

a. Is on vacation; (7-1-15)

b. Has days off; (7-1-15)

c. Is ill; or (7-1-15)

d. Is away for training or meetings. (7-1-15)

12. Ability to Reach Administrator or Designee. The administrator or his designee must be reachable and available at all times. (3-30-06)

13. Minimum Age of Personnel. The administrator will assure that no personnel providing hands-on care or supervision services will be under eighteen (18) years of age unless they have completed a certified nursing assistant (CNA) certification course. (3-30-06)

14. Notification to Licensing and Certification Unit. The facility must notify the Licensing and

Certification Unit, in writing, within three (3) business days of a change of administrator. (3-29-10)

216. REQUIREMENTS FOR A MULTIPLE FACILITY ADMINISTRATOR.
Each facility must have a Department approved plan of operation to have one (1) administrator assigned as the person responsible for the operation of multiple facilities. (7-1-15)

01. Approved Plan of Operation. Under Section 39-3321, Idaho Code, multiple facilities under one (1) administrator may be approved when the following is provided in the plan of operation: (7-1-15)

a. The multiple facility administrator must provide proof of a current license in Idaho with no actions or pending actions taken against licensee; (7-1-15)

b. The plan must provide for full-time on-site supervision by trained and experienced staff, including: (7-1-15)

i. Who is responsible for on-site management of each facility when administrator is not on-site; and (7-1-15)

ii. How each individual responsible for on-site management of each facility is qualified to perform those duties. (7-1-15)

02. Facility Change To An Approved Plan of Operation. A new plan of operation must be submitted to the Department and approved before any facility in the plan is changed. (7-1-15)

03. Number of Facilities or Beds Allowed Under One Administrator. Based on an approved plan of operation, the Department will allow one (1) licensed administrator to oversee: (7-1-15)

a. Up to three (3) facilities when each of the facilities has sixteen (16) beds or fewer; (7-1-15)

b. Two (2) facilities when either of the facilities has more than sixteen (16) beds but less than fifty (50) beds, and the combined number of beds for both facilities cannot exceed eighty (80) beds; or (7-1-15)

c. One (1) facility with fifty (50) beds or more. A plan of operation for a multiple facility administrator will not be approved for a facility with fifty (50) beds or more. (7-1-15)

04. No Unresolved Core Issues. None of the multiple facilities operated under one (1) administrator can have any unresolved core issue deficiencies described in Section 010 of these rules. The administrator approved to oversee more than one (1) facility must have an established record of compliance, which includes: (7-1-15)

a. No repeat deficiencies; (7-1-15)

b. No enforcement actions; (7-1-15)

c. A history of submitting acceptable plans of corrections within the time frame established in Subsection 130.08 of these rules; (7-1-15)

d. A history of submitting acceptable evidence of resolution of deficiencies within the time frame established in Subsection 130.09 of these rules; and (7-1-15)

e. The administrator's record must show that he has two (2) years or more of experience working as a licensed residential care administrator in Idaho. (7-1-15)

05. Administrator Hours On-site in Each Facility. The administrator must be on-site at each facility for at least: (7-1-15)

a. Ten (10) hours per week in facilities with fewer than sixteen (16) beds; (7-1-15)

b. Fifteen (15) hours per week in facilities with more than (16) beds; and (7-1-15)

c. Each facility's record must include documentation of the number of hours per week the administrator is on-site. For each week the Administrator is not on-site, the documentation must include the reasons for his absence such as illness, vacation, or training. (7-1-15)

06. Administrator Response Time for Each Facility. A multiple facility administrator must not have a primary residence more than seventy-five (75) miles from any of the facilities. Each facility with a multiple facility administrator must be within two (2) hours driving distance from each other. (7-1-15)

07. On-Site Supervision in Each Facility. The plan of operation must include full-time on-site supervision by trained and experienced staff. (7-1-15)

08. Dually Licensed Administrator. A skilled nursing facility and an assisted living facility with less than fifty (50) beds may have a multiple facility administrator with an approved plan of operation. A dually licensed administrator, who is licensed in Idaho as both a Nursing Home Administrator and a Residential Care Facility Administrator, may be approved as a multiple facility administrator only when the two (2) facilities are on the same property or campus. (7-1-15)

217. RESCIND APPROVAL FOR MULTIPLE FACILITY ADMINISTRATOR.

01. Rescind Plan of Operation Approval. When the conditions in the approved plan of operation are not met, the ability to have one (1) administrator for multiple facilities will be rescinded by the Department. (7-1-15)

02. Reasons for Rescission or Denial of a Multiple Facility Administrator. Any and all facilities with a multiple facility administrator included in its approved plan of operation that receives repeat deficiencies, enforcement actions, or fails to submit acceptable plans of correction and evidence of resolution within the time frames established in Subsections 130.08 and 130.09 of these rules, may have its multiple facility administrator approval rescinded. (7-1-15)

03. Rescission Review of Department Action. When the facility disagrees with the reasons for the rescission of the ability to have a multiple facility administrator, the administrator can request a rescission review. This request does not stay the rescission. The request must: (7-1-15)

a. Be in writing; (7-1-15)

b. Be received within fourteen (14) days of the date the Department's rescission letter was issued; and (7-1-15)

c. State the specific reasons for disagreement with the Department's rescission action. (7-1-15)

04. Review Decision. Within thirty (30) days from the date the review request is received, the Department will review and issue a decision. This decision is not appealable. (7-1-15)

218. (RESERVED)

219. REQUIREMENTS FOR ADMISSION AGREEMENTS FOR DEPARTMENT CLIENTS.

01. Initial Resident Assessment. Prior to or on the day of admission each resident must be assessed by the facility to ensure the resident is appropriate for placement in a residential care or assisted living facility.(3-29-10)

02. Interim Care Plan. The facility must develop an interim care plan to guide services until the Department's assessment outlined in Section 660 of these rules is complete. The Department will complete a resident assessment within twelve (12) business days of receiving notification that the participant is financially eligible for waiver services. The result of the assessment will determine the need for specific services and supports and establish the reimbursement rate for those services. (3-29-10)

03. Written Agreement. The admission agreement may be integrated within the Negotiated Service Agreement, provided that all requirements for the Negotiated Service Agreement in Section 320 of these rules are met. (3-29-10)

220. REQUIREMENTS FOR ADMISSION AGREEMENTS FOR PRIVATE-PAY RESIDENTS.

01. Initial Resident Assessment and Care Plan. Prior to or on the day of admission, each private-pay resident must be assessed by the facility to ensure the resident is appropriate for placement in their residential care or assisted living facility. The facility must develop an interim care plan to guide services until the facility can complete the resident assessment process outlined in Section 650 of these rules. The result of the assessment will determine the need for specific services and supports. (3-29-10)

02. Written Agreement. Prior to or on the day of admission, the facility and each resident or the resident's legal guardian or conservator must enter into a written admission agreement that is transparent, understandable, and is translated into a language the resident or his representative understands. The admission agreement will provide a complete reflection of the facility's charges, commitments agreed to by each party, and the actual practices that will occur in the facility. The agreement must be signed by all involved parties, and a complete copy provided to the resident and the resident's legal guardian or conservator prior to or on the day of admission. The admission agreement may be integrated within the Negotiated Service Agreement, provided that all requirements for the Negotiated Service Agreement in Section 320 of these rules and the admission agreement are met. Admission agreements must include all items described under Subsections 220.03 through 220.18 of this rule. (3-29-10)

03. Services, Supports, and Rates. The facility must identify the following services, supports, and applicable rates: (3-29-10)

a. Unless otherwise negotiated with the resident, the resident's legal guardian or conservator, basic services must, at a minimum, include: (3-29-10)

i. Rent; (3-29-10)

ii. Utilities; (3-29-10)

iii. Food; (3-29-10)

iv. Activities of daily living services; (3-29-10)

v. Supervision; (3-29-10)

vi. First aid; (3-29-10)

vii. Assistance with and monitoring of medications; (3-29-10)

viii. Laundering of linens owned by the facility; (3-29-10)

ix. Emergency interventions and coordination of outside services; (3-29-10)

x. Routine housekeeping and maintenance of common areas; and (3-29-10)

xi. Access to basic television in common areas. (3-29-10)

b. The resident's monthly charges must be specific and describe the services that are included in the basic services rate and the charged rate. (3-29-10)

c. The facility must disclose all prices, formulas, and calculations used to determine the resident's basic services rate including: (3-29-10)

i. Service packages; (3-29-10)

ii. Fee-for-service rates; (3-29-10)

iii. Assessment forms; (3-29-10)

iv. Price per assessment point; (3-29-10)

v. Charges for levels of care determined with an assessment; and (3-29-10)

vi. Move-in fees or other similar charges. (3-29-10)

d. Services or amenities that are not contained in the description of basic services are considered additional services. The facility must describe the services and rates charged for additional or optional services, supplies, or amenities that are available through the facility or arranged for by the facility for which the resident will be charged additional fees. (3-29-10)

e. Services or rates that are impacted by an updated assessment of the resident must be identified, as well as the assessment tool, the assessor, and the frequency of the assessment, when the facility uses this assessment to determine rate changes. (3-29-10)

f. The facility may charge residents for the use of personal furnishings, equipment, and supplies provided by the facility for private-pay residents. The facility must provide a detailed itemization of furnishings, equipment, supplies, and the rate for those items the resident will be charged. (3-29-10)

04. **Staffing**. The facility must identify staffing patterns and qualification of staff on duty during a normal day. (3-29-10)

05. **Notification of Liability Insurance Coverage**. The administrator of a residential care or assisted living facility must disclose in writing at the time of admission or before a resident's admission if the facility does not carry professional liability insurance. If the facility cancels the professional liability insurance all residents must be notified of the change in writing. (3-30-06)

06. **Medication Responsibilities**. The facility's and resident's roles and responsibilities relating to assistance with medications including the reporting of missed doses or those taken on a PRN basis. (3-30-06)

07. **Resident Personal Fund Responsibilities**. Who is responsible for the resident's personal funds. (3-30-06)

08. **Resident Belongings Responsibility**. The agreement must identify responsibility for protection and disposition of all valuables belonging to the resident and provision for the return of resident's valuables if the resident leaves the facility. (3-29-10)

09. **Emergency Transfers**. The agreement must identify conditions under which emergency transfers will be made as provided in Section 152 of these rules. (3-29-10)

10. **Billing Practices, Notices, and Procedures for Payments and Refunds**. The facility must provide a description of the facility's billing practices, notices, and procedures for payments and refunds. The following procedures must be included: (3-29-10)

a. Arrangement for payments; (3-30-06)

b. Under what circumstances and time frame a partial month's resident fees are to be refunded when a resident no longer resides in the facility; (3-29-10)

c. Written notice to vacate the facility must be given thirty (30) calendar days prior to transfer or discharge on the part of either party except in the case of the resident's emergency discharge or death the facility may charge up to fifteen (15) days prorated rent from the date of the resident's emergency discharge or death. (3-29-10)

11. Resident Permission to Transfer Information. The agreement must clarify permission to transfer information from the resident's records to any facility to which the resident transfers. (3-29-10)

12. Resident Responsibilities. Resident responsibilities, as appropriate. (3-30-06)

13. Restrictions on Choice of Care or Service Providers. Any restriction on choice of care or service providers, such as pharmacy, home health agency, hospice agency, physician or authorized provider. (3-30-06)

14. Advance Directive. The agreement must identify written documentation of the resident's preference regarding the formulation of an Advance Directive in accordance with Idaho state law. When a resident has an Advanced Directive, a copy must be immediately available for staff and emergency personnel. (3-29-10)

15. Notification of Payee Requirements. Notification if the facility requires as a condition of admission that the administrator or an employee of the facility be named as payee. (3-29-10)

16. Contested Charges. The facility must provide the methods by which a resident may contest charges or rate increases that include contacting the Ombudsman for the Elderly. The facility must respond as provided under Section 711.02 of these rules. (3-29-10)

17. Transition to Publicly-Funded Program. The facility must disclose the conditions under which the resident can remain in the facility, if payment for the resident shifts to a publicly-funded program. (3-29-10)

18. Other Information. The agreement must identify other information that the facility may deem appropriate. (3-29-10)

221. REQUIREMENTS FOR TERMINATION OF ADMISSION AGREEMENT.

01. Conditions for Termination of the Admission Agreement. The admission agreement cannot be terminated, except under the following conditions: (3-30-06)

a. Giving the other party thirty (30) calendar days written notice for any reason; (3-30-06)

b. The resident's death; (3-30-06)

c. Emergency conditions that requires the resident to be transferred to protect the resident or other residents in the facility from harm; (3-30-06)

d. The resident's mental or medical condition deteriorates to a level requiring care as described in Section 33-3307, Idaho Code, and Subsection 152.05 of these rules; (3-30-06)

e. Nonpayment of the resident's fees; (3-30-06)

f. When the facility cannot meet resident needs due to changes in services, in house or contracted, or inability to provide the services; or (3-30-07)

g. Other written conditions as may be mutually established between the resident, the resident's legal guardian or conservator and the administrator of the facility at the time of admission. (3-30-06)

02. Facility Responsibility During Resident Discharge. The facility is responsible to assist the resident with transfer by providing a list of skilled nursing facilities, other residential care or assisted living facilities, and certified family homes that may meet the needs of the resident. (3-30-06)

03. Resident's Appeal of Involuntary Discharge. A resident may appeal all discharges with the exception of an involuntary discharge in the case of non-payment, emergency conditions that require the resident to be transferred to protect the resident or other residents in the facility from harm. (3-30-06)

a. Before a facility discharges a resident, the facility must notify the resident, and if known, a family member, or his legal representative of the discharge and the reasons for the discharge. (3-30-06)

b. This notice must be in writing and in a language and manner the resident or his representative can understand. (3-30-06)

04. Written Notice of Discharge. The written notice of discharge must include the following: (3-30-06)

a. The reason for the discharge; (3-30-06)

b. Effective date of the discharge; (3-30-06)

c. A statement that the resident has the right to appeal the discharge to the Department within thirty (30) calendar days of receipt of written notice of discharge; (3-30-06)

d. The name and address of where the appeal must be submitted; (3-30-06)

e. The name, address, and telephone number of the local ombudsman, for residents sixty (60) years of age or older; and (3-30-06)

f. The name, address and telephone number of Disability Rights Idaho, for residents with developmental disabilities or mental illness. (7-1-15)

g. If the resident fails to pay fees to the facility, as agreed to in the admission agreement, during the discharge appeal process, the resident's appeal of the involuntary discharge becomes null and void and the discharge notice applies. (3-30-06)

h. When the notice does not contain all the above required information, the notice is void and must be reissued. (3-30-06)

05. Receipt of Appeal. Request for an appeal must be received by the Department within thirty (30) calendar days of the resident's or resident's representative's receipt of written notice of discharge to stop the discharge before it occurs. (3-30-06)

222. -- 224. (RESERVED)

225. REQUIREMENTS FOR BEHAVIOR MANAGEMENT.
The facility must identify and evaluate behavioral symptoms that are distressing to the resident or infringe on other residents' rights. (3-30-06)

01. Evaluation for Behavior Management. The facility evaluation must include the following; (3-30-06)

a. Identification if the resident behavior is transitory or permanent; (3-30-06)

b. Review of the resident's previous behaviors and activities; (3-30-06)

c. Review of baseline data including intensity, duration and frequency of the resident behavior; (3-30-06)

d. Identification of recent changes in the resident's life, such as death in the family, change in resident's daily routine, or changes in the Resident's Negotiated Service Agreement; (3-30-06)

e. Identification of environmental causes that could contribute to the resident's behavior such as excessive heat, noise, overcrowding, hunger, staffing; (3-30-06)

f. Rule out possible medical causes such as pain, constipation, fever, infection, or medication side effects; and (3-30-06)

g. Identification of events that trigger behavioral symptoms. (3-30-06)

02. Intervention. The facility must develop an intervention for each behavioral symptom. (3-30-06)

a. All staff must be aware of and consistently implement each behavioral symptom intervention; (3-30-06)

b. The intervention needs to be the least restrictive; and (3-30-06)

c. Each intervention needs to be reviewed within seventy-two (72) hours of implementation, and from then on as appropriate, to evaluate the continued need for the intervention. (3-30-06)

03. Prescribing Provider. The resident's medication regime must be evaluated every six (6) months to assure that medications used to treat behavioral symptoms are necessary and at the lowest possible dose. (3-30-06)

226. -- 249. (RESERVED)

250. REQUIREMENTS FOR BUILDING CONSTRUCTION AND PHYSICAL STANDARDS.

01. Building Character. All buildings utilized as residential care or assisted living facilities must be of such character as to be suitable for such use. Facilities must be of such character as to enhance normalization and integration of residents into the community. (3-30-06)

02. Plans and Specifications. Plans and specifications for any proposed new facility construction, any addition or remodeling are governed by the following: (3-30-06)

a. Plans must be prepared by an architect or engineer licensed in the state of Idaho. A variance of this requirement may be granted by the Licensing and Survey Agency when the size of the project does not necessitate involvement of an architect or engineer; (3-30-06)

b. Plans and specifications must be submitted to the Licensing and Survey Agency to assure compliance with applicable construction standards, codes, and regulations; (3-30-06)

c. Newly constructed or converted buildings housing seventeen (17) or more residents must submit professionally prepared drawings or plans of the kitchen and a listing of all kitchen equipment for review and approval prior to construction. (3-29-10)

03. Remodeling or Additions. Remodeling of or additions to a facility will be consistent with all applicable fire and life safety requirements. (3-30-06)

04. Approval. All buildings, additions and remodeling are subject to approval by the Licensing and Survey Agency and must meet applicable requirements. (3-30-06)

05. Walls and Floor Surfaces. Walls and floors must be of such character to permit cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have washable surfaces. (3-30-06)

06. Toilet and Bathrooms. Each facility must provide: (3-30-06)

a. A toilet and bathroom for resident use so arranged that it is not necessary for an individual to pass through another resident's room to reach the toilet or bath; (3-30-06)

b. Solid walls or partitions to separate each toilet and bathroom from all adjoining rooms; (3-30-06)

c. Mechanical ventilation to the outside from all inside toilets and bathrooms not provided with an

operable exterior window; (3-30-06)

d. Each tub, shower, and lavatory with hot and cold running water; (3-30-06)

e. At least one (1) flush toilet for every six (6) residents; (3-30-06)

f. At least one (1) tub or shower for every eight (8) residents; (3-30-06)

g. At least one (1) lavatory with a mirror for each toilet; and (3-30-06)

h. At least one (1) toilet, tub or shower, and lavatory in each building in which residents sleep, with additional units if required by the number of persons. (3-30-06)

07. Accessibility for Persons With Mobility and Sensory Impairments. For residents with mobility or sensory impairments, the facility must provide a physical environment which meets the needs of the person for independent mobility and use of appliances, bathroom facilities, and living areas. New construction must meet the requirements of the Americans with Disabilities Act Accessibility Guidelines (ADAAG). Existing facilities must comply, to the maximum extent feasible, with 28 CFR Sections 36.304 and 36.305 regarding removal of barriers under the Americans with Disabilities Act, without creating an undue hardship or burden on the facility, and must provide as required, the necessary accommodations: (3-30-06)

a. Ramps for residents who require assistance with ambulation shall comply with the requirements of the ADAAG 4.8; (3-30-06)

b. Bathrooms and doors large enough to allow the easy passage of a wheelchair as provided for in the ADAAG 4.13; (3-30-06)

c. Grab bars in resident toilet and bathrooms in compliance with ADAAG 4.26; (3-30-06)

d. Toilet facilities in compliance with ADAAG 4.16 and 4.23; (3-30-06)

e. Non-retractable faucet handles in compliance with ADAAG 4.19, with the exception of self-closing valves under 4.19.5, and 4.27; and (3-30-06)

f. Suitable hand railing must be provided on both sides of all stairs leading into and out of a building for residents who require the use of crutches, walkers, or braces. (3-30-06)

08. Lighting. The facility must provide adequate lighting in all resident sleeping rooms, dining rooms, living rooms, recreation rooms, and hallways. (3-30-06)

09. Ventilation. The facility must be ventilated, and precautions shall be taken to prevent offensive odors. (3-30-06)

10. Plumbing. All plumbing in the facility must comply with local and state codes. All plumbing fixtures must be easily cleanable and maintained in good repair. The temperature of hot water at plumbing fixtures used by residents must be between one hundred five degrees (105°F) Fahrenheit and one hundred twenty degrees (120°F) Fahrenheit. (3-30-06)

11. Heating. A heating system must be provided for the facility that is capable of maintaining a minimum temperature of seventy degrees (70°F) Fahrenheit during the day and a minimum of sixty-two degrees (62°F) Fahrenheit during the night. Wood stoves are not be permitted as the sole source of heat and the thermostat for the primary source of heat must be remotely located away from any wood stove. (3-30-06)

12. Dining, Recreation, Shower, Bathing and Living Space. The total area set aside for these purposes must be no less than thirty (30) square feet per licensed bed. A hall or entry cannot be included as living or recreation space. (3-30-06)

13. **Resident Sleeping Rooms**. The facility must assure that: (3-30-06)

a. Resident sleeping rooms are not in attics, stairs, halls, or any other room commonly used for other than bedroom purposes; (3-30-06)

b. A room with a window that opens into an exterior window well cannot be used for a resident sleeping room; (3-30-06)

c. Not more than four (4) residents can be housed in any multi-bed sleeping room in facilities licensed prior to July 1, 1991. New facilities or building converted to a licensed facility after July 1, 1992, cannot have more than two (2) residents in any multi-bed sleeping room. When there is any change in ownership of the facility, the maximum number of residents allowed in any room is two (2); (3-30-06)

d. Square footage requirements for resident sleeping rooms must provide for not less than one hundred (100) square feet of floor space per resident in a single-bed sleeping room and not less than eighty (80) square feet of floor space per resident in a multi-bed sleeping room; (3-30-06)

e. Each resident's sleeping room must be provided with an operable exterior window. An operable window is not required where there is a door directly to the outside from the sleeping room; (3-30-06)

f. The operable window sill height must not exceed thirty-six (36) inches above the floor in new construction, additions, or remodeling; (3-30-06)

g. The operable window sill height must not exceed forty-four (44) inches above the floor in existing buildings being converted to a facility; (3-30-06)

h. Each resident sleeping room must provide a total window space that equals at least eight percent (8%) of the room's total square footage; (3-30-06)

i. Window screens must be provided on operable windows; (3-30-06)

j. Resident sleeping rooms must have walls that run from floor to ceiling; have doors that will limit the passage of smoke; and provide the resident(s) with privacy; (3-30-06)

k. Ceiling heights in sleeping rooms must be at least seven (7) feet, six (6) inches; and (3-30-06)

l. Closet space in each resident sleeping room must provide at least four (4) usable square feet per resident. Common closets used by two (2) or more residents must have substantial dividers for separation of each resident's clothing. All closets must be equipped with doors. Free-standing closets are deducted from the square footage of the sleeping room. (3-30-06)

14. **Secure Environment**. If the facility accepts and retains residents who have cognitive impairment, the facility must provide an interior environment and exterior yard which is secure and safe. (3-30-06)

15. **Call System**. The facility must have a call system available for each resident to call for assistance and still be assured a resident's right to privacy at the facility, including but not limited to, the resident's living quarters, common areas, medical treatment and other services, written and telephonic communications, or in visits with family, friends, advocates, and resident groups. The call system cannot be a substitute for supervision. For facilities licensed prior to January 1, 2006, when the current system is no longer operational or repairable the facility must install a call system as defined in Section 010 of these rules. (3-29-10)

16. **Dietary Standards**. Each facility must have a full service kitchen to meet the needs of the residents. Any satellite kitchen must meet all applicable requirements. (3-30-06)

251. -- 254. (RESERVED)

255. REQUIREMENTS FOR ADDITIONAL PHYSICAL STANDARDS.

01. **Fire District**. The facility site must be in a lawfully constituted fire district. (3-30-06)

02. **Roads**. The facility must be served by an all-weather road and kept open to motor vehicles at all times of the year. (3-30-06)

03. **Medical Accessibility**. The facility site must be accessible to authorized providers, or emergency medical services within thirty (30) minutes driving time. (3-30-06)

04. **Service Accessibility**. The facility site must be accessible within thirty (30) minutes driving time to necessary social, medical, and rehabilitation services. (3-30-06)

256. -- 259. (RESERVED)

260. REQUIREMENTS FOR ENVIRONMENTAL SANITATION.

01. **Water Supply**. The facility must have an adequate water supply that is safe and of a sanitary quality. It must be from: (3-30-06)

a. An approved private, public, or municipal water supply; (3-30-06)

b. Water from a private supply, must have water samples submitted annually to either a private accredited laboratory or to the Public Health District Laboratory for bacteriological examination. The Department may require more frequent examinations if warranted; and (3-30-06)

c. There must be a sufficient amount of water under adequate pressure to meet sanitary and fire sprinkler system requirements of the facility at all times. (3-30-06)

02. **Sewage Disposal**. All sewage and liquid waste must be discharged, into a municipal sewage system where such a system is available. If a municipal sewage system is not available sewage and liquid waste must be collected, treated, and disposed of in a manner approved by the Department. (3-30-06)

03. **Garbage and Refuse Disposal**. All garbage and refuse disposal must be provided by the facility. (3-30-06)

a. The premises and all buildings must be kept free from accumulation of weeds, trash and rubbish. (3-30-06)

b. Material not directly related to the maintenance and operation of the facility must not be stored on the premises. (3-30-06)

c. All containers used for storage of garbage and refuse must be constructed of durable, nonabsorbent material and must not leak or absorb liquids. Containers must be provided with tight fitting lids unless stored in a vermin-proof room(s) or enclosures. (3-30-06)

d. Garbage containers must be maintained in a sanitary manner. Sufficient containers must be afforded to hold all garbage and refuse which accumulates between periods of removal from the facility. Storage areas must be clean and sanitary. (3-30-06)

04. **Insect and Rodent Control**. A pest control program must be in effect at all times. This program must effectively prevent insects, rodents and other pests from entrance to, or infestation of the facility. (3-30-06)

a. All toxic chemicals must be properly labeled and stored under lock and key; and (3-30-06)

b. No toxic chemicals must be stored in resident areas, where drugs are stored, or in any area where food is stored, prepared or served. (3-30-06)

05. Linen and Laundry Facilities and Services. (3-30-06)

a. The facility must have available at all times a quantity of linen essential to the proper care and comfort of residents; (3-30-06)

b. Linen must be of good quality, not thread-bare, torn or badly stained; (3-30-06)

c. Linens must be handled, processed and stored in a appropriate manner that prevents contamination; (3-30-06)

d. Adequate facilities must be provided for the proper and sanitary washing and drying of linen and other washable goods laundered in the facility; (3-30-06)

e. The laundry must be situated in an area separate and apart from where food is stored, prepared or served; (3-30-06)

f. The laundry must be well lighted and ventilated, adequate in size for the needs of the facility, maintained in a sanitary manner and kept in good repair; (3-30-06)

g. When the facility sends linen and personal laundry out for laundry services, care must be taken that soiled linen and clothing are properly handled before sending out. Clean linen and clothing received from a laundry service must be stored in a proper manner; and (3-30-06)

h. Residents' and personnel's personal laundry must be collected, transported, sorted, washed, and dried in a sanitary manner and cannot be washed with general linens (towels, sheets). (3-30-06)

06. Housekeeping Services and Equipment. Housekeeping, maintenance personnel, and equipment must be provided to maintain the interior and exterior of the facility in a clean, safe, and orderly manner. Prior to occupancy of any sleeping room by a new resident, the room must be thoroughly cleaned including the bed, bedding, and furnishings. (3-30-06)

261. -- 299. (RESERVED)

300. REQUIREMENTS FOR NURSING SERVICES.
Nursing services must be performed in accordance with IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." The facility must have on staff or under contract the nursing personnel listed in Subsections 300.01 and 300.02 of these rules to provide nursing service requirements. (3-30-06)

01. Licensed Professional Nurse (RN). A licensed professional nurse (RN) must visit the facility at least once every ninety (90) days or when there is a change in the resident's condition. The licensed professional nurse is responsible for delegation of all nursing functions, according to IDAPA 23.01.01, "Idaho Board of Nursing Rules," Section 400. (3-30-06)

02. Licensed Nurse. The facility must assure that a licensed nurse is available to address changes in the resident's health or mental status and to review and implement new orders prescribed by the resident's health care provider. (3-30-06)

301. -- 304. (RESERVED)

305. LICENSED PROFESSIONAL NURSE RESPONSIBILITY REQUIREMENTS.
The licensed professional nurse must assess and document, including date and signature, for each resident as described in Subsections 305.01 through 305.08 of these rules. (3-30-06)

01. Resident Response to Medications and Therapies. Conduct a nursing assessment of each resident's response to medications and prescribed therapies. (3-30-06)

02. Current Medication Orders and Treatment Orders. Assure the residents' medication and

treatment orders are current by verifying: (7-1-15)

a. That the medication listed on the medication distribution container, including over-the-counter-medications as appropriate, are consistent with physician or authorized provider orders: (7-1-15)

b. That the physician or authorized provider orders related to therapeutic diets, treatments, and medications for each resident are followed; and (7-1-15)

c. A copy of the actual written, signed and dated orders are present in each resident's care record. (7-1-15)

03. Resident Health Status. Conduct a nursing assessment of the health status of each resident by identifying symptoms of illness, or any changes in mental or physical health status. (3-30-06)

04. Recommendations. Make recommendations to the administrator regarding any medication needs, other health needs requiring follow up, or changes needed to the Negotiated Service Agreement. (3-30-06)

05. Progress of Previous Recommendations. Conduct a review and follow-up of the progress on previous recommendations made to the administrator regarding any medication needs or other health needs that require follow up. Report to the attending physician or authorized provider and state agency if recommendations for care and services are not implemented that have affected or have the potential to affect the health and safety of residents. (3-30-06)

06. Self-Administered Medication. Conduct an initial nursing assessment on each resident participating in a self-administered medication program as follows: (3-30-06)

a. Before the resident can self-administer medication to assure resident safety; and (3-30-06)

b. Evaluate the continued validity of the assessment to assure the resident is still capable to safely continue the self-administered medication for the next ninety (90) days. (3-30-06)

07. Medication Interactions and Usage. Conduct a review of the resident's use of all prescribed and over-the-counter medications for side effects, interactions, abuse or a combination of these adverse effects. The nurse must notify the resident's physician or authorized provider of any identified concerns. (3-30-06)

08. Resident and Facility Staff Education. Assess, document and recommend any health care related educational needs, for both the resident and facility staff, as the result of the assessment or at the direction of the resident's health care provider. (3-30-06)

306. -- 309. (RESERVED)

310. REQUIREMENTS FOR MEDICATION.

01. Medication Distribution System. Each facility must use medi-sets or blister packs for prescription medications. The facility may use multi-dose medication distribution systems that are provided for resident's receiving medications from the Veterans Administration or Railroad benefits. The medication system must be filled by a pharmacist and appropriately labeled in accordance with pharmacy standards and physician or authorized provider instructions. A licensed nurse may fill medi-sets, blister packs, or other Licensing and Survey Agency approved system as provided in Section 39-3326, Idaho Code and Section 157 of these rules. (7-1-15)

a. All medications will be kept in a locked area such as a locked box or room; (3-30-06)

b. Poisons, toxic chemicals, and cleaning agents will be stored in separate locked areas apart from medications, such as a locked medication cart, locked box or room; (3-30-06)

c. Biologicals and other medications requiring cold storage will be refrigerated. A covered container in a home refrigerator will be considered to be satisfactory storage if the temperature is maintained at thirty-eight to

forty-five degrees (38-45°F) Fahrenheit. The temperature will be monitored and documented on a daily basis; (3-30-06)

d. Assistance with medication must comply with the Board of Nursing requirements; (3-30-06)

e. Each prescription medication must be given to the resident directly from the medi-set, blister pack or medication container; and (7-1-15)

f. Each resident must be observed taking the medication. (3-30-06)

02. Unused Medication. Unused, discontinued, or outdated medications cannot accumulate at the facility for longer than thirty (30) days. The unused medication must be disposed of in a manner that assures it cannot be retrieved. The facility may enter into agreement with a pharmacy to return unused, unopened medications to the pharmacy for proper disposition and credit. See IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sections 664 and 665, and IDAPA 27.01.01, "Rules of the Idaho Board of Pharmacy." A written record of all drug disposals must be maintained in the facility and include: (3-30-06)

a. A description of the drug, including the amount; (3-30-06)

b. Name of resident for prescription medication; (3-30-06)

c. The reason for disposal; (3-30-06)

d. The method of disposal; (3-30-06)

e. The date of disposal; and (3-30-06)

f. Signatures of responsible facility personnel and witness. (3-30-06)

03. **Controlled Substances**. The facility must track all controlled substances entering the facility in accordance with Title 37, Chapter 27, Idaho Code, and IDAPA 27.01.01, "Rules of the Idaho Board of Pharmacy," Section 495, and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing Rules," Section 490. (3-30-06)

04. Psychotropic or Behavior Modifying Medication. (3-30-06)

a. Psychotropic or behavior modifying medication intervention must not be the first resort to address behaviors. The facility must attempt non-drug interventions to assist and redirect the resident's behavior. (3-30-06)

b. Psychotropic or behavior modifying medications must be prescribed by a physician or authorized provider. (3-30-06)

c. The facility will monitor the resident to determine continued need for the medication based on the resident's demonstrated behaviors. (3-30-06)

d. The facility will monitor the resident for any side effects that could impact the resident's health and safety. (3-30-06)

e. The use of psychotropic or behavior modifying medications must be reviewed by the physician or authorized provider at least every six (6) months. The facility must provide behavior updates to the physician or authorized provider to help facilitate an informed decision on the continuing use of the psychotropic or behavior modifying medication. (3-30-06)

311. -- 319. (RESERVED)

320. REQUIREMENTS FOR THE NEGOTIATED SERVICE AGREEMENT.
The Negotiated Service Agreement must be completed and signed no later than fourteen (14) calendar days from the date of admission. A written interim plan must be developed and used while the Negotiated Service Agreement is

being completed. (3-30-06)

01. Use of Negotiated Service Agreement. Each resident, regardless of the source of funding, must enter into a Negotiated Service Agreement. The Negotiated Service Agreement provides for coordination of services and instruction to the facility staff. Upon completion, the agreement must clearly identify the resident; describe services to be provided, the frequency of such services, and how such services are to be delivered. The Negotiated Service Agreement must be implemented. (3-30-06)

02. Key Elements of the Negotiated Service Agreement. A resident's agreement must be based on the following: (3-30-06)

a. Resident's uniform assessment or assessment based on the uniform assessment criteria; (3-30-06)

b. Level of support in activities of daily living; (3-30-06)

c. Health services; (3-30-06)

d. Level of assistance for medications; (3-30-06)

e. Frequency of needed services; (3-30-06)

f. Scope of needed assistance; (3-30-06)

g. Habilitation needs, to specify the program being used if applicable; (3-30-06)

h. Training needs, to specify the program being used if applicable; (3-30-06)

i. Identification of specific behavioral symptoms, situations that trigger the behavior symptoms and the specific interventions for each behavioral symptom; (3-30-06)

j. Physician or authorized provider's signed and dated orders; (3-30-06)

k. Admission records; (3-30-06)

l. Community support systems; (3-30-06)

m. Resident's desires; (3-30-06)

n. Transfer plans; (3-30-06)

o. Discharge plans; (3-30-06)

p. Identification of individual services being provided by other providers and who is providing the service; and (3-30-06)

q. Other identified needs. (3-30-06)

03. Signature, Date and Approval of Agreement. The administrator and resident, legal guardian, or conservator, must sign and date the service agreement upon its completion. (3-30-06)

04. Review Date. The Negotiated Service Agreement must include the next scheduled date of review. (3-30-06)

05. Development of the Service Agreement. The resident, and other relevant persons as identified by the resident, must be included in the development of the service agreement. Licensed and professional staff will be involved in the development of the service agreement as applicable. (3-30-06)

06. Provision of Copy of Agreement. Signed copies of the agreement must be given to the resident, legal guardian, or conservator, and a copy placed in the resident's record file, no later than fourteen (14) calendar days from admission. (3-30-06)

07. Resident Choice. A resident must be given the choice and control of how and what services the facility or external vendors will provide, to the extent the resident can make choices. The resident's choice must not violate the provisions of Section 39-3307(1), Idaho Code. (3-30-06)

08. Periodic Review. The Negotiated Service Agreement must be reviewed when there is a change in a diagnosis for the resident or other change in condition requiring different, additional, or replacement services or at least every twelve (12) months. (3-30-06)

321. -- 329. (RESERVED)

330. REQUIREMENTS FOR RECORDS.
The facility administrator is responsible for assuring that record policies and procedures are implemented in the facility. (3-30-06)

01. Individual Resident Care Record. An individual resident care record must be maintained for each admission with all entries kept current, dated and signed. All paper records must be recorded legibly in ink.(3-30-06)

02. Resident Record Retention. Records must be preserved in a safe location protected from fire, theft, and water damage for a period of not less than three (3) years. (3-30-06)

03. Resident Record Confidentiality. The facility must safeguard resident information against loss, destruction, and unauthorized use. (3-30-06)

04. Staff Access. Resident care records of current residents must be available to direct care staff at all times. (3-30-06)

05. Electronic Records. The facility must be able to print records maintained electronically in the facility. (3-30-06)

06. Accessibility of Records to Survey Staff. Survey staff must have complete and immediate access to resident and facility records. (3-30-06)

331. -- 334. (RESERVED)

335. REQUIREMENTS FOR INFECTION CONTROL.
The administrator is responsible for assuring that infection control policy and procedure are implemented. (3-30-06)

01. Implementation of Policies. Staff must implement facility policy and procedure. (3-30-06)

02. Staff With Infectious Disease. Staff with an infectious disease must not work until the infectious stage is corrected or must be reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent. (3-30-06)

03. Standard Precautions. Standard precautions must be used in the care of residents to prevent transmission of infectious disease according to the Centers for Disease Control and Prevention (CDC) guidelines. These guidelines may be accessed on the CDC website at http://www.cdc.gov/hai/. (7-1-15)

04. Reporting of Individual With Infectious Disease. The name of any resident or facility personnel with a reportable disease listed in IDAPA 16.02.10, "Idaho Reportable Diseases," will be reported immediately to the local Health District authority and appropriate infection control procedures must be immediately implemented as directed by that local health authority. (3-30-06)

336. -- 339. (RESERVED)

340. REQUIREMENTS FOR MENTAL HEALTH CONTRACT BEDS.
A facility may enter into an agreement with the Department to provide short-term care to certain residents designated by the mental health program of the Department. These residents are temporarily distressed and unable to fully meet their basic needs. They require strong support, supervision, and while nonviolent nor a danger to self or others, could regress without these supports. (3-30-06)

01. License and Personnel. The facility must be on a full license and must be staffed with at least one (1) staff member up and awake at night to assure the safety of all residents. (3-30-06)

02. Written Contract. The facility must have a written contract with the Department outlining the responsibilities of both parties and lists the names and telephone numbers of individuals who may be contacted if questions arise regarding the residents' care. (3-30-06)

03. Resident Assessment. The facility must have on file the results of a Department assessment which clearly assures that the resident is not a danger to them self or others. (3-30-06)

04. Personnel Orientation and Training. Personnel providing direct resident care, including contract staff must have documented evidence on file at the facility of appropriate orientation and training in providing care for residents with mental illness. (3-30-06)

341. -- 344. (RESERVED)

345. REQUIREMENTS FOR HOURLY ADULT CARE.
If the facility provides hourly adult care, the administrator must assure that the facility's policies and procedures are implemented. (3-30-06)

01. Medication and Treatment Orders. All medications and treatments must be ordered by a physician or authorized provider. (3-30-06)

02. Assistance With Medication. Assistance with medication by unlicensed assistive personnel in the facility must follow IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." (3-30-06)

a. Each hourly adult care individual is responsible for bringing appropriately labeled medications for the stay; and (3-30-06)

b. The facility is responsible for the safeguarding hourly adult care individual's medications while at the facility. (3-30-06)

03. Restrictions for Hourly Adult Care. The facility must assure that the restrictions for hourly adult care in Subsections 345.03.a. through 345.03.f. of these rules are followed. (3-30-06)

a. Hourly adult care services may be provided to such number of individuals that the facility can handle without interference with the normal activities of the facility; staffing must be based upon the needs of all residents in the facility to include full-time residents and hourly adult care individuals; (3-30-06)

b. Provision of time appropriate accommodations will be made available for the individual, to include, napping furniture for day time hours, 6 a.m. through 10 p.m., such as lounge chairs, recliners, and couches; (3-30-06)

c. The facility will have the ability to space napping furniture at least three (3) feet apart; (3-30-06)

d. Beds and bedrooms will be available for the sleeping hours when needed by the hourly adult care individual. This bed will not be counted as a licensed bed if the individual sleeps over; (3-30-06)

e. Beds, and bedrooms of non-hourly residents will not be utilized by hourly adult care individuals; and (3-30-06)

f. No individual will be admitted to the hourly adult care program that requires skilled nursing or for whom the facility cannot adequately provide services and supervision. (3-30-06)

346. -- 349. (RESERVED)

350. REQUIREMENTS FOR HANDLING ACCIDENTS, INCIDENTS, OR COMPLAINTS.
The administrator must assure that the facilities policies and procedures are implemented. (3-30-06)

01. Notification of Accidents, Incidents, and Complaints. The administrator or person designated by the administrator must be notified of all accidents, incidents, reportable, or complaints according to the facility's policies and procedures. (3-30-06)

02. Administrator or Designee Investigation Within Thirty Days. The administrator or designee must complete an investigation and written report of the finding within thirty (30) calendar days for each accident, incident, complaint, or allegation of abuse, neglect or exploitation. (3-30-06)

03. Resident Protection. Any resident involved must be protected during the course of the investigation. (3-30-06)

04. Written Response to Complaint Within Thirty Days. The person making the complaint must receive a written response from the facility of the action taken to resolve the matter or reason why no action was taken within thirty (30) days of the complaint. (3-30-06)

05. Facility Notification to Appropriate Agencies. The facility must notify the Idaho Commission on Aging or its Area Agencies on Aging, and law enforcement in accordance with Section 39-5303, Idaho Code. (3-30-06)

06. Corrective Action for Known Allegations. When an allegation of abuse, neglect or exploitation is known by the facility, corrective action must be immediately taken and monitored to assure the problem does not recur. (3-30-06)

07. Notification of Licensing and Survey Agency Within Twenty-Four Hours. When a reportable incident occurs, the administrator or designee must notify the Licensing and Survey Agency within twenty-four (24) hours of the incident. (3-30-06)

08. Identify and Monitor Patterns. The administrator or person designated by the administrator must identify and monitor patterns of accidents, incidents, or complaints to assure the facility's policies and procedures protect the safety of the residents. (7-1-15)

351. -- 399. (RESERVED)

400. REQUIREMENTS FOR FIRE AND LIFE SAFETY STANDARDS.
A facility's buildings must meet all requirements of the local and state codes that are applicable to residential care or assisted living facilities for fire and life safety standards. (3-30-06)

401. FIRE AND LIFE SAFETY STANDARDS FOR BUILDINGS HOUSING THREE THROUGH SIXTEEN RESIDENTS.
A newly constructed facility or a building converted to a residential care or assisted living facility after January 1, 2006, housing three (3) through sixteen (16) residents on the first story only must comply with one (1) of the following: (3-30-06)

01. NFPA, Standard #101. NFPA, Standard #101, Life Safety Code, 2000 Edition, Chapter 32, New Residential Board and Care Occupancies, Small Facilities, Impractical Evacuation Capability. Exceptions: (3-30-06)

a. The minimum water supply for a residential sprinkler system can be equal to the water demand rate times ten (10) minutes, and (3-30-06)

b. Section 32.7, Operational Features do not apply. (3-30-06)

02. NFPA, Standard 101A. NFPA Standard 101A, 2001 Edition, Fire Safety Evaluation System for Board and Care Occupancies, Chapter 7, Impractical Evacuation Capability. (3-30-06)

402. FIRE AND LIFE SAFETY STANDARDS FOR BUILDINGS HOUSING SEVENTEEN OR MORE RESIDENTS AND MULTI-STORY BUILDINGS.
A newly constructed facility or a building converted to a residential care or assisted living facility after January 1, 2006, housing seventeen (17) residents or more, or any building housing residents on stories other than the first story must comply with requirements of NFPA, Standard #101, Life Safety Code, 2000 Edition, Chapter 18, New Health Care/Limited Care Occupancies. (3-30-06)

403. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR THREE THROUGH SIXTEEN RESIDENTS PRIOR TO JANUARY 1, 2006.

01. Existing Buildings Housing Three Through Nine Residents. Existing facilities licensed prior to January 1, 2006, and housing three (3) through nine (9) residents on the first story only, can continue to comply with the requirements of the NFPA, Standard #101, Life Safety Code, 1988 Edition, Chapter 21, Residential Board and Care Occupancies, Small Facilities, Prompt Evacuation Capability. With the exception, of the requirement for a door closure on the sleeping room door, which will not apply. (3-30-06)

02. Existing Buildings Housing Ten Through Sixteen Residents for Facilities. Existing facilities licensed prior to January 1, 2006, and housing ten (10) through sixteen (16) residents on the first story only, can continue to comply with the requirements of the NFPA, Standard #101, Life Safety Code, 1988 Edition, Chapter 21, Residential Board and Care Occupancies, Small Facilities, Impractical Evacuation Capability. With the exception, of the requirement for a door closure on the sleeping room door, which will not apply. (3-30-06)

03. Any Change in Ownership of Facility. When there is any change in ownership, existing buildings housing three (3) through sixteen (16) beds will be required to comply with NFPA Standard #101, Life Safety Code, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, Impractical Evacuation Capability. (3-30-06)

404. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR SEVENTEEN OR MORE RESIDENTS AND MULTI-STORY BUILDINGS PRIOR TO JANUARY 1, 2006.

01. Existing Buildings Housing Seventeen or More Residents and Multi-Story Buildings. Existing facilities with buildings housing seventeen (17) or more residents or any building housing residents on stories other than the first story licensed prior to January 1, 2006, can continue to comply with NFPA, Standard #101, Life Safety Code, 1988 Edition, Chapter 13, Existing Health Care/Limited Care Occupancies. (3-30-06)

02. Any Change in Ownership of Facility. When there is any change in ownership, existing buildings housing seventeen (17) residents or more or any building housing residents on stories other than the first story will be required to comply with NFPA, Standard #101, Life Safety Code, 2000 Edition, Chapter 19, Existing Health Care/ Limited Care Occupancies. (3-30-06)

405. ADDITIONAL FIRE AND LIFE SAFETY STANDARDS FOR BUILDINGS AND FACILITIES.

01. Electrical Installations and Equipment. Electrical installations and equipment must comply with applicable local or state electrical requirements to include the following: (3-30-06)

a. Equipment designed to be grounded must be maintained in a grounded condition; and (3-30-06)

b. Extension cords and multiple electrical adapters are prohibited, with the exception of approved grounded multiple electrical adapters with a built-in breaker. (3-30-06)

02. Fire Alarm Smoke Detection System. An electrically-supervised, manually-operated fire alarm

smoke detection system must be installed throughout each building housing residents. The system must have a control panel, manual pull stations, smoke detectors, sounding devices, power backup and any sprinkler flow or alarm devices. The system, including devices, their location, and installation must be approved by the Licensing and Survey Agency prior to installation. (3-30-06)

03. **Medical Gases**. Handling, use and storage of medical gas must be according to NFPA Standard 99, Standard for Health Care Facilities, 2003 Edition. (3-30-06)

04. **Solid Fuel Heating Devices**. Solid fuel heating devices must be installed according to standards in NFPA Standard #211, Standard for Chimneys, Fireplaces, Vents, and Solid Burning Appliances, 2000 Edition. (3-30-06)

05. **Structure, Maintenance, Equipment to Assure Safety**. The facility must be structurally sound, maintained, and equipped to assure the safety of residents, personnel, and the public including: (3-30-06)

a. Furnishings, decorations, or other objects cannot be placed so as to obstruct exit access or exits; (3-30-06)

b. All ramps, open porches, sidewalks, and open stairs must be maintained free of snow and ice buildup; (3-30-06)

c. Wood stoves must have railings or other protection designed to prevent residents from coming into contact with the stove surfaces; (3-30-06)

d. All fireplaces must have heat tempered glass fireplace enclosures or its equivalent; (3-30-06)

e. Boilers, hot water heaters, and unfired pressure vessels must be equipped with automatic pressure relief valves; (3-30-06)

f. Portable heating devices of any kind are prohibited; Portable electric space heaters and moveable fuel-fired heaters are considered portable comfort heating devices. Exceptions: Heated mattress pads, electric blankets and heating pads when ordered by an authorized provider, physician; (3-30-06)

g. Flammable and highly combustible materials deemed hazardous by the Licensing and Survey Agency cannot be stored in the facility unless the building is protected throughout by an approved automatic fire extinguishing system. (3-30-06)

06. **Natural or Man-Made Hazards**. When natural or man-made hazards are present on the facility property or border the facility property, suitable fences, guards, railing, or a combination must be installed to provide protection for the residents. (3-30-06)

07. **Exit Door Locks**. Any locks on exit doors must be single action and easily operable from the inside without the use of keys or any special knowledge. Special locking arrangements as permitted in Chapter 7 of the NFPA, Standard 101, Life Safety Code, 2000 Edition, can be used. (3-30-06)

08. **Portable Fire Extinguishers**. Portable fire extinguishers must be installed throughout each building used as a facility. Each extinguisher must be installed according to the standards in NFPA Standard #10, Standard for Portable Fire Extinguishers, 2002 Edition. (3-30-06)

09. **Resident Placement**. Any resident requiring assistance in ambulation must reside on the first story, unless the facility complies with Sections 401 through 404 of these rules. (3-30-06)

10. **Telephone**. The facility must have a telephone on the premises available for staff use in the event of an emergency. Emergency telephone numbers must be posted near the telephone. (3-30-06)

11. **Weeds and Trash**. The premises and all buildings used as a facility must be maintained free from the accumulation of weeds and trash. (3-30-06)

406. -- 409. (RESERVED)

410. REQUIREMENTS FOR EMERGENCY PREPAREDNESS.
Each facility must implement its emergency preparedness plan in the event of fire, explosion, flood, earthquake, high wind, or other emergency. (3-30-06)

01. Written Agreement for Relocation. The facility must have a written agreement developed between the facility and the location to which residents would be relocated in the event the building cannot be reoccupied. (3-30-06)

02. Fire Drills. All personnel and residents must participate in a minimum of one (1) fire drill per shift per quarter. Fire drills must be unannounced. (3-30-06)

03. Report of Fire. A separate report on each fire incident occurring within the facility must be submitted to the Licensing and Survey Agency within thirty (30) days of the occurrence. The reporting form, "Facility Fire Incident Report," issued by the Licensing and Survey Agency is used to secure specific data concerning date, origin, extent of damage, method of extinguishment, and injuries, if any. A fire incident is considered any activation of the building's fire alarm system other than a false alarm, during testing of the fire alarm system, or during a fire drill. (3-30-06)

411. -- 414. (RESERVED)

415. MAINTENANCE OF EQUIPMENT AND SYSTEMS FOR FIRE AND LIFE SAFETY.

01. Maintenance of Equipment and Systems. The facility must assure that all equipment and systems are properly maintained to assure the safety of the residents. (3-30-06)

02. Fuel-Fired Heating. Fuel-fired heating devices and systems, including wood stoves, must be inspected/serviced/cleaned at least annually by a person professionally engaged in the business of servicing these devices or systems. (3-30-06)

03. Portable Fire Extinguisher Service and Testing. Portable fire extinguishers must be serviced in accordance with NFPA Standard #10, Standard for Portable Fire Extinguishers, 2002 Edition. In addition, portable fire extinguishers must be examined at least monthly by a designated person in the facility to determine that: (3-30-06)

a. Each extinguisher is in its designated location; (3-30-06)

b. Each extinguisher seal or tamper indicator is not broken; (3-30-06)

c. Each extinguisher has not been physically damaged; (3-30-06)

d. Each extinguisher gauge, if provided, shows a charged condition; and (3-30-06)

e. The inspection tag attached to the extinguisher shall show at least the initials of the person making the monthly examination and the date of the examination. (3-30-06)

04. Fire Alarm Smoke Detection System Service and Testing. (3-30-06)

a. The facility's fire alarm smoke detection system must be inspected, tested, and serviced at least annually by a person or business professionally engaged in the servicing of such systems; and (3-30-06)

b. The fire alarm smoke detection system must be inspected and tested at least monthly by a designated facility employee. (3-30-06)

05. Automatic Fire Extinguishing System Service and Testing. All automatic fire extinguishing

systems must be inspected, tested, and serviced at least annually by a sprinkler system contractor licensed by the Idaho State Fire Marshal's office. (3-30-06)

06. Fire Watch. The facility must institute a fire watch during any time the fire alarm, smoke detection, or sprinkler system is inoperable for greater than four (4) hours. (3-30-06)

416. -- 419. (RESERVED)

420. USE OF MODULAR (I.E., FACTORY BUILT) BUILDINGS AND MANUFACTURED HOMES. Modular Buildings as defined in Section 39-4105, Idaho Code, must conform to the requirements of the International Building Code unless approved for use as a facility prior to July 1, 1999, and may continue to be licensed when evaluated on a case-by-case basis for fire and life safety issues. Manufactured Homes as defined in Section 39-4105, Idaho Code, that meet International Building Code requirements can be considered for use as residential care or assisted living facilities. (3-30-06)

421. -- 429. (RESERVED)

430. REQUIREMENTS FOR FURNISHINGS, EQUIPMENT, SUPPLIES, AND BASIC SERVICES. Each facility must provide to the resident: (3-29-10)

01. Common Shared Furnishings. Appropriately designed and constructed furnishings to meet the needs of each resident, including reading lamps, tables, and comfortable chairs or sofas. All items must be in good repair, clean, safe, and provided at no additional cost to the resident. (3-29-10)

02. Resident Sleeping Room Furnishings. Comfortable furnishings and individual storage, such as a dresser, for personal items for each resident in each sleeping room. All items must be in good repair, clean, and safe. (3-29-10)

03. Resident Bed. Each resident must be provided his own bed, which will be at least thirty-six (36) inches wide, substantially constructed, clean, and in good repair. Roll-away beds, cots, futons, folding beds, or double bunks are prohibited. Bed springs must be in good repair, clean, and comfortable. Bed mattresses must be standard for the bed, clean, and odor free. A pillow must be provided. (3-29-10)

04. Resident Telephone Privacy. The facility must have at least one (1) telephone that is accessible to all residents, and provide local calls at no additional cost. The telephone must be placed in such a manner as to provide the resident privacy while using the telephone. (3-29-10)

05. Basic Services. The following are basic services to be provided to the resident by the facility within the basic services rate: (3-29-10)

a. Rent; (3-29-10)

b. Utilities; (3-29-10)

c. Food; (3-29-10)

d. Activities of daily living services; (3-29-10)

e. Supervision; (3-29-10)

f. First aid; (3-29-10)

g. Assistance with and monitoring of medications; (3-29-10)

h. Laundering of linens owned by the facility; (3-29-10)

i. Emergency interventions and coordination of outside services; (3-29-10)

j. Routine housekeeping and maintenance of common areas; and (3-29-10)

k. Access to basic television in common areas. (3-29-10)

06. Basic Supplies. The following are to be supplied by the facility at no additional cost to the resident: linens, towels, wash cloths, liquid hand soap, non-sterile exam gloves, toilet paper, and first aid supplies, unless the resident chooses to provide his own. (3-29-10)

07. Personal Supplies. Soap, shampoo, hair brush, comb, electric razor or other means of shaving, toothbrush, toothpaste, sanitary napkins, and incontinent supplies must be provided by the facility unless the resident chooses to provide his or her own. The facility may charge the resident for personal supplies the facility provides and must itemize each item being charged to the resident. (3-29-10)

08. Resident Supplies and Furnishings. If a resident chooses to provide his or her own supplies or furnishings, the facility must assure that the resident's supplies or furnishings meet the minimum standards as identified in Subsections 430.01 through 430.06 of this rule. (3-29-10)

431. -- 449. (RESERVED)

450. REQUIREMENTS FOR FOOD AND NUTRITIONAL CARE SERVICES.
The facility must meet the standards in the Idaho Food Code, IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," as incorporated in Section 004 of these rules. The facility must also implement the operational policies as described in Section 158 of these rules. (3-30-06)

451. MENU AND DIET PLANNING.
The facility must provide each resident with at least the minimum food and nutritional needs in accordance with the Recommended Dietary Allowances established by the Food and Nutrition Board of the National Academy of Sciences. These recommendations are found in the Idaho Diet Manual incorporated by reference in Section 004 of these rules. The menu must be adjusted for age, sex, and activity as approved by a registered dietitian. (3-30-06)

01. Menu. The facility must have a menu planned or approved, signed and dated by a registered dietitian prior to being served to the resident. The planned menu must meet nutritional standards. (3-30-06)

a. Menus will provide a sufficient variety of foods in adequate amounts at each meal. (3-30-06)

b. Food selections must include foods that are served in the community, in season, as well as residents' preferences, food habits, and physical abilities. (3-30-06)

c. The menus must be prepared in advance and available to residents on request. (3-30-06)

d. The facility must serve the planned menu and if substitutions are made the menu must be corrected to reflect the substitutions. (3-30-06)

02. Snacks. Snacks must be available and offered to residents between meals and at bedtime.(3-30-06)

03. Therapeutic Diets. The facility must have a therapeutic diet menu planned or approved, signed and dated by a registered dietitian prior to being served to a resident. (3-30-06)

a. The therapeutic diet planned menu, to the extent it is possible, must meet nutritional standards; (3-30-06)

b. The therapeutic diet menu must be planned as close to a regular diet as possible; and (3-30-06)

c. The facility must have for each resident on a therapeutic diet, an order from a physician or authorized provider. (3-30-06)

04. Facilities Licensed for Sixteen Beds or Less. In facilities licensed for sixteen (16) beds or less, menus must be planned in writing at least one week in advance. (3-30-06)

05. Facilities Licensed for Seventeen Beds or More. Facilities licensed for seventeen (17) beds or more must: (3-30-06)

a. Develop and implement a cycle menu which covers a minimum of two (2) seasons and is four (4) to five (5) weeks in length; (3-30-06)

b. Follow standardized recipes; and (3-30-06)

c. Have available in the kitchen a current diet manual approved by the Licensing and Survey Agency. (3-30-06)

452. -- 454. (RESERVED)

455. FOOD SUPPLY.
The facility must maintain a seven (7) day supply of nonperishable foods and a two (2) day supply of perishable foods. The facility's kitchen must have the types and amounts of food to be served readily available to meet the planned menu. (3-30-06)

456. -- 459. (RESERVED)

460. FOOD PREPARATION AND SERVICE.

01. Food Preparation. Foods must be prepared by methods that conserve nutritional value, flavor, and appearance. (3-30-06)

02. Frequency of Meals. (3-30-06)

a. The facility must provide residents at least three (3) meals daily, at regular times comparable to normal mealtimes in the community; (3-30-06)

b. There must not be more than fourteen (14) hours between a substantial evening meal and breakfast; (3-30-06)

c. The facility must assure that residents who are not in the facility for the noon meal are offered a substantial evening meal; and (3-30-06)

d. The facility must offer evening snacks. (3-30-06)

03. Food Preparation Area. (3-30-06)

a. No live animals or fowl will be kept or maintained in the food service preparation or service area. (3-30-06)

b. Neither food preparation nor food service areas will be used as living quarters for staff. (3-30-06)

04. Disposable Items. The facility will not use single use items except in unusual circumstances for a short period of time or for outdoor outings. (3-30-06)

461. -- 499. (RESERVED)

500. REQUIREMENTS FOR NOTICE OF MONTHLY FEE INCREASE.
The resident or resident's legal guardian, or conservator must be notified in writing of an increase in the facility monthly rates at least thirty (30) calendar days prior to such a raise taking effect. (3-30-06)

501. -- 504. (RESERVED)

505. REQUIREMENTS FOR HANDLING OF RESIDENT FUNDS.

01. Separate Trust Account Established. If a facility agrees to handle resident funds, a separate trust account must be established for each resident and an accounting record maintained. There can be no commingling of resident funds with facility funds. Borrowing between resident accounts is prohibited. (3-30-06)

a. The facility cannot require a resident to purchase goods or services from the facility for other than those designated in the admission policies, or the admission agreement, or both; (3-30-06)

b. Each transaction must be documented at the time of the transaction, with facility personnel and resident signatures for the transaction; and (3-30-06)

c. The facility must assure that the resident has access to his personal funds during reasonable hours. (3-30-06)

02. Resident's Funds Upon Permanent Discharge. When the facility manages the resident's funds and the resident permanently leaves the facility, the facility can only retain room and board funds prorated to the last day of the thirty (30) day notice, except in situations described in Subsections 220.07.c.i. and 220.07.c.ii. of these rules. All remaining funds are the property of the resident. In the event of the resident's death, the resident's facility's fees cease accruing fifteen (15) days after death. (3-30-06)

506. -- 509. (RESERVED)

510. REQUIREMENTS TO PROTECT RESIDENTS FROM ABUSE.
The administrator must assure that policies and procedures are implemented to assure that all residents are free from abuse. (3-30-06)

511. -- 514. (RESERVED)

515. REQUIREMENTS TO PROTECT RESIDENTS FROM EXPLOITATION.
The administrator must assure that policies and procedures are implemented to assure that all residents are free from exploitation. (3-30-06)

516. -- 519. (RESERVED)

520. REQUIREMENTS TO PROTECT RESIDENTS FROM INADEQUATE CARE.
The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. (3-30-06)

521. -- 524. (RESERVED)

525. REQUIREMENTS TO PROTECT RESIDENTS FROM NEGLECT.
The administrator must assure that policies and procedures are implemented to assure that all residents are free from neglect. (3-30-06)

526. -- 549. (RESERVED)

550. REQUIREMENTS FOR RESIDENTS' RIGHTS.
The administrator must assure that policies and procedures are implemented to assure that residents' rights are observed and protected. (3-30-06)

01. Resident Records. The facility must maintain and keep current a record of the specific information on each resident. Upon request a resident must be provided access to information in his record. (3-30-06)

a. A copy of the resident's current Negotiated Service Agreement and physician or authorized

provider's order; (3-30-06)

b. Written acknowledgement that the resident has received copies of the rights; (3-30-06)

c. A record of all personal property and funds that the resident has entrusted to the facility, including copies of receipts for the property; (3-30-06)

d. Information about any specific health problems of the resident that may be useful in a medical emergency; (3-30-06)

e. The name, address, and telephone number of an individual identified by the resident who should be contacted in the event of an emergency or death of the resident; (3-30-06)

f. Any other health-related, emergency, or pertinent information which the resident requests the facility to keep on record; and (3-30-06)

g. The current admission agreement between the resident and the facility. (3-30-06)

02. Privacy. Each resident must be assured the right to privacy with regard to accommodations, medical and other treatment, written and telephone communications, visits, and meetings of family and resident groups. (3-30-06)

03. Humane Care and Environment. (3-30-06)

a. Each resident has the right to humane care and a humane environment, including the following: (3-30-06)

i. The right to a diet that is consistent with any religious or health-related restrictions; (3-30-06)

ii. The right to refuse a restricted diet; and (3-30-06)

iii. The right to a safe and sanitary living environment. (3-30-06)

b. Each resident has the right to be treated with dignity and respect, including: (3-30-06)

i. The right to be treated in a courteous manner by staff; (3-30-06)

ii. The right to receive a response from the facility to any request of the resident within a reasonable time; and (3-30-06)

iii. The right to be communicated with, orally or in writing, in a language they understand. If the resident's knowledge of English or the predominant language of the facility is inadequate for comprehension, a means to communicate in a language familiar to the resident must be available and implemented. There are many possible methods such as bilingual staff, electronic communication devices, family and friends to translate. The method implemented must assure the resident's right of confidentiality, if the resident desires. (3-30-06)

04. Personal Possessions. Each resident has the right to: (3-30-06)

a. Wear his own clothing; (3-30-06)

b. Determine his own dress or hair style; (3-30-06)

c. Retain and use his own personal property in his own living area so as to maintain individuality and personal dignity; and (3-30-06)

d. Be provided a separate storage area in his own living area and at least one (1) locked cabinet or drawer for keeping personal property. (3-30-06)

05. Personal Funds. Residents whose board and care is paid for by public assistance will retain, for their personal use, the difference between their total income and the applicable board and care allowance established by Department rules. (3-30-06)

a. A facility must not require a resident to deposit his personal funds with the facility; and (3-30-06)

b. Once the facility accepts the written authorization of the resident, it must hold, safeguard, and account for such personal funds under a system established and maintained by the facility in accordance with this paragraph. (3-30-06)

06. Management of Personal Funds. Upon a facility's acceptance of written authorization of a resident, the facility must manage and account for the personal funds of the resident deposited with the facility as follows: (3-30-06)

a. The facility must deposit any amount of a resident's personal funds in excess of five (5) times the personal needs allowance in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts and credit all interest earned on such separate account to such account. The facility must maintain any other personal funds in a non-interest bearing account or petty cash fund; (3-30-06)

b. The facility must assure a full and complete separate accounting of each resident's personal funds, maintain a written record of all financial transactions involving each resident's personal funds deposited with the facility, and afford the resident (or a legal representative of the resident) reasonable access to such record; and (3-30-06)

c. Upon the death of a resident with such an account, the facility must promptly convey the resident's personal funds (and a final accounting of such funds) to the individual administering the resident's estate. For clients of the Department, the remaining balance of funds must be refunded to the Department. (3-30-06)

07. Access and Visitation Rights. Each facility must permit: (3-30-06)

a. Immediate access to any resident by any representative of the Department, by the state ombudsman for the elderly or his designees, or by the resident's individual physician; (3-30-06)

b. Immediate access to a resident, subject to the resident's right to deny or withdraw consent at any time, by immediate family or other relatives; (3-30-06)

c. Immediate access to a resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, by others who are visiting with the consent of the resident; and (3-30-06)

d. Reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time. (3-30-06)

08. Employment. Each resident must have the right to refuse to perform services for the facility except as contracted for by the resident and the administrator of the facility. If the resident is hired by the facility to perform services as an employee of the facility, the wage paid to the resident must be consistent with state and federal law. (3-30-06)

09. Confidentiality. Each resident must have the right to confidentiality of personal and clinical records. (3-30-06)

10. Freedom from Abuse, Neglect, and Restraints. Each resident must have the right to be free from physical, mental or sexual abuse, neglect, corporal punishment, involuntary seclusion, and any physical or chemical restraints. (3-30-06)

11. Freedom of Religion. Each resident must have the right to practice the religion of his choice or to abstain from religious practice. Residents must also be free from the imposition of the religious practices of others.

(3-30-06)

12. Control and Receipt of Health-Related Services. Each resident must have the right to control his receipt of health related services, including: (3-30-06)

a. The right to retain the services of his own personal physician, dentist, and other health care professionals; (3-30-06)

b. The right to select the pharmacy or pharmacist of his choice so long as it meets the statute and rules governing residential care or assisted living and the policies and procedures of the residential care or assisted living facility; (3-30-06)

c. The right to confidentiality and privacy concerning his medical or dental condition and treatment; and (3-30-06)

d. The right to refuse medical services based on informed decision making. Refusal of treatment does not relieve the facility of its obligations under this chapter. (3-30-06)

i. The facility must document the resident and his legal guardian have been informed of the consequences of the refusal; and (3-30-06)

ii. The facility must document that the resident's physician or authorized provider has been notified of the resident's refusal. (3-30-06)

13. Grievances. Each resident must have the right to voice grievances with respect to treatment or care that is (or fails to be) furnished, without discrimination or reprisal for voicing the grievances and the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. (3-30-06)

14. Participation in Resident and Family Groups. Each resident must have the right to organize and participate in resident groups in the facility and the right of the resident's family to meet in the facility with the families of other residents in the facility. (3-30-06)

15. Participation in Other Activities. Each resident must have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility. (3-30-06)

16. Examination of Survey Results. Each resident must have the right to examine, upon reasonable request, the results of the most recent survey of the facility conducted by the Licensing and Certification Unit with respect to the facility and any plan of correction in effect with respect to the facility. (3-29-10)

17. Access by Advocates and Representatives. A residential care or assisted living facility must permit advocates and representatives of community legal services programs, whose purposes include rendering assistance without charge to residents, to have access to the facility at reasonable times in order to: (3-30-06)

a. Visit, talk with, and make personal, social, and legal services available to all residents; (3-30-06)

b. Inform residents of their rights and entitlements, and their corresponding obligations, under state, federal and local laws by distribution of educational materials and discussion in groups and with individuals; (3-30-06)

c. Assist residents in asserting their legal rights regarding claims for public assistance, medical assistance and social security benefits, and in all other matters in which residents are aggrieved, that may be provided individually, or in a group basis, and may include organizational activity, counseling and litigation; (3-30-06)

d. Engage in all other methods of assisting, advising, and representing residents so as to extend to them the full enjoyment of their rights; (3-30-06)

e. Communicate privately and without restrictions with any resident who consents to the communication; and (3-30-06)

f. Observe all common areas of the facility. (3-30-06)

18. Access by Protection and Advocacy System. A residential care or assisted living facility must permit advocates and representatives of the protection and advocacy system designated by the governor under 42 U.S.C. Section 15043 and 42 U.S.C. Section 10801 et seq., access to residents, facilities, and records in accordance with applicable federal statutes and regulations. (3-30-06)

19. Access by the Long Term Care Ombudsman. A residential care or assisted living facility must permit advocates and representatives of the long term care ombudsman program pursuant to 42 U.S.C. Section 3058, Section 67 5009, Idaho Code, and IDAPA 15.01.03, "Rules Governing the Ombudsman for the Elderly Program," access to residents, facilities and records in accordance with applicable federal and state law, rules, and regulations. (3-30-06)

20. Transfer or Discharge. Each resident must have the right to be transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay. In non-emergency conditions, the resident must be given at least thirty (30) calendar days notice of discharge. A resident has the right to appeal any involuntary discharge. (3-30-06)

21. Citizenship Rights. Each resident has a right to be encouraged and assisted to exercise rights as a citizen, including the right to be informed and to vote. (3-30-06)

22. Advanced Directives. Each resident has the right to be informed, in writing, regarding the formulation of an advanced directive as provided under Section 39-4510, Idaho Code. (3-29-10)

23. Fee Changes. Each resident has the right to written notice of any fee change not less than thirty (30) days prior to the proposed effective date of the fee change, except: (3-29-10)

a. When a resident needs additional care, services, or supplies, the facility must provide to the resident, the resident's legal guardian, or conservator written notice within five (5) days of any fee change taking place; and (3-29-10)

b. The resident, the resident's legal guardian, or conservator must be given the opportunity to agree to an amended negotiated service agreement. If the two parties do not reach an agreement on the proposed fee change, the facility is entitled to charge the changed rate after five (5) days have elapsed from the date of the facility's written notice. (3-29-10)

551. -- 559. (RESERVED)

560. NOTICE OF RESIDENTS' RIGHTS.
Each facility must; (3-30-06)

01. Inform Residents Orally and in Writing. Inform each resident, orally and in writing at the time of admission to the facility, of his legal rights during the stay at the facility. (3-30-06)

02. Written Statements. Make available to each resident, upon reasonable request, a written statement of such rights and when the rights change the resident is notified. (3-30-06)

03. Written Description of Rights. Assure the written description of legal rights under Section 560 must include a description of the protection of personal funds and a statement that a resident may file a complaint with the Department respecting resident abuse and neglect and misappropriation of resident property in the facility. (3-30-06)

04. Posting of Resident Rights. Conspicuously post the residents' rights in the facility at all times. (3-30-06)

561. -- 599. (RESERVED)

600. REQUIREMENTS FOR STAFFING STANDARDS.

01. On-Duty Staff During Residents' Sleeping Hours for Facilities of Fifteen Beds or Less. For facilities licensed for fifteen (15) beds or less, there must be at least one (1), or more qualified and trained staff, up, awake, and immediately available in the facility during resident sleeping hours. (7-1-15)

02. On-Duty Staff Up and Awake During Residents' Sleeping Hours for Facilities Licensed for Sixteen Beds or More. For facilities licensed for sixteen (16) beds or more, qualified and trained staff must be up and awake and immediately available, in the facility during resident sleeping hours. (3-30-06)

03. Detached Buildings or Units. Facilities with residents housed in detached buildings or units, must have at least one (1) staff present, and available in each building or unit when residents are present in the building or unit. The facility must also assure that each building or unit complies with the requirements for on-duty staff during resident sleeping hours to be up, awake, and immediately available in accordance with the facility's licensed bed capacity as provided in Subsections 600.01 and 600.02 of these rules. The Licensing and Survey Agency will consider a variance based on the facility's written submitted plan of operation. (7-1-15)

04. Mental Health Bed Contract Facility. Facilities that have entered into a Mental Health Bed contract with the Department must be staffed with at least one (1) staff up and awake at night to assure the safety of all residents. (3-30-06)

05. Supervision. The administrator must provide supervision for all personnel to include contract personnel. Staff who have not completed the orientation training requirements must work under the supervision of a staff who has completed the orientation training. (3-30-06)

06. Sufficient Personnel. The facility will employ and the administrator will schedule sufficient personnel to: (3-30-06)

a. Provide care, during all hours, required in each resident's Negotiated Service Agreement, to assure residents' health, safety, comfort, and supervision, and to assure the interior and exterior of the facility is maintained in a safe and clean manner; and (3-30-06)

b. To provide for at least one (1) direct care staff with certification in first aid and cardio-pulmonary resuscitation (CPR) in the facility at all times. Facilities with multiple buildings or units will have at least one (1) direct care staff with certification in first aid and CPR in each building or each unit at all times. (3-30-06)

601. -- 619. (RESERVED)

620. REQUIREMENTS FOR TRAINING OF FACILITY PERSONNEL.
The facility must follow structured written training programs designed to meet the training needs of personnel in relation to responsibilities, as specified in the written job description, to provide for quality of care and compliance with these rules. Signed evidence of personnel training, indicating hours and topic, must be retained at the facility. (3-30-06)

621. -- 624. (RESERVED)

625. ORIENTATION TRAINING REQUIREMENTS.

01. Number of Hours of Training. A minimum of sixteen (16) hours of job-related orientation training must be provided to all new personnel before they are allowed to provide unsupervised personal assistance to residents. The means and methods of training are at the facility's discretion. (3-30-06)

02. Timeline for Completion of Training. All orientation training must be completed within thirty (30) days of hire. (7-1-15)

03. **Content for Training**. Orientation training must include the following: (3-30-06)

a. The philosophy of residential care or assisted living and how it guides care giving; (3-30-06)

b. Resident Rights; (3-30-06)

c. Cultural awareness; (3-30-06)

d. Providing assistance with activities of daily living and instrumental activities of daily living; (3-30-06)

e. How to respond to emergencies; (3-30-06)

f. Documentation associated with resident care needs and the provision of care to meet those needs; (3-30-06)

g. Identifying and reporting changes in residents' health and mental condition or both; (3-30-06)

h. Documenting and reporting adverse outcomes (such as resident falls, elopement, lost items); (3-30-06)

i. Advance Directives and do not resuscitate (DNR) orders; (3-30-06)

j. Relevant policies and procedures; (3-30-06)

k. The role of the Negotiated Service Agreement; and (3-30-06)

l. All staff employed by the facility, including housekeeping personnel, or contract personnel, or both, who may come into contact with potentially infectious material, must be trained in infection control procedures for universal precautions. (3-30-06)

626. -- 629. (RESERVED)

630. TRAINING REQUIREMENTS FOR FACILITIES ADMITTING RESIDENTS WITH DIAGNOSIS OF DEMENTIA, MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR TRAUMATIC BRAIN INJURY.

A facility admitting and retaining residents with diagnosis of dementia, mental illness, developmental disability, or traumatic brain injury must train staff to meet the specialized needs of these residents. Staff must receive specialized training within thirty (30) days of hire or of admission of a resident with one (1) of these conditions. The means and methods of training are at the facility's discretion. The training should address the following areas: (7-1-15)

01. **Dementia**: (3-30-06)

a. Overview of dementia; (3-30-06)

b. Symptoms and behaviors of people with memory impairment; (3-30-06)

c. Communication with people with memory impairment; (3-30-06)

d. Resident's adjustment to the new living environment; (3-30-06)

e. Behavior management; (3-30-06)

f. Activities of daily living; and (3-30-06)

g. Stress reduction for facility personnel and resident. (3-30-06)

02. **Mental Illness**: (3-30-06)

a. Overview of mental illnesses; (3-30-06)

b. Symptoms and behaviors specific to mental illness; (3-30-06)

c. Resident's adjustment to the new living environment; (3-30-06)

d. Behavior management; (3-30-06)

e. Communication; (3-30-06)

f. Activities of daily living; (3-30-06)

g. Integration with rehabilitation services; and (3-30-06)

h. Stress reduction for facility personnel and resident. (3-30-06)

03. **Developmental Disability**: (3-30-06)

a. Overview of developmental disabilities; (3-30-06)

b. Interaction and acceptance; (3-30-06)

c. Promotion of independence; (3-30-06)

d. Communication; (3-30-06)

e. Behavior management; (3-30-06)

f. Assistance with adaptive equipment; (3-30-06)

g. Integration with rehabilitation services; (3-30-06)

h. Activities of daily living; and (3-30-06)

i. Community integration. (3-30-06)

04. **Traumatic Brain Injury**: (3-30-06)

a. Overview of traumatic brain injuries; (3-30-06)

b. Symptoms and behaviors specific to traumatic brain injury; (3-30-06)

c. Adjustment to the new living environment; (3-30-06)

d. Behavior management; (3-30-06)

e. Communication; (3-30-06)

f. Integration with rehabilitation services; (3-30-06)

g. Activities of daily living; (3-30-06)

h. Assistance with adaptive equipment; and (3-30-06)

i. Stress reduction for facility personnel and resident. (3-30-06)

631. -- 639. (RESERVED)

640. CONTINUING TRAINING REQUIREMENTS.
Each employee must receive a minimum of eight (8) hours of job-related continuing training per year. (7-1-15)

641. ADDITIONAL TRAINING RELATED TO CHANGES.
When policies or procedures are added, modified, or deleted, staff must receive additional training relating to the changes. (7-1-15)

642. -- 644. (RESERVED)

645. ASSISTANCE WITH MEDICATION CERTIFICATION REQUIREMENT.
Before staff can begin assisting residents with medications, the staff must have successfully completed a Board of Nursing approved medication assistance course. This training is not included as part of the minimum of sixteen (16) hours of orientation training or minimum of eight (8) hours of continuing training requirement per year. (3-30-06)

646. -- 649. (RESERVED)

650. REQUIREMENTS FOR UNIFORM ASSESSMENT CRITERIA FOR PRIVATE PAY RESIDENTS.

01. Facility Responsibility For Assessing Private-Pay Residents. The facility must develop, identify, assess, or direct a uniform assessment for private-pay residents who seek admission to the residential care or assisted living facility. The Department's uniform assessment tool may be used as the facility's identified uniform assessment. (3-30-06)

02. Information Included in a Uniform Assessment. The uniform assessment used by the facility will include, but not be limited to identification/background information, medical diagnosis, medical and health problems, prescription and over the counter medications, behavior patterns, cognitive function, and functional status. (3-30-06)

03. Qualifications of Person Making Uniform Assessment. The uniform assessment can only be conducted by persons who are trained and knowledgeable in administering the facility's identified uniform assessment. (3-30-06)

04. Time Frames for Completing the Uniform Assessment. The assessment must be completed no later than fourteen (14) calendar days after admission. The assessment will be reviewed when there is a change in the resident's medical condition or mental status or every twelve (12) months, whichever comes first. (3-30-06)

05. Use of Uniform Assessment for Determining the Ability of Facility to Meet Private-Pay Resident Needs. The results of the assessment must be used to evaluate the ability of an administrator and facility to meet the identified residents' needs. The results of the assessment must also be used to determine the need for special training in caring for certain residents. (3-30-06)

651. -- 654. (RESERVED)

655. USE OF THE UNIFORM ASSESSMENT CRITERIA IN DETERMINING FACILITY STAFFING.
A facility will have sufficient numbers and types of personnel to provide care and supervision to all residents within the facility's care in accordance with each resident's Negotiated Service Agreement based on the uniform assessment and in accordance with all rules and statutes governing the facility. The facility must include both private-pay and residents who are clients of the Department in the total number when determining staffing requirements. (3-30-06)

656. -- 659. (RESERVED)

660. REQUIREMENTS FOR UNIFORM ASSESSMENT CRITERIA FOR DEPARTMENT CLIENTS.
Department clients will be assessed by the Department in compliance with IDAPA 16.03.23, “Rules Governing

Uniform Assessments for State-Funded Clients." (3-30-06)

661. -- 699. (RESERVED)

700. RECORDS.
The administrator must assure that facility policies and procedures for record keeping are implemented and followed as described in Sections 700 through 750 of these rules. (3-30-06)

01. Records Information. Entries must include date, time, name, and title of the person making the entry. Staff must sign each entry made by him during his shift. (3-30-06)

02. Availability of Records. Resident care records must be available at all times to caregivers when on duty. (3-30-06)

03. Electronic Records. Electronic records must be able to be printed in the facility at the request of the resident, legal guardian, payer, or survey agency. (3-30-06)

701. -- 704. (RESERVED)

705. RESIDENT BUSINESS RECORDS.
Resident business records must contain the records described in Subsection 705.01 through 705.07 of these rules. (3-30-06)

01. Individual Responsible for Payment. Name, address, and telephone number of the individual responsible for payment. (3-30-06)

02. Written Admissions Agreement. Written admission agreement that is signed and dated by the administrator, the resident, or his legal guardian or conservator. (3-30-06)

03. Payment Schedule. A copy of the payment schedule and fee structure signed and dated by the resident, or his legal guardian or conservator, if such is separate from the admission agreement. (3-30-06)

04. Resident Rights. A signed copy of the resident's rights as identified in Section 550 of these rules or a signed and dated statement that the resident or his legal guardian or conservator has read and understands his rights as a resident of the facility. (3-30-06)

05. Completion of Admissions Process. Name, title of the facility representative who completed the admission process with the resident, legal guardian, or conservator. (3-30-06)

06. Agreement to Handle Resident's Funds. If the facility handles resident funds, there must be a signed and dated written agreement between the facility and the resident or the resident's legal guardian or conservator setting the terms. Documentation of each financial transaction at the time the transaction occurs with signatures by the administrator or his designee and the resident. (3-30-06)

07. Emergency Condition Advisory. Documentation indicating that the resident has been advised of actions required under emergency conditions. (3-30-06)

706. -- 709. (RESERVED)

710. RESIDENT CARE RECORDS.
The administrator must assure that the facility's policies and procedures for resident care records are implemented and meet the requirements described in Subsections 710.01 through 710.08 of these rules. (3-30-06)

01. Resident Demographics. Records required for admission to the facility must include: (3-30-06)

a. Name; (3-30-06)

b. Permanent address, if other than the facility; (3-30-06)

c. Marital Status; (3-30-06)

d. Gender; (3-30-06)

e. Date and Place of Birth; (3-30-06)

f. Name and address of emergency contact(s); and (3-30-06)

g. Admission date and where admitted from. (3-30-06)

02. Providers of Choice. Providers of choice including address and telephone numbers; (3-30-06)

a. Physician or authorized provider; (3-30-06)

b. Dentist; (3-30-06)

c. Pharmacy; and (3-30-06)

d. Others; such as outside service providers, e.g., home health, hospice, psychosocial services rehabilitation specialist, case manager. (3-30-06)

03. Religious Affiliation. Religious affiliation, if the resident chooses to state. (3-30-06)

04. Prior History and Physical. Results of a history and physical examination performed by a physician or authorized provider within six (6) months prior to admission. (3-30-06)

05. Prescribed Medication and Treatment List. A list of medications, diet, treatments, and any limitations, prescribed for the resident that is signed and dated by a physician or authorized provider giving the order. (3-30-06)

06. Social Information. Social information, obtained by the facility through interviews with the resident, family, legal guardian, conservator or outside service provider. The information must include the resident's social history, hobbies, and interests. (3-30-06)

07. Initial Uniform Assessment. The resident's initial uniform assessment. (3-30-06)

08. Initial Interim Plan and Negotiated Service Agreement. The resident's initial signed and dated interim plan and Negotiated Service Agreement. (3-30-06)

711. ONGOING RESIDENT CARE RECORDS.
The administrator must assure that the facility's policies and procedures for ongoing resident care records are implemented and meet the requirements described in Subsections 711.01 through 711.14 of these rules. (3-30-06)

01. Behavior Management Records. The facility must have behavior management records for residents when applicable. These records must document requirements in Section 225 and Subsection 320.02 of these rules. The records must also include the following: (3-30-06)

a. The date and time a specific behavior was observed; (3-30-06)

b. What interventions were used; and (3-30-06)

c. The effectiveness of the intervention. (3-30-06)

02. Complaints. The facility must assure that the individual resident's record documents complaints and grievances, the date received, the investigation, outcome, and the response to the individual who made the

compliant or grievance. (3-30-06)

03. **Involuntary Discharge**. The facility's records must maintain documentation of: (3-30-06)

a. The facility's efforts to resolve the situation; and (3-30-06)

b. A copy of the signed and dated notice of discharge. (3-30-06)

04. **Refusal of Care Consequences**. Documented evidence that if the resident refuses care or services, the resident has been informed of the consequences of the refusal and the notification of the resident's physician or authorized provider being notified. (3-30-06)

05. **Assessments**. The resident's uniform assessment, including the admission assessment, and all assessments for the prior eighteen (18) months after the admission to the facility. (3-30-06)

06. **Negotiated Services Agreement**. Signed and dated negotiated services agreements, including the admission Negotiated Service Agreement, and any modification and new agreements for the prior eighteen (18) months. (3-30-06)

07. **Care Plans**. Signed and dated copies of all care plans prepared by outside service agencies, if appropriate, to include who is responsible for the integration of care and services. (3-30-06)

08. **Care Notes**. Care notes that are signed and dated by the person providing the care and services must include: (3-30-06)

a. When the Negotiated Service Agreement is not followed, such as resident refusal, and the facility's response; (3-30-06)

b. Delegated nursing tasks, such as treatments, wound care, and assistance with medications; (3-30-06)

c. Unusual events such as incidents, reportable incidents, accidents, altercations and the facility's response; (3-30-06)

d. Calls to the physician or authorized provider, reason for the call, and the outcome of the call; (3-30-06)

e. Notification of the licensed professional nurse of a change in the resident's physical or mental condition; and (3-30-06)

f. Notes of care and services provided by outside contract entities, such as nurses, home health, hospice, case managers, psychosocial rehabilitation specialists, or service coordinator. (3-30-06)

09. **Current List of Medications, Diet and Treatments**. A current list of medications, diet, treatments prescribed for the resident which is signed and dated by a physician or authorized provider giving the order. (3-30-06)

10. **Six Month Review of Medications**. Written documentation, signed and dated by the physician or authorized provider documenting their every six (6) month review, for possible dose reduction, of the resident's use of psychotropic or behavioral modifying medications. (3-30-06)

11. **Medications Not Taken**. Documentation of any medication refused by the resident, not given to the resident or not taken by the resident with the reason for the omission. (3-30-06)

12. **PRN Medication**. Documentation of all PRN medication with the reason for taking the medication. (3-30-06)

13. Nursing Assessments. Nursing assessments, signed and dated, from the licensed professional nurse documenting the requirements in Section 305 of these rules. (3-30-06)

14. Discharge Information. Date of discharge, location to where the resident was discharged, and disposition of the resident's belongings. (3-30-06)

712. -- 714. (RESERVED)

715. MENTAL HEALTH CONTRACT BED RECORDS.
The administrator must assure that the facility's records for mental health contract beds are maintained as described in Subsections 715.01 and 715.02, of these rules. (3-30-06)

01. Contract with Department. The facility must maintain on file a written contract with the Department outlining the responsibilities of both parties and lists the names and telephone numbers of individuals who may be contacted if questions arise regarding the resident's care. (3-30-06)

02. Department Assessment. Results of the Department assessment for each mental health contract resident, which clearly assures that the resident is not a danger to himself or others must be in the resident's care record. (3-30-06)

716. -- 719. (RESERVED)

720. ADULT HOURLY CARE RECORDS.
The administrator must assure that the facility's hourly adult care records are maintained as described in Subsections 720.01 and 720.02 of these rules. (3-30-06)

01. Required Records for Each Hourly Adult Care Individual. The facility must maintain a record for each hourly adult care individual which includes: (3-30-06)

a. Admission identification information including responsible party and emergency telephone numbers of family members and the physician or authorized provider; (3-30-06)

b. Pertinent health and social information relevant to the supervision of the individual; and (3-30-06)

c. Care and services provided to the individual including medication assistance. (3-30-06)

02. Length of Time Records Kept for Adult Hourly Care. The records for each adult hourly care individual must be maintained for three (3) years. (3-30-06)

721. -- 724. (RESERVED)

725. FACILITY ADMINISTRATIVE RECORDS FOR ADMISSIONS AND DISCHARGE REGISTER.
The administrator must assure that the facility's administrative records for admission and discharge are maintained as described in Subsections 725.01 through 725.02 of these rules. (3-30-06)

01. Admission and Discharge Register. Each facility must maintain an admission and discharge register listing the name of each resident, date admitted, date discharged. The admissions and discharge register must be produced as a separate document, apart from the individual resident records, and must be kept current. (3-30-06)

02. Hourly Adult Care Log. A log of hourly adult care individuals, including the dates of service, must be maintained and kept for three (3) years. (3-30-06)

726. -- 729. (RESERVED)

730. FACILITY ADMINISTRATIVE RECORDS FOR PERSONNEL AND STAFFING.
The administrator must assure that the facility's personnel and staffing records are maintained as described in Subsections 730.01 through 730.03 of these rules. (3-30-06)

01. **Personnel**. A record for each employee must be maintained and available which includes the following: (3-30-06)

a. Name, address, phone number, and date of hire; (3-30-06)

b. Job description that includes purpose, responsibilities, duties, and authority; (3-30-06)

c. Evidence that on or prior to hire, staff were notified in writing that the facility does not carry professional liability insurance. If the facility cancels the professional liability insurance, all staff must be notified of the change in writing; (3-30-06)

d. A copy of a current license for all nursing staff and verification from the Board of Nursing that the license is in good standing or identification of restrictions; (3-30-06)

e. Signed evidence of training; (3-30-06)

f. CPR, first aid, and assistance with medication certification; (3-30-06)

g. Criminal history clearance as required by Section 56-1004A, Idaho Code, and IDAPA 16.05.06, "Criminal History and Background Checks," and Section 009 of these rules; (7-1-15)

h. Documentation by the licensed professional nurse of delegation to unlicensed staff to assist residents with medications and other nursing tasks; (3-30-06)

i. A signed document authorizing by position title of, the individual responsible for acting on behalf of the administrator in his absence. (3-30-06)

02. **Work Records**. Work records must be maintained in writing for the previous three (3) years which reflect: (3-30-06)

a. Personnel on duty, at any given time; and (3-30-06)

b. The first and last names, of each employee, and their position. (3-30-06)

03. **Contract Records**. Copies of contracts with outside service providers and contract staff. (3-30-06)

731. -- 734. **(RESERVED)**

735. FACILITY ADMINISTRATIVE RECORDS FOR HANDLING OF MEDICATIONS AND CONTROLLED SUBSTANCES.
The administrator must assure that the facility's records for handling of medications and controlled substances are maintained as described in Subsections 735.01 through 735.04 of these rules. (3-30-06)

01. **Documentation of Cold Storage Temperature**. Daily monitoring documentation of the refrigerated temperature where biologicals and other medications requiring cold storage are stored to assure the temperature is maintained at thirty-eight to forty-five degrees (38-45 F) Fahrenheit for the previous twelve (12) months. (3-30-06)

02. **Return Medication Agreement**. If appropriate, the written agreement between the facility and the pharmacy to return unused, unopened medications to the pharmacy for proper disposition and credit. See IDAPA 16.03.09. "Medicaid Basic Plan Benefits," Sections 664 and 665, and IDAPA 27.01.01, "Rules of the Idaho Board of Pharmacy." (3-30-06)

03. **Documentation of Medication Disposal**. A written record of all drug disposals must be maintained in the facility and include: (3-30-06)

a. A description of the drug, including the amount; (3-30-06)

b. Name of resident for prescription medication; (3-30-06)

c. The reason for disposal; (3-30-06)

d. The method of disposal; (3-30-06)

e. The date of disposal; and (3-30-06)

f. Signatures of responsible facility personnel and witness. (3-30-06)

04. Tracking Controlled Substances Documentation. The facility must maintain a written record tracking all controlled substances entering the facility in accordance with Title 37, Chapter 27, Idaho Code, IDAPA 27.01.01 "Rules of the Idaho Board of Pharmacy," Section 495, and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Section 490. (3-30-06)

736. -- 739. (RESERVED)

740. FACILITY ADMINISTRATIVE RECORDS FOR DIETARY.
The administrator must assure that the facility's records for dietary are maintained as described in Subsections 740.01 and 740.02 of these rules. (3-30-06)

01. Menu Plan Documentation. The facility must maintain copies of menus, including therapeutic menus planned, approved, signed, and dated by a dietitian in the facility. (3-30-06)

02. Length of Time Documentation Kept for Menu Plans. The facility must maintain three (3) months of as served menus, including therapeutic menus, corrected to reflect substitutions. (3-30-06)

741. -- 744. (RESERVED)

745. FACILITY ADMINISTRATIVE RECORDS FOR WATER SUPPLY.
The administrator must assure that the facility's records for water supply are maintained. Copies of the laboratory reports documenting the bacteriological examination of testing private water supply must be kept on file in the facility. (3-30-06)

746. -- 749. (RESERVED)

750. FACILITY ADMINISTRATIVE RECORDS FOR FIRE AND LIFE SAFETY.
The administrator must assure that the facility's records for fire and life safety are maintained as described in Subsections 750.01 through 750.06 of these rules. (3-30-06)

01. Fire Drill Documentation. Written documentation of each fire drill, one (1) per shift per quarter, must be maintained on file at the facility and must contain a description of each drill, the date and time of the drill, response of the personnel and residents, problems encountered and recommendations for improvement. (3-30-06)

02. Report of Fire Documentation. A copy of the reporting form, "Facility Fire Incident Report," must be completed and submitted to the Licensing and Survey Agency, The specific data must include, date of incident, origin, extent of damage, method of extinguishment, and injuries if any. (3-30-06)

03. Fuel-Fired Heating Inspection Documentation. The facility will maintain a copy of the annual results of the inspection in the facility. (3-30-06)

04. Portable Fire Extinguisher Examination Documentation. The facility must maintain records of the monthly examination of the Portable Fire Extinguishers documenting the following: (3-30-06)

a. Each extinguisher is in its designated location; (3-30-06)

b. Each extinguisher seal or tamper indicator is not broken; (3-30-06)

c. Each extinguisher has not been physically damaged; (3-30-06)

d. Each extinguisher gauge, if provided, shows a charged condition; and (3-30-06)

e. The inspection tag attached to the extinguisher shall show at least the initials of the person making the monthly examination and the date of the examination. (3-30-06)

05. Fire Alarm Smoke Detection System Service and Testing. The facility must maintain on file in the facility the following reports: (3-30-06)

a. The results of the annual inspection and test, by a person or business professionally engaged in the servicing of such systems; and (3-30-06)

b. The results of the monthly inspection and testing of the fire alarm, smoke detection system designated facility employee. (3-30-06)

06. Automatic Fire Extinguishing System Service and Testing. The facility must maintain on file in the facility the results of the annual inspection, testing and service, by a person or business professionally engaged in servicing of such systems. (3-30-06)

751. -- 899. (RESERVED)

900. ENFORCEMENT ACTIONS.
The Department will consider the facility's compliance history, change of ownership, the number of deficiencies, and scope and severity of the deficiencies when determining an enforcement action. The Department can impose any of the enforcement actions, independently or in conjunction with others, as described in Sections 900 through 940 of these rules. (3-30-06)

01. Immediate Danger to Residents. When the Department finds that the facility's deficiency(s) immediately places the health or safety of its residents in danger, the Director of the Department or his designee may impose one (1) or more of the following: (3-30-06)

a. Appoint temporary management; or (3-30-06)

b. Summarily suspend the facility's license and transfer residents (3-30-06)

02. Not an Immediate Danger to Residents. When the Department finds that the facility's deficiency does not immediately place the residents' health or safety in danger, the Department will initiate one (1) of the Enforcement Actions “A” through “C” described in Subsections 900.03 through 900.05 of these rules, or “Enforcement Remedy of Revocation of License” described in Section 940 of these rules. (3-30-06)

03. Enforcement Action “A.” (3-30-06)

a. The facility has forty-five (45) days from the date the facility was found out of compliance with core issue requirements to comply; (3-30-06)

b. An acceptable Plan of Correction is required as described in Section 130.08 of these rules; and (3-30-06)

c. When an acceptable Plan of Correction is not submitted within thirty (30) days from the date the facility was found out of compliance with core issue requirements, the Department may take Enforcement Action “B.” (3-30-06)

d. A follow-up survey for Enforcement Action “A” will be conducted after forty-five (45) days from

the date the facility was found out of compliance with core issue requirements. During this survey, if the deficiency still exists or a new core issue deficiency is issued, Enforcement Action "B" will be taken. (3-30-06)

04. Enforcement Action "B." (3-30-06)

a. The facility has forty-five (45) days, from the date of the follow-up survey for Enforcement Action "A" in which the facility was found out of compliance with core issue requirements, to comply; (3-30-06)

b. An acceptable Plan of Correction for core issues is required as described in Section 130.08 of these rules; (3-30-06)

c. When an acceptable Plan of Correction is not submitted within thirty (30) days from the date the facility was found out of compliance with core issue requirements, the Department may take Enforcement Action "C." (3-30-06)

d. In addition the Department may impose the following enforcement actions: (3-30-06)

i. A provisional license may be issued; (3-30-06)

ii. Admissions to the facility may be limited; or (3-30-06)

iii. The facility may be required to hire a consultant who submits periodic reports to the Licensing and Survey Agency. (3-30-06)

e. A follow-up survey for Enforcement Action "B" will be conducted after forty-five (45) days from the date the facility was found out of compliance with core issue requirements. During this survey, if the deficiency still exists or a new core issue deficiency is issued, Enforcement Action "C" will be taken. (3-30-06)

05. Enforcement Action "C." (3-30-06)

a. The facility has forty-five (45) days, from the date of the follow-up survey for Enforcement Action "B" in which the facility was found out of compliance with core issue requirements to comply; (3-30-06)

b. An acceptable Plan of Correction for core issues is required as described in Section 130.08 of these rules; (3-30-06)

c. When an acceptable Plan of Correction is not submitted within thirty (30) days from the date the facility was found out of compliance with core issue requirements, the Department may initiate the remedy of revocation of license as described in Section 940 of these rules; (3-30-06)

d. In addition the Department may impose the following enforcement actions: (3-30-06)

i. The provisional license will be continued; (3-30-06)

ii. Limit on admissions; (3-30-06)

iii. Temporary management; (3-30-06)

iv. Civil monetary penalties as described in Section 925 of these rules; (3-30-06)

e. A follow-up survey for Enforcement Action "C" will be conducted after forty-five (45) days from the date the facility was found out of compliance with core issue requirements; and (3-30-06)

f. When the facility fails to comply with this enforcement action, the Department may initiate an enforcement remedy of revocation of license as described in Section 940 of these rules. (3-30-06)

901. -- 904. (RESERVED)

905. CORE ISSUES DEFICIENCY.
The Licensing and Survey Agency will issue a deficiency and appropriate agencies will be notified when core issue deficiencies are found during a survey. When the Department finds that the facility's deficiency does not immediately place the residents' health or safety in danger, the Department will initiate one (1) of the Enforcement Actions "A" through "C" described in Subsections 900.03 through 900.05 of these rules, or "Enforcement Remedy of Revocation of License" described in Section 940 of these rules. (3-30-06)

906. -- 909. (RESERVED)

910. NON-CORE ISSUES DEFICIENCY.
The Licensing and Survey Agency will issue a deficiency for non-core issues that are found during a survey. (3-30-06)

01. Evidence of Resolution. Acceptable evidence of resolution as described in Subsection 130.09 of these rules, must be submitted by the facility to the Licensing and Survey Agency. If acceptable evidence of resolution is not submitted within sixty (60) days from when the facility was found to be out of compliance, the Department may impose enforcement actions as described in Subsection 910.02.a. through 910.02.c. of these rules. (3-30-06)

02. First Follow-Up Survey. When the Licensing and Survey Agency finds on the first follow-up survey that repeat non-core deficiencies exist, the Department may initiate any of the following enforcement actions: (3-30-06)

a. A provisional license may be issued; (3-30-06)

b. Admissions to the facility may be limited; or (3-30-06)

c. The facility may be required to hire a consultant who submits periodic reports to the Licensing and Survey Agency. (3-30-06)

03. Second Follow-Up Survey. When the Licensing and Survey Agency finds on the second follow-up survey that repeat non-core deficiencies still exist, the Department may initiate the "Enforcement Remedy of Civil Monetary Penalties," as described in Section 925 of these rules. (3-30-06)

911. -- 919. (RESERVED)

920. ENFORCEMENT REMEDY OF LIMIT ON ADMISSIONS.

01. Notification of Limit on Admissions. The Department will notify the facility limiting admissions or limiting admissions of residents with specific diagnosis to the facility pending correction of deficiencies. Limits of admissions to the facility remain in effect until the Department determines the facility has achieved full compliance with requirements or have received written evidence and statements from the outside consultant that the facility is in compliance. (3-30-06)

02. Reasons for Limit on Admissions. The Department may limit admissions for the following reasons: (3-30-06)

a. The facility is inadequately staffed or the staff is inadequately trained to handle more residents. (3-30-06)

b. The facility otherwise lacks the resources necessary to support the needs of more residents. (3-30-06)

c. Enforcement Action "B" or "C" is taken as described in Sections 900.04 and 900.05, of these rules. (3-30-06)

d. Enforcement Remedy for Revocation of License as described in Section 940 of these rules. (3-30-06)

921. -- 924. (RESERVED)

925. ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.

01. Civil Monetary Penalties. Civil monetary penalties are based upon one (1) or more deficiencies of noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to the survey or complaint investigation through which they are identified. Actual harm to a resident or residents does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule. (3-30-06)

02. Assessment Amount for Civil Monetary Penalty. When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of compliance. The amounts below are multiplied by the total number of occupied licensed beds according to the records of the Department at the time non-compliance is established. (3-30-06)

a. Initial deficiency is eight dollars ($8). Example below:

Number of Occupied Beds in Facility	Initial Deficiency	Times Number of Days Out of Compliance	Amount of Penalty
11	$8.00	45 days	$3960

(3-30-06)

b. Repeat deficiency is ten dollars ($10). Example below:

Number of Occupied Beds in Facility	Repeat Deficiency	Times Number of Days Out of Compliance	Amount of Penalty
11	$10.00	30 days	$3300

(3-30-06)

c. In any ninety (90) day period, the penalty amounts may not exceed the limits shown in the following table:

Limits on Accruing Civil Monetary Amount.		
Number of Occupied Beds in Facility	Initial Deficiency	Repeat Deficiency
3-4 Beds	$1440	$2880
5-50 Beds	$3200	$6400
51-100 Beds	$5400	$10,800
101-150 Beds	$8800	$17,600
151 or More Beds	$14,600	$29,200

(3-30-06)

03. Notice of Civil Monetary Penalties and Appeal Rights. The Department will give written notice informing the facility of the amount of the penalty, the basis for its assessment and the facility's appeal rights.

(3-30-06)

04. Payment of Penalties. The facility must pay the full amount of the penalty within thirty (30) calendar days from the date the notice is received, unless the facility requests an administrative review of the decision to assess the penalty. The amount of a civil monetary penalty determined through administrative review must be paid within thirty (30) calendar days of the facility's receipt of the administrative review decision unless the facility requests an administrative hearing. The amount of the civil monetary penalty determined through an administrative hearing must be paid within thirty (30) calendar days of the facility's receipt of the administrative hearing decision unless the facility files a petition for judicial review. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Such interest accruement will begin one (1) calendar day after the date of the initial assessment of the penalty; (7-1-15)

05. Failure to Pay. Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the license or the amount will be withheld from Medicaid payments to the facility. (3-30-06)

926. -- 929. (RESERVED)

930. ENFORCEMENT REMEDY OF TEMPORARY MANAGEMENT.

01. Need for Temporary Management. The Department may impose the remedy of temporary management in situations where there is a need to oversee operation of the facility and to assure the health and safety of the facility's residents: (3-30-06)

a. During an orderly transfer of residents of the facility to other facilities; or (3-30-06)

b. Pending improvements to bring the facility into compliance with program requirements. (3-30-06)

02. Notice of Temporary Management. The Department will give written notice to the facility of the imposition of temporary management. (3-30-06)

03. Who May Serve as a Temporary Manager. The Department may appoint any person or organization that meets the following qualifications: (3-30-06)

a. The temporary manager must not have any pecuniary interest in or preexisting fiduciary duty to the facility to be managed; (3-30-06)

b. The temporary manager must not be related, within the first degree of kinship, to the facility's owner, manager, administrator, or other management principal; (3-30-06)

c. The temporary manager must possess sufficient training, expertise and experience in the operation of a facility as would be necessary to achieve the objectives of temporary management. If the temporary manager is to serve in a facility, the manager must possess an Idaho Residential Care Administrator's license; and (3-30-06)

d. The temporary manager must not be an existing competitor of the facility who would gain an unfair competitive advantage by being appointed as temporary manager of the facility. (3-30-06)

04. Powers and Duties of the Temporary Manager. The temporary manager has the authority to direct and oversee the management, hiring and discharge of any consultant or personnel, including the administrator of the facility. The temporary manager has the authority to direct the expenditure of the revenues of the facility in a reasonable and prudent manner, to oversee the continuation of the business and the care of the residents, to oversee and direct those acts necessary to accomplish the goals of the program requirements and to direct and oversee regular accounting. When the facility fails or refuses to carry out the directions of the temporary manager, the Department will revoke the facility's license. (3-30-06)

a. The temporary manager must observe the confidentiality of the operating policies, procedures, employment practices, financial information, and all similar business information of the facility, except that the temporary manager must make reports to the Department; (3-30-06)

b. The temporary manager may be liable for gross, willful or wanton negligence, intentional acts of omissions, unexplained shortfalls in the facility's fund, and breaches of fiduciary duty; (3-30-06)

c. The temporary manager does not have authority to cause or direct the facility, its owner, or administrator to incur debt, unless to bring the facility into compliance with these rules, or to enter into any contract with a duration beyond the term of the temporary management of the facility; (3-30-06)

d. The temporary manager does not have authority to incur, without the permission of the owner, administrator or the Department, capital expenditures in excess of two thousand dollars ($2,000), unless the capital expenditures are directly related to correcting the identified deficiencies; (3-30-06)

e. The temporary manager does not have authority to cause or direct the facility to encumber its assets or receivables; (3-30-06)

f. The temporary manager does not have authority to cause or direct a facility, which holds liability or casualty insurance coverage, to cancel or reduce its liability or casualty insurance coverage; and (3-30-06)

g. The temporary manager does not have authority to cause or direct the sale of the facility, its assets or the premises on which it is located. (3-30-06)

05. Responsibility for Payment of the Temporary Manager. All compensation and per diem costs of the temporary manager must be paid by the licensee. (3-30-06)

06. Termination of Temporary Management. A temporary manager may be replaced under the following conditions: (3-30-06)

a. The Department may require replacement of any temporary manager whose performance is deemed unsatisfactory by the Department. No formal procedure is required for such removal or replacement, but written notice of any action will be given to the facility. (3-30-06)

b. A facility subject to temporary management may petition the Department for replacement of a temporary manager whose performance it considers unsatisfactory. The petition must include why the replacement of a temporary manager is necessary or appropriate. (3-30-06)

931. -- 934. (RESERVED)

935. ENFORCEMENT REMEDY OF PROVISIONAL LICENSE.
A provisional license may be issued when a facility is cited with one (1) or more core issue deficiencies, or when non-core issues have not been corrected or become repeat deficiencies. The provisional license will state the conditions the facility must follow to continue to operate. See Subsections 900.04, 900.05 and 910.02 of these rules. (3-30-06)

936. -- 939. (RESERVED)

940. ENFORCEMENT REMEDY OF REVOCATION OF FACILITY LICENSE.

01. Revocation of Facility's License. The Department may revoke a license when the facility endangers the health or safety of residents, or when the facility is not in substantial compliance with the provisions of Title 39, Chapter 33, Idaho Code, or this chapter of rules. (3-30-06)

02. Reasons for Revocation or Denial of a Facility License. The Department may revoke or deny any facility license for any of the following reasons: (3-30-06)

a. The licensee has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a license; (3-30-06)

b. When persuaded by a preponderance of the evidence that such conditions exist which endanger the

health or safety of any resident; (3-30-06)

c. Any act adversely affecting the welfare of residents is being permitted, aided, performed, or abetted by the person or persons in charge of the facility. Such acts may include, but are not limited to, neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights, criminal activity, or exploitation; (3-30-06)

d. The licensee has demonstrated or exhibited a lack of sound judgment essential to the operation and management of a facility; (3-30-06)

e. The licensee has violated any of the conditions of a provisional license; (3-30-06)

f. The facility lacks adequate personnel, as required by these rules or as directed by the Department, to properly care for the number and type of residents residing at the facility; (3-30-06)

g. Licensee refuses to allow the Department or the Protection and Advocacy agencies full access to the facility environment, facility records, and the residents as described in Subsections 130.04 through 130.06, and 550.18 through 550.19 of these rules; (3-30-06)

h. The licensee has been guilty of fraud, gross negligence, abuse, assault, battery, or exploitation with respect to the operation of a health facility or residential care or assisted living facility or certified family home; (3-30-07)

i. The licensee is actively affected in his performance by alcohol or the use of drugs classified as controlled substances; (3-30-07)

j. The licensee has been convicted of a criminal offense other than a minor traffic violation within the past five (5) years; (3-30-07)

k. The licensee is of poor moral and responsible character or has been convicted of a felony or defrauding the government; (3-30-07)

l. The licensee has been denied, or the licensee's wrong doing, has caused the revocation of any license or certificate of any health facility, residential care or assisted living facility, or certified family home; (3-30-07)

m. The licensee has previously operated any health facility or residential care or assisted living facility without a license or certified family home without a certificate; (7-1-15)

n. The licensee is directly under the control or influence of any person who has been the subject of proceedings as described in Subsection 940.02.m. of these rules; (4-11-06)

o. The licensee is directly under the control or influence of any person who is of poor moral and responsible character or has been convicted of a felony or defrauding the government; (4-11-06)

p. The licensee is directly under the control or influence of any person who has been convicted of a criminal offense other than a minor traffic violation in the past five (5) years; (4-11-06)

q. The licensee fails to pay civil monetary penalties imposed by the Department as described in Section 925 of these rules; (4-11-06)

r. The licensee fails to take sufficient corrective action as described in Sections 900, 905 and 910 of these rules; or (4-11-06)

s. The number of residents currently in the facility exceeds the number of residents the facility is licensed to serve. (4-11-06)

941. -- 999. (RESERVED)

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