IDAPA 16 – IDAHO DEPARTMENT OF HEALTH AND WELFARE

Division of Licensing and Certification

16.03.22 – Residential Assisted Living Facilities

Who does this rule apply to?
Residential assisted living facilities. Interested parties include owners, shareholders, administrators, directors, staff, caregivers, residents, relatives, guardians, and advocates of these residents, and health care professionals not limited to physicians, nurses, nursing assistants, dietitians, and therapists.

What is the purpose of this rule?
The purpose of a residential 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 the health, safety and comfort of those living in residential assisted living facilities.

What is the legal authority for the agency to promulgate this rule?
This rule implements the following statute passed by the Idaho Legislature:

Health and Safety -
- Section 39-3305, Idaho Code – Idaho Residential Care or Assisted Living Act: Rules

Where can I find information on the appeals process?
Administrative appeals and contested cases are governed by the provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings." Information and procedures for requesting an informal dispute resolution meeting due to deficiency citation for a core issue may be found on the Division of Licensing and Certification webpage under the Regulatory Requirements & Guidance module – Appeals located at https://assistedliving.dhw.idaho.gov.

How do I request public records?
Unless exempted, all public records are subject to disclosure by the Department that will comply with Title 74, Chapter 1, Idaho Code, upon requests. Confidential information may be restricted by state or federal law, federal regulation, and IDAPA 16.05.01, "Use and Disclosure of Department Records." In accordance with Section 39-3355(6), Idaho Code, facility survey findings are posted on the Public Portal at https://www.flareslive.com/portal/searchfacility.aspx. *The related survey documents are available upon written request to the Department. Resident identity will not be disclosed except when necessary in a proceeding regarding facility licensure.*

Confidentiality of Records
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.

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 http://lc.dhw.idaho.gov/.

Who do I contact for more information on this rule?
Idaho Department of Health and Welfare
Residential Assisted Living Facilities Program
3232 W. Elder Street
Boise, ID 83705

P.O. Box 83720
Boise, ID 83720-0009
Program Phone: (208) 364-1962
Division of Licensing & Certification: (208) 364-1959
Fax: (208) 364-1888
Email: RALF@dhw.idaho.gov
Webpage: http://assistedliving.dhw.idaho.gov/

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000. LEGAL AUTHORITY.
The Idaho Board of Health and Welfare is authorized under Sections 39-3305 and 39-3358, Idaho Code, to adopt and enforce rules to protect the health, safety, and individual rights for residents in residential assisted living facilities. (7-1-20)T

001. TITLE, SCOPE, AND RESPONSIBILITIES.

01. Title. The title of this chapter of rules is IDAPA 16.03.22, "Residential Assisted Living Facilities." (7-1-20)T

02. Scope. The purpose of a residential assisted living facility 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. (7-1-20)T

03. General Provider Responsibilities. The facility must ensure 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. (7-1-20)T

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 ensure compliance with statute and these rules. This responsibility includes licensing facilities and monitoring the condition of facilities. (7-1-20)T

05. Exemptions. The provisions of these rules do not apply to any of the following: (3-20-20)T

a. 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. (7-1-20)T

b. 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. (7-1-20)T

c. The provisions of these rules do not apply to any arrangement for the receiving and care of persons by a relative, except when the caregiver is paid for the care through a state or federal program, in which case the caregiver's relative and the care setting must meet all applicable requirements. (7-1-20)T

002. WRITTEN INTERPRETATIONS.
This agency has written statements which pertain to the interpretations of the rules of this chapter or to the documentation of compliance with the rules of this chapter. These documents is available for public inspection on the program website http://assistedliving.dhw.idaho.gov. (7-1-20)T

003. ADMINISTRATIVE APPEALS, CONTESTED CASES, AND INFORMAL DISPUTE RESOLUTION.

01. Administrative Appeals and Contested Cases. Administrative appeals and contested cases are governed by IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings." (3-20-20)T

02. Informal Dispute Resolution Meeting. If a facility disagrees with a finding of a core issue, it may request an informal dispute resolution meeting with the Residential Assisted Living Facilities Program. The policy and procedure for requesting informal dispute resolution is posted on the Residential Assisted Living Facilities Program website at https://assistedliving.dhw.idaho.gov. (3-20-20)T

004. INCORPORATION BY REFERENCE.
The documents referenced in this rule, 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 online at the websites provided in these rules. (7-1-20)T

01. National Fire Protection Association (NFPA) Documents.

a. National Fire Protection Association (NFPA) Standard 101, The Life Safety Code, 2018 Edition, the occupancy chapters and all mandatory referenced documents contained therein under "Mandatory References." (7-1-20)T

b. National Fire Protection Association (NFPA) Standard 99, Health Care Facilities Code, 2018 Edition. (7-1-20)T

02. Idaho Diet Manual. The manual is available from the Idaho Academy of Nutrition & Dietetics, Eleventh Edition, 2015, online at http://eatrightidaho.org. (7-1-20)T

03. Idaho Food Code. IDAPA 16.02.19, "Idaho Food Code." These rules are available online at http://adminrules.idaho.gov/rules/current/16/160219.pdf. (7-1-20)T

04. Americans with Disabilities Act Accessibility Guidelines. 28 CFR Part 36, Appendix A. This code is available online at http://www.ada.gov/1991standards/adastd94-archive.pdf. (7-1-20)T

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/23/230101.pdf. (3-20-20)T

06. International Building Code. IDAPA 07.03.01, "Rules of Building Safety." These rules are available online at https://adminrules.idaho.gov/rules/current/07/070301.pdf. (7-1-20)T

005. -- 008. (RESERVED)

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Criminal History and Background Check. A residential assisted living facility must complete a criminal history and background check on employees and contractors hired or contracted with after October 1, 2005, who have direct resident access to residents in the residential 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. (7-1-20)T

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: (3-20-20)T

a. Federal Bureau of Investigation (FBI); (3-20-20)T

b. Idaho State Police Bureau of Criminal Identification; (3-20-20)T

c. Sexual Offender Registry; (3-20-20)T

d. Office of Inspector General List of Excluded Individuals and Entities; and (3-20-20)T

e. Nurse Aide Registry. (3-20-20)T

03. Availability to Work. Any direct resident access individual hired or contracted with on or after October 1, 2005, must self-disclose all arrests and convictions before having access to residents. (7-1-20)T

a. If a disqualifying crime as described in IDAPA 16.05.06, "Criminal History and Background Checks," is disclosed, the individual must not have direct resident access to any resident. (7-1-20)T

b. The individual is only allowed to work under another employee who has a cleared criminal history and background check that meets the criteria in this rule. The cleared employee must keep the individual waiting for

clearance in line-of-sight when the individual has direct resident access until the criminal history and background check is completed and the results are obtained by the facility, unless: (7-1-20)T

i. The individual has completed an alternative criminal history and background check that includes a search of the record sources listed in Subsection 009.02 except for Subsection 009.02.a. in this rule; (7-1-20)T

ii. The facility determines there is no potential danger to residents; and (7-1-20)T

iii. This alternative criminal history and background check is only in effect until the required criminal history and background check that meets the criteria in this rule is completed. The results must state whether the individual was cleared or denied based on the completed fingerprint-based background check. (7-1-20)T

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 their date of hire. (7-1-20)T

05. New Criminal History and Background Check. An individual must have a criminal history and background check when: (3-20-20)T

a. Accepting employment with a new employer; and (3-20-20)T

b. The individual's last criminal history and background check was completed more than three (3) years prior to their date of hire. (7-1-20)T

06. Use of Previous Criminal History and Background Check. Any employer is allowed to use a previous criminal history and background check that meets the criteria in this rule if: (7-1-20)T

a. The individual has received a criminal history and background check within three (3) years of their date of hire; (7-1-20)T

b. Prior to the individual being granted unsupervised direct resident access, the employer obtains and retains the individual's previous criminal history and background check results; (7-1-20)T

c. The employer completes a state-only background check of the individual through the Idaho State Police Bureau of Criminal Identification, within thirty (30) days of obtaining the previous criminal history and background check results; and (7-1-20)T

d. No disqualifying crimes are found. (3-20-20)T

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 their date of hire. (7-1-20)T

010. DEFINITIONS AND ABBREVIATIONS A THROUGH E.

01. Abuse. A non-accidental act of sexual, physical, or mental mistreatment or injury of a resident through the action or inaction of another individual. (7-1-20)T

02. Accident. An unexpected, unintended event that can cause a resident injury. (3-20-20)T

03. Activities. All organized and directed social and rehabilitative services a facility provides, arranges, or cooperates with. (3-20-20)T

04. Activities of Daily Living. Self-care actions necessary to sustain an individual in daily living, including bathing, dressing, toileting, grooming, eating, communicating, and managing medications. (7-1-20)T

05. Administrator. An individual licensed by the Idaho Bureau of Occupational Licenses as a Residential Assisted Living Facility Administrator. (7-1-20)T

06. **Administrator's Designee**. A person authorized in writing to act in the absence of the administrator 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. (7-1-20)T

07. **Adult**. A person who has reached eighteen (18) years of age. (7-1-20)T

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, related to the provision of medical care when the individual is unable to communicate. (7-1-20)T

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. (3-20-20)T

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. (3-20-20)T

11. **Assessment**. Information gathered that identifies resident strengths, weaknesses, risks, and needs, to include functional, social, medical, and behavioral needs. (7-1-20)T

12. **Authentication**. The process or action of proving or showing authorship to be true, genuine, or valid. (7-1-20)T

13. **Authorized Provider**. An individual who is a nurse practitioner, clinical nurse specialist, or physician assistant. (7-1-20)T

14. **Behavior Plan**. A written plan that decreases the frequency, duration, or intensity of maladaptive behaviors, and increases the frequency of adaptive behaviors. (7-1-20)T

15. **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, or 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 in the resident's living quarters, in common areas, during medical treatments, while receiving other services, in written and telephonic communications, or in visits with family, friends, advocates, and resident groups. (7-1-20)T

16. **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. (3-20-20)T

17. **Cognitive Impairment**. When a person experiences loss of short or long-term memory, orientation to person, place, or time, safety awareness, or loses the ability to make decisions that affect everyday life. (7-1-20)T

18. **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. (7-1-20)T

19. **Complaint Investigation**. A survey to investigate the validity of allegations of noncompliance with applicable state requirements. Allegations will be investigated by the Licensing Agency as described in Section 39-3355, Idaho Code. (7-1-20)T

20. **Core Issue**. A core issue is any one (1) of the following: (7-1-20)T

a. Abuse; (7-1-20)T

b. Neglect; (7-1-20)T

c. Exploitation; (7-1-20)T

d. Inadequate care; (7-1-20)T

e. A situation in which the facility has operated for more than thirty (30) days without a licensed administrator overseeing the day-to-day operations of the facility; (7-1-20)T

f. Inoperable fire detection or extinguishing systems with no fire watch in place pending the correction of the system; or (7-1-20)T

g. Surveyors denied access to records, residents, or facilities. (7-1-20)T

21. **Criminal Offense**. Any crime as defined in Section 18-111, Idaho Code, 18 U.S.C. Section 4B1.2(a), and 18 U.S.C. Sections 1001 through 1027. (7-1-20)T

22. **Deficiency**. A determination of noncompliance with a specific rule or part of a rule. (3-20-20)T

23. **Dementia**. A chronic deterioration of intellectual function and other cognitive skills severe enough to interfere with the ability to perform activities of daily living. (7-1-20)T

24. **Department**. The Idaho Department of Health and Welfare. (3-20-20)T

25. **Developmental Disability**. A developmental disability, as defined in Section 66-402, Idaho Code, means a chronic disability of a person which appears before twenty-two (22) years of age and: (7-1-20)T

a. Is attributable to an impairment, such as an intellectual disability, cerebral palsy, epilepsy, autism, or other conditions found to be closely related or similar to one (1) of these impairments that requires similar treatment or services, or is attributable to dyslexia resulting from such impairments; (7-1-20)T

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 (7-1-20)T

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. (7-1-20)T

26. **Direct Resident Access**. In-person access with any resident who resides at the facility, or any access to the residents' personal belongings or information. (7-1-20)T

27. **Director**. The Director of the Idaho Department of Health and Welfare or their designee. (7-1-20)T

28. **Electronic 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. (7-1-20)T

29. **Elopement**. When a resident who is cognitively, physically, mentally, emotionally, or chemically impaired, physically leaves the facility premises or the secured unit or yard without personnel's knowledge. (7-1-20)T

30. **Exit Conference**. A meeting with the facility administrator or designee to: (1) provide review, discussion, and written documentation of non-core issues, and (2) to provide preliminary findings of core issues. (7-1-20)T

31. **Exploitation**. The misuse of a resident's funds, property, resources, identity, or person for profit or advantage. This includes charging a resident for services or supplies not provided or disclosed in the written

admission agreement and staff accepting gifts or money for extra services. (7-1-20)T

011. DEFINITIONS AND ABBREVIATIONS F THROUGH N.

01. Follow-Up Survey. A survey conducted to confirm that the facility is in compliance and has the ability to remain in compliance. (3-20-20)T

02. Governmental Unit. The state, any county, any city, or any department, division, board, or other agency. (7-1-20)T

03. 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(s) for a portion of the day. (7-1-20)T

04. Immediate Danger. Any resident is subject to an imminent or substantial danger. (3-20-20)T

05. 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, engages in violations of resident rights, or takes residents who have been admitted in violation of the provisions of Section 152 of these rules. (7-1-20)T

06. Incident. An event that can cause a resident injury. (3-20-20)T

07. Independent Mobility. A person'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. (7-1-20)T

08. Legal Guardian or Conservator. A court-appointed individual designated to manage the affairs or finances of another person who has been found to be incapable of handling their own affairs. (7-1-20)T

09. License. A permit to operate a residential assisted living facility. (7-1-20)T

10. Licensing Agency. The Residential Assisted Living Facilities Program, a unit of the Division of Licensing and Certification within the Department of Health and Welfare, that conducts inspections and surveys of residential assisted living facilities and issues licenses based on compliance with this chapter of rules, in which "Residential Assisted Living Facilities Program" and "Licensing Agency" are synonymous. (7-1-20)T

11. Maladaptive Behavior. Any behavior that interferes with resident care, infringes on any resident's rights, or presents a danger to the resident or others. Involuntary muscle movements are not considered maladaptive behaviors. (7-1-20)T

12. Medication. Any substance 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. (7-1-20)T

13. Medication Administration. The process where a prescribed medication is given by a licensed nurse to a resident through one (1) of several routes. (7-1-20)T

14. 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. See IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Section 010. (7-1-20)T

15. Mental Disorders. Health conditions that are characterized by alterations in thinking, mood, behavior, or some combination thereof, that are all mediated by the brain and associated with distress or impaired functioning. (7-1-20)T

16. Mental Illness. Refers collectively to all diagnosable mental disorders. (3-20-20)T

17. Neglect. Failure to provide food, clothing, shelter, or medical care necessary to sustain the life and

health of a resident. (3-20-20)T

18. **Negotiated Service Agreement**. The plan reached by the resident or their representative and the facility which outlines services to be provided and the obligations of the facility and the resident. (7-1-20)T

19. **Non-Core Issue**. Any finding of deficient practice that is not a core issue. (7-1-20)T

20. **Nursing Assessment**. Information gathered related to a resident's health or medical status that has been reviewed, signed, and dated by a licensed registered nurse, as described in Section 305 of these rules. (7-1-20)T

012. DEFINITIONS AND ABBREVIATIONS O THROUGH Z.

01. **Outside Services**. Services provided to a resident by someone that is not a member of facility personnel. (7-1-20)T

02. **Owner**. Any person or entity having legal ownership of the facility as an operating business, regardless of who owns the real property. (7-1-20)T

03. **Personal Assistance**. The provision by the staff of the facility of one (1) or more of the following services : (7-1-20)T

a. Assisting the resident with activities of daily living; (7-1-20)T

b. Arranging for outside services; (7-1-20)T

c. Being aware of the resident's general whereabouts; or (7-1-20)T

d. Monitoring the activities of the resident while on the premises of the facility to ensure the resident's health, safety, and well-being. (7-1-20)T

04. **Personnel**. Paid individuals assigned the responsibility of providing care, supervision, and services to the facility and its residents. In this chapter of rules, “personnel” and “staff” are synonymous. (7-1-20)T

05. **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 the temporary treatment of a medical condition, such as the use of a cast for a broken bone. (7-1-20)T

06. **Portable Heating Device**. Any device designed to provide heat on a temporary basis that 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 use of therapeutic devices such as heating pads, heated mattress pads, and electric blankets, which require a physician or authorized provider’s order. (7-1-20)T

07. **PRN**. Indicates that a medication or treatment prescribed by a medical professional to an individual may be given as needed. (3-20-20)T

08. **Pressure Injury**. Any lesion caused by unrelieved pressure that results in damage to the underlying tissue(s). (7-1-20)T

09. **Provisional License**. A license which may be issued to a facility not in compliance with the rules pending the satisfactory correction of all deficiencies. (3-20-20)T

10. **Publicly Funded Program**. Any program funded in whole, or in part, by an appropriation of the U.S. Congress, the Idaho Legislature, or other governmental body. (7-1-20)T

11. **Punishment**. The use of an adverse consequence with a resident, the administration of any noxious or unpleasant stimulus, or deprivation of a resident's rights or freedom. (7-1-20)T

12. **Relative**. A person related by birth, adoption, or marriage. (7-1-20)T

13. **Repeat Deficiency**. A deficiency found on a licensure survey, complaint investigation, or follow-up survey that was also found on the previous survey. (7-1-20)T

14. **Reportable Incident**. A situation when a facility is required to report information to the Residential Assisted Living Facilities Program, including: (7-1-20)T

a. Any resident injury of unknown origin (i.e., an injury, the source of which was not observed by any person and could not be explained by the resident); (7-1-20)T

b. Any resident injury of significant or suspicious nature (i.e., an injury that includes severe bruising, fingerprint bruises, laceration(s) larger than a minor skin tear, sprains, or fractured bones); (7-1-20)T

c. Resident injury resulting from accidents involving facility-sponsored transportation (i.e., falling from the facility's van lift, a wheelchair belt coming loose during transport, or a collision); (7-1-20)T

d. Resident elopement of any duration; (7-1-20)T

e. Any injury resulting from a resident-to-resident incident; (7-1-20)T

f. An incident that results in the resident's need for assessment or treatment outside of the facility; or (7-1-20)T

g. An incident that results in the resident's death. (7-1-20)T

15. **Resident**. An adult, other than the owner, administrator, their immediate families, or employees, who lives in a residential assisted living facility. (7-1-20)T

16. **Residential Assisted Living Facility**. A facility or residence, however named, licensed in the state of Idaho, 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. (7-1-20)T

17. **Room and Board**. Lodging, meals, and utilities. (3-20-20)T

18. **Scope**. The frequency or extent of the occurrence of a deficiency in a facility. (3-20-20)T

19. **Self-Administration of Medication**. The act of a resident taking a single dose of their own medication from a properly labeled container and placing it internally in, or externally on, their own body as a result of an order by an authorized provider. (7-1-20)T

20. **Story**. A level of rooms in a building. (7-1-20)T

21. **Substantial Compliance**. The status of a facility that has no core issue deficiencies. (7-1-20)T

22. **Substantial Evening Meal**. An offering of three (3) or more menu items at one time, one (1) of which is 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. (7-1-20)T

23. **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. (3-20-20)T

24. **Survey**. A review conducted by a surveyor to determine compliance with statutes and rules. There are two (2) components to a survey: (1) health care and (2) fire, life, and safety. (7-1-20)T

25. **Surveyor**. A person authorized by the Department to conduct surveys or complaint investigations to determine compliance with statutes and rules. (3-20-20)T

26. **Therapeutic Diet**. A diet ordered by a physician or authorized provider as part of treatment for a clinical condition or disease, to eliminate or decrease specific nutrients in the diet (e.g., sodium), to increase specific nutrients in the diet (e.g., potassium), or to provide food the resident is able to eat (e.g., a mechanically altered diet). (7-1-20)T

27. **Toxic Chemical**. A substance that is hazardous to health if inhaled, ingested, or absorbed through skin. (7-1-20)T

28. **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. The term applies to open or closed-head injuries resulting in impairments in one (1) or more areas. (7-1-20)T

29. **Unlicensed Assistive Personnel (UAP)**. Staff, with or without formal credentials, employed to perform nursing care services under the direction and supervision of licensed nurses. (7-1-20)T

30. **Variance**. Permission by the Department to do something contrary to rule. (3-20-20)T

013. -- 049. (RESERVED)

050. VARIANCES.
The Licensing Agency may grant a variance provided the following criteria are met. (7-1-20)T

01. **Written Request**. A written request for a variance must be sent to the Licensing Agency. The request must include the following: (7-1-20)T

a. Reference to the rule for which the variance is requested; (7-1-20)T

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 (3-20-20)T

c. Written documentation that ensures residents' health and safety will not be jeopardized if a variance is granted. (7-1-20)T

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. (3-20-20)T

03. **Continuing Variance**. The Licensing 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 Agency in writing. (7-1-20)T

04. **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. (3-20-20)T

05. **Revocation of Variance**. The Licensing Agency may revoke a variance if circumstances identify a risk to resident health and safety. (7-1-20)T

051. -- 099. (RESERVED)

100. LICENSING REQUIREMENTS.

01. **Current License**. No person, firm, partnership, association, corporation, or governmental unit can

operate, establish, manage, conduct, or maintain a residential assisted living facility in Idaho without a license issued by the Department as required in Section 39-3340, Idaho Code. Any entity found operating as a residential assisted living facility without a license is subject to Section 39-3352, Idaho Code. (7-1-20)T

02. Issuance of License. Upon completion of the application process requirements, the Department will issue a residential assisted living facility license. (7-1-20)T

03. Distinctive Business Name. Every facility must use a distinctive name, which is registered with the Idaho Secretary of State. If a facility decides to change its name, it will only be changed upon written notification to the Licensing Agency confirming the registration of the name change with the Idaho Secretary of State. This notification needs to be received by the Licensing Agency at least thirty (30) calendar days prior to the date the proposed name change is to be effective. (7-1-20)T

04. Administrator. Each facility must have an administrator. (7-1-20)T

05. Display of Facility License. The current facility license must be posted in the facility and clearly visible to the general public. (3-20-20)T

06. Change in Corporate Shares. When there is a significant change in shares held by a corporate licensee of a residential assisted living facility, which does not alter the overall ownership or operation of the business, that change must be communicated to the Licensing Agency within (60) days of the effective date of change. (7-1-20)T

07. Licensee Responsibility. The licensee of the facility is responsible for the operation of the residential assisted living facility, even when a separate administrator is employed. (7-1-20)T

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. (3-20-20)T

02. Application for Change of Ownership. The application for a change of ownership must be submitted to the Licensing Agency at least ninety (90) days prior to the proposed date of change. (7-1-20)T

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. (7-1-20)T

106. -- 109. (RESERVED)

110. FACILITY LICENSE APPLICATION.

01. License Application. License application forms are available online at the Licensing Agency's website at http://assistedliving.dhw.idaho.gov. The applicant must provide the following information: (7-1-20)T

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, "Residential Assisted Living Facilities," and is prepared to comply with both; (7-1-20)T

b. 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; (7-1-20)T

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 this rule; (7-1-20)T

d. Each shareholder or investor holding ten percent (10%) or more interest in the business must be listed on the application; (3-20-20)T

e. A copy of the Certificate of Assumed Business Name from the Idaho Secretary of State; (7-1-20)T

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; (3-20-20)T

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; (3-20-20)T

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; (3-20-20)T

i. A complete set of printed operational policies and procedures; (7-1-20)T

j. A detailed floor plan of the facility, including measurements of all rooms, or a copy of architectural drawings. See Sections 250 through 260, and Sections 400 through 430 of these rules. (7-1-20)T

k. A copy of the Purchase Agreement, Lease Agreement, or Deed; and (7-1-20)T

l. For facilities with nine (9) beds or more, signatures must be obtained from the following: (3-20-20)T

i. The local zoning official documenting that the facility meets local zoning codes for occupancy; (3-20-20)T

ii. The local building official documenting that the facility meets local building codes for occupancy; and (3-20-20)T

iii. The local fire official documenting that the facility meets local fire codes for occupancy. (3-20-20)T

02. Written Request for Building Evaluation. The applicant must request in writing to the Licensing Agency for a building evaluation of existing buildings. The request must include the physical address of the building that is to be evaluated and the name, address, and telephone number of the person who is to receive the building evaluation report. (7-1-20)T

03. Building Evaluation Fee. This application and request must be accompanied by a five hundred dollar ($500) initial building evaluation fee. (3-20-20)T

04. Identification of the Licensed Administrator. The applicant must provide a copy of the administrator's license and criminal history background check, and the current address for the primary residence of the administrator. (7-1-20)T

05. Failure to Complete Application Process. Failure of the applicant to complete the Licensing 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 new licensing application process. (7-1-20)T

111. -- 114. (RESERVED)

115. EXPIRATION AND RENEWAL OF LICENSE.

01. Application for License Renewal. The facility must submit to the Licensing Agency an annual report and application for renewal of a license at least thirty (30) days prior to the expiration of the existing license. (7-1-20)T

02. Existing License. The existing license, unless suspended, surrendered, or revoked, remains in force and effect until the Licensing Agency has acted upon the application renewal, when such application for renewal has been filed. (7-1-20)T

116. -- 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. (3-20-20)T

127. -- 129. (RESERVED)

130. INSPECTION OF FACILITIES.

01. Surveys of Facilities. As described in Section 39-3355, Idaho Code, the Licensing Agency will conduct inspections and investigations at specified intervals to determine compliance with this chapter of rules and Title 39, Chapter 33, Idaho Code. The intervals for surveys are as follows: (7-1-20)T

a. Initial surveys will be conducted within ninety (90) days of licensure, followed by a licensure survey within fifteen (15) months. (7-1-20)T

b. Facilities without core issue deficiencies during two (2) consecutive surveys, either initial or licensure surveys, will be inspected at least every thirty-six (36) months. For facilities with core issue deficiencies during any survey, surveys will be conducted at the discretion of the Licensing Agency, at least every twelve (12) months. (7-1-20)T

c. Complaint investigation surveys will occur based on the potential severity of the complaint. (7-1-20)T

02. Unannounced Inspections. Licensure, follow-up, and complaint investigation surveys are made unannounced and without prior notice. (7-1-20)T

03. Inspection or Survey Services. The Department may accept 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, including as described in Section 39-3355(7), Idaho Code. (7-1-20)T

04. Access and Authority to Entire Facility. A surveyor must have full access and authority to examine: (7-1-20)T

a. Quality of care; (7-1-20)T

b. Service delivery; (7-1-20)T

c. Resident records; (7-1-20)T

d. Facility records, including any records or documents pertaining to any financial transactions between residents and the facility or any of its employees; (7-1-20)T

e. Resident accounts; (7-1-20)T

f. The physical premises, including buildings, grounds, equipment, food service, water supply, and

housekeeping; and (7-1-20)T

g. Any other areas necessary to determine compliance with applicable statute, rules, and standards. (7-1-20)T

05. Interview Authority. A surveyor has the authority to interview any individual associated with the facility or the provision of care, including the licensee, administrator, staff, residents, residents' families, outside service providers, and authorized providers or physicians. Interviews are confidential and conducted privately unless otherwise specified by the interviewee. (7-1-20)T

06. Access to Staff Living Quarters. A surveyor has full authority to inspect the facility, including personal living quarters of the licensee, 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. (7-1-20)T

07. Written Report of Deficiencies. The Licensing Agency will provide the facility a written report to support any deficiencies identified. (7-1-20)T

a. The Licensing Agency will provide the facility a written report specifying the non-core issue deficiencies at the time of the exit conference. (7-1-20)T

b. When core issues are identified during a survey, the Licensing Agency will provide a written report within ten (10) business days of the exit conference or the last day of receipt of additional material. (7-1-20)T

c. If any deficiencies pose an immediate danger to the residents, the Department requires immediate correction of the deficient practice. (7-1-20)T

08. Plan of Correction for Core Issues. The facility must develop and submit an acceptable plan of correction to the Licensing Agency within ten (10) calendar days of receipt of the written report of identified core issues. If an acceptable plan of correction is not submitted within the required time frame, the Department may initiate or extend enforcement actions as described in Sections 900 through 940 of these rules. An acceptable plan of correction must include: (7-1-20)T

a. A plan to ensure correction of each deficient practice and ongoing compliance; (7-1-20)T

b. A description of how, and at what frequency, corrective actions will be monitored to ensure 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; and (7-1-20)T

c. The completion date for correcting each deficiency. No correction date may be more than forty-five (45) days from the exit date printed on the written report except in unusual circumstances and only with the written approval of the Licensing Agency. (7-1-20)T

09. Correction of Non-Core Issues. The facility must correct non-core issues within thirty (30) calendar days of the exit conference. 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 Agency approval within thirty (30) days of the exit conference. The request must contain the following information: (7-1-20)T

a. The reason for the delay; (3-20-20)T

b. A plan for resolution; (3-20-20)T

c. The date of the expected resolution, which may not exceed six (6) months; and (3-20-20)T

d. A plan for ensuring the safety of the residents until resolution. (7-1-20)T

10. Follow-Up Surveys. The Licensing Agency will conduct follow-up surveys to ascertain

corrections to issues are made according to the time frames established in the plan of correction for core issues and within thirty (30) days for non-core issues. If the Department identifies repeat deficient facility practice(s) during any follow-up survey, the Department may initiate or extend enforcement actions as described in Sections 900 through 940 of these rules. (7-1-20)T

131. -- 149. (RESERVED)

150. POLICIES AND PROCEDURES.
The facility must develop a written, dated set of policies and procedures that are specific to the population served in the facility and are available to all staff at all times to direct and ensure compliance with these rules. Policy topics must include abuse, neglect, exploitation, incidents and accidents, activities, admissions, emergency preparedness, infection control, nursing, resident rights, staffing, and medications. (7-1-20)T

151. ACTIVITY REQUIREMENTS.

Each facility must develop and implement 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. The facility must provide opportunities for the following: (7-1-20)T

01. Socialization. Socialization through group discussion, conversation, recreation, visiting, arts and crafts, and music; (7-1-20)T

02. Physical Activities. Physical activities such as games, sports, and exercises which develop and maintain strength, coordination, and range of motion; (7-1-20)T

03. Education. Education through special classes or events; and (7-1-20)T

04. 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. (7-1-20)T

152. ADMISSION REQUIREMENTS.

01. Admissions Policies. Each facility must develop and implement written admission policies and procedures, which must include: (7-1-20)T

a. The purpose, quantity, and characteristics of available services; (3-20-20)T

b. Limitations concerning delivery of routine personal care by persons of the opposite gender; (7-1-20)T

c. Notification to potential and existing residents and responsible parties if the facility accepts any residents who are on the sexual offender registry. The registry may be accessed online at http://isp.idaho.gov/sor_id/search.html; and (7-1-20)T

d. Notification to potential and existing residents if non-resident adults or children reside in the facility. (7-1-20)T

02. Resident Admission, Discharge, and Transfer. The facility must have policies addressing admission, discharge, and transfer of residents to, from, or within the facility. (3-20-20)T

03. Policies of Acceptable Admissions. Written descriptions of the conditions for admitting residents to the facility must include: (3-20-20)T

a. A resident will be admitted or retained only when: (7-1-20)T

i. The facility has the capability, capacity, and services to provide appropriate care; (7-1-20)T

ii. 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; and (7-1-20)T

iii. The facility has the personnel, appropriate in numbers and with appropriate knowledge and skills to provide such services. (7-1-20)T

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: (3-20-20)T

i. A resident who has a gastrostomy tube, arterial-venous (AV) shunt, or supra-pubic catheter inserted within the previous twenty-one (21) days; (7-1-20)T

ii. A resident who is receiving continuous total parenteral nutrition (TPN) or IV therapy; (7-1-20)T

iii. A resident who requires physical restraints, including bed rails; (7-1-20)T

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 thirty (30) days; (7-1-20)T

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; (3-20-20)T

vi. A resident who has a tracheotomy who is unable to care for the tracheotomy independently; (3-20-20)T

vii. A resident who requires the use of a syringe to receive liquid or pureed nourishment directly into the mouth; (7-1-20)T

viii. A resident with open, draining wounds for which the drainage cannot be contained; (3-20-20)T

ix. A resident with a Stage 3 or 4 pressure injury or a pressure injury that is unstageable; (7-1-20)T

x. A resident with any type of pressure injury or open wound that is not improving bi-weekly; (7-1-20)T

xi. For any resident who is assessed to require nursing care, the facility must ensure a licensed nurse is available to meet the needs of the resident. (7-1-20)T

xii. A resident who has physical, emotional, or social needs that are not compatible with the other residents in the facility; (7-1-20)T

xiii. A resident who is violent or a danger to themselves or others; (7-1-20)T

xiv. Residents who are not capable of self-evacuation must not be admitted or retained by a facility which does not comply with NFPA, Standard 101 as referenced in Section 004 of these rules. (7-1-20)T

153. FINANCIAL REQUIREMENTS.
Each facility must develop and implement financial policies and procedures that include: (7-1-20)T

01. Statement. A statement specifying if the facility does not manage resident funds. (7-1-20)T

02. Safeguarding of Funds. Policies should specify how residents' funds will be handled and safeguarded, if the facility does manage resident funds. Policies must address the following: (7-1-20)T

a. When a resident's funds are deposited with, or handled by the facility, the funds must be managed as described in Section 39-3316, Idaho Code, and Section 550 of these rules; (7-1-20)T

b. A description of how facility fees are handled; (7-1-20)T

c. Resident accounts and funds must be separate from any facility accounts; (7-1-20)T

d. The facility cannot require a resident to purchase goods or services from the facility, other than items specified in the admission agreement and facility policies; (7-1-20)T

e. Each transaction with resident funds must be documented at the time to include signatures of the resident and facility representative with copies of receipts; (7-1-20)T

f. Residents must have access to their personal funds during normal business hours; and (7-1-20)T

g. When a 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 Sections 217 and 550 of these rules. All remaining funds are the property of the resident. (7-1-20)T

154. STAFF TRAINING REQUIREMENTS.
The facility must develop and implement policies and procedures to address the following: (7-1-20)T

01. Response of Staff to Accidents, Incidents, or Allegations of Abuse, Neglect, or Exploitation of Residents. The facility must develop policies and procedures to ensure that accidents, incidents, or allegations of abuse, neglect, and exploitation are identified, documented, reported, investigated, and followed-up with interventions to prevent re-occurrence and ensure protection. (7-1-20)T

02. Response of Staff to Emergencies. How staff are to respond to emergency situations, including: (7-1-20)T

a. Medical and psychiatric emergencies; (3-20-20)T

b. Resident absence; (3-20-20)T

c. Criminal situations; and (3-20-20)T

d. Presence of law enforcement officials at the facility. (3-20-20)T

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. (3-20-20)T

04. Provided Care and Services by Staff. How staff are to provide care and services to residents in the following areas: (3-20-20)T

a. Activities of daily living; (3-20-20)T

b. Dietary and eating, including when a resident refuses to eat or follow a prescribed diet; (3-20-20)T

c. Dignity; (3-20-20)T

d. Ensuring each individual's rights; (7-1-20)T

e. Medication assistance; (3-20-20)T

f. Provision of privacy; (3-20-20)T

g. Social activities; (3-20-20)T

h. Supervision; (3-20-20)T

i. Supporting resident independence; and (3-20-20)T

j. Telephone access. (3-20-20)T

05. Intervention Procedures to Ensure Safety of Residents and Staff. How to intervene to ensure resident and staff safety in unsafe situations that are physically or behaviorally caused. (7-1-20)T

06. Behavior Management for Residents. The facility must have policies and procedures to ensure staff are trained and complete timely assessment, plan development, and documentation as described in Section 330 of these rules. (7-1-20)T

07. 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. (7-1-20)T

08. Hazardous Materials. The handling of hazardous materials. (7-1-20)T

09. Mechanical Equipment. The handling of potentially dangerous mechanical equipment. (7-1-20)T

155. EMERGENCY PREPAREDNESS REQUIREMENTS.
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. (7-1-20)T

01. Relocation Agreements. Each facility must have a written agreement developed between the facility and two (2) separate locations to which residents would be relocated in the event the building is evacuated and cannot be reoccupied. The facility will review the relocation agreements annually. (7-1-20)T

02. Written Procedures. The facility must have written procedures outlining steps to be taken in the event of an emergency including: (3-20-20)T

a. Each person's responsibilities; (3-20-20)T

b. Where and how residents are to be evacuated; and (3-20-20)T

c. Notification of emergency agencies. (3-20-20)T

03. Emergency Generators. Facilities that elect to have an emergency generator must ensure that the system is designed to meet the applicable codes in NFPA, Standard 110 (within NFPA, Standard 101 as incorporated in Section 004 of these rules). (7-1-20)T

156. HOURLY ADULT CARE REQUIREMENTS.
Facilities offering hourly adult care must develop and implement written policies and procedures which include the following: (7-1-20)T

01. Services Offered. A description of hourly adult care services, including transportation services (if offered), meals, activities, and supervision. (7-1-20)T

02. Individuals Accepted. Types of individuals who may or may not be accepted for hourly adult care. See Section 152 of these rules. (7-1-20)T

03. Cost of Hourly Adult Care. Details of the cost of hourly adult care for the person receiving services. (7-1-20)T

04. Hours for Care. The specific time periods of hourly adult care, not to exceed fourteen (14) consecutive hours in a twenty-four (24) hour period. (7-1-20)T

05. Assistance with Medications. Assistance with medications in the facility must comply with

IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," including: (7-1-20)T

a. Copies of all physician or authorized provider orders, including orders for all prescribed medications and treatments. (7-1-20)T

b. Appropriately labeled medications and treatments the facility safeguards while the person receives hourly adult care. (7-1-20)T

06. Staffing. Staffing must be based on the needs of the entire facility, including those receiving hourly adult care and residents. Hourly adult care may be provided to as many individuals as possible without disrupting the day-to-day operations and normal activities of the facility. (7-1-20)T

07. Accommodations. The facility must provide accommodations appropriate to the time frame for those receiving hourly adult care, including: (7-1-20)T

a. Daytime accommodations such as recliners and couches for napping. Napping furniture must be spaced at least (3) feet apart. (7-1-20)T

b. Evening accommodations such as beds and bedrooms that are not used by facility residents. Any bed used overnight by a person receiving hourly adult care will not be counted as a licensed bed. (7-1-20)T

08. Documentation. Documentation requirements described in Section 330 of these rules. (7-1-20)T

157. -- 160. (RESERVED)

161. SMOKING REQUIREMENTS.
The facility must develop and implement written rules governing smoking. Nothing in this rule requires a facility to permit smoking. Smoking policies must be made known to all staff, residents, and visiting public and must ensure: (7-1-20)T

01. Combustible Supplies and Flammable Items. Smoking is prohibited in areas where combustible supplies or materials, flammable liquids, gases, or oxidizers are in use or stored. (7-1-20)T

02. Smoking in Bed. Smoking in bed is prohibited. (7-1-20)T

03. Unsupervised Smoking. Unsupervised smoking by residents classified as not mentally or physically responsible, sedated by medication, or taking oxygen is prohibited. (7-1-20)T

04. Designated Smoking Areas. If smoking is permitted, there must be designated smoking areas which are specified in policy and clearly marked. Designated smoking areas must have non-combustible disposal receptacles. (7-1-20)T

162. -- 214. (RESERVED)

215. REQUIREMENTS FOR A FACILITY ADMINISTRATOR.
Under Section 39-3321, Idaho Code, each facility must have one (1) licensed administrator assigned as the person responsible for the day-to-day operation of the facility. Multiple facilities under one (1) administrator may be allowed by the Department based on an approved plan of operation for up to three (3) buildings with a total of no more than fifty (50) beds, or up to two (2) buildings with a total of no more than eighty (80) beds. The criteria and procedure for requesting to have multiple facilities under one (1) administrator is posted on the Residential Assisted Living Facilities Program website. (7-1-20)T

01. Administrator Responsibility. The administrator is responsible for ensuring that policies and procedures are developed and implemented to fulfill the requirements in Title 39, Chapter 33, Idaho Code, and IDAPA 16.03.22, "Residential Assisted Living Facilities." (7-1-20)T

02. Availability of Administrator. The facility's administrator must be on-site sufficiently to ensure safe and adequate care of the residents. The facility's administrator or their designee must be available to be on-site at the facility within two (2) hours. The facility must continuously employ an administrator. (7-1-20)T

03. Lapse of Administrator. If the facility operates for more than thirty (30) days without a licensed administrator, it will result in a core issue deficiency. (7-1-20)T

04. Representation of Residents. The owner or administrator, their relatives, and 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. (7-1-20)T

05. Responsibility for Acceptable Admissions. The administrator must ensure that no resident is knowingly admitted or retained who requires care as defined in Section 39-3307, Idaho Code, and Section 152 of these rules. (7-1-20)T

06. Sexual Offender. The administrator must ensure that a nonresident on the sexual offender registry is not allowed to live or work in the facility. (7-1-20)T

07. Notification to Adult Protection and Law Enforcement. The administrator must ensure that adult protection and law enforcement are notified in accordance with Sections 39-5303 and 39-5310, Idaho Code. (7-1-20)T

08. Procedures for Investigations. The administrator must ensure the facility procedures for investigation of complaints, incidents, accidents, and allegations of abuse, neglect, or exploitation are implemented to ensure resident safety. Procedures must include: (7-1-20)T

a. Administrator Notification. The administrator, or person designated by the administrator, must be notified of all incidents, accidents, allegations of abuse, neglect, or exploitation immediately, and notified of complaints within one (1) business day. (7-1-20)T

b. Investigation within Thirty Days. The administrator or designee must complete an investigation and written report of the findings within thirty (30) calendar days for each accident, incident, complaint, or allegation of abuse, neglect, or exploitation. (7-1-20)T

c. Resident Protection. Any resident involved must be protected during the course of the investigation. (7-1-20)T

d. 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 the reason why no action was taken within thirty (30) days of the complaint. (7-1-20)T

e. Corrective Action. When abuse, neglect, exploitation, incidents, and accidents occur, corrective action must be immediately taken and monitored to ensure the problem does not recur. (7-1-20)T

f. Notification to Licensing Agency within One Business Day. When a reportable incident occurs, the administrator or designee must notify the Licensing Agency within one (1) business day of the incident. (7-1-20)T

g. Identify and Monitor Patterns. The administrator or designee must identify and monitor patterns of accidents, incidents, or complaints and must develop interventions to prevent recurrences. (7-1-20)T

09. 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 is on vacation, has days off, is ill, or is away for training or meetings. (7-1-20)T

10. Ability to Reach Administrator or Designee. The administrator or their designee must be reachable and available at all times. (7-1-20)T

11. Minimum Age of Personnel. The administrator will ensure 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. (7-1-20)T

12. Notification to Licensing Agency. The facility must notify the Licensing Agency, in writing, within three (3) business days of a change of administrator. (7-1-20)T

216. REQUIREMENTS FOR ADMISSION AGREEMENTS.

01. Initial Resident Assessment and Care Plan. Prior to admission, each resident must be assessed by the facility to ensure the resident is appropriate for placement in their residential assisted living facility. The facility must develop an interim care plan to guide services until the facility can complete the resident assessment process. The result of the assessment will determine the need for specific services and supports. (7-1-20)T

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 their 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 (NSA), provided that all requirements for the NSA in Section 320 of these rules and the admission agreement are met. Admission agreements must include all items described under this rule. (7-1-20)T

03. Services, Supports, and Rates. The facility must identify the following services, supports, and applicable rates: (3-20-20)T

a. Unless otherwise negotiated with the resident or the resident’s legal guardian or conservator, basic services must include the items specified in Section 430 of these rules. (7-1-20)T

b. The resident’s monthly charges, including a specific description of the services that are included in the basic services rate and the charged rate. (7-1-20)T

c. All prices, formulas, and calculations used to determine the resident’s basic services rate including: (7-1-20)T

i. Service packages; (3-20-20)T

ii. Fee-for-service rates; (3-20-20)T

iii. Assessment forms; (3-20-20)T

iv. Price per assessment point; (3-20-20)T

v. Charges for levels of care determined with an assessment; and (3-20-20)T

vi. Move-in fees or other similar charges. (3-20-20)T

d. 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. (7-1-20)T

e. Services or rates that are impacted by an updated assessment of the resident, the assessment tool, the assessor, and the frequency of the assessment, when the facility uses this assessment to determine rate changes.

(7-1-20)T

f. The facility may charge residents for the use of personal furnishings, equipment, and supplies provided by the facility unless paid for by a publicly funded program. The facility must provide a detailed itemization of furnishings, equipment, supplies, and the rate for those items the resident will be charged. (7-1-20)T

04. **Staffing**. The agreement must identify staffing patterns and qualifications of staff on duty during a normal day. (7-1-20)T

05. **Notification of Liability Insurance Coverage**. The administrator of a residential 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. (7-1-20)T

06. **Medication Responsibilities**. The agreement must identify the facility's and resident's roles and responsibilities relating to assistance with medications including the reporting of missed medications or those taken on a PRN basis. (7-1-20)T

07. **Resident Personal Fund Responsibilities**. The agreement must identify who is responsible for the resident's personal funds. (7-1-20)T

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 the resident's valuables if the resident leaves the facility. (3-20-20)T

09. **Emergency Transfers**. The agreement must identify conditions under which emergency transfers will be made as provided in Section 152 of these rules. (3-20-20)T

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: (3-20-20)T

a. Arrangement for payments; (3-20-20)T

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; and (7-1-20)T

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. The agreement must disclose any charges that will result when a resident fails to provide a thirty (30) day written notice. (7-1-20)T

11. **Resident Permission to Transfer Information**. The agreement must specify permission for the facility to transfer information from the resident's records to any facility to which the resident transfers. (7-1-20)T

12. **Resident Responsibilities**. The agreement must specify resident responsibilities. (7-1-20)T

13. **Restrictions on Choice of Care or Service Providers**. The agreement must specify any restriction on choice of care or service providers, such as home health agency, hospice agency, or personal care services. (7-1-20)T

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 advance directive, a copy must be immediately available for staff and emergency personnel. (7-1-20)T

15. **Notification of Payee Requirements**. The agreement must identify if the facility requires as a

condition of admission that the facility be named as payee. (7-1-20)T

16. Contested Charges. The facility must provide the methods by which a resident may contest charges or rate increases including contacting the ombudsman for the elderly. (7-1-20)T

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. (3-20-20)T

18. Smoking Policy. The admission agreement must include a copy of the facility's smoking policy. (7-1-20)T

217. REQUIREMENTS FOR TERMINATION OF ADMISSION AGREEMENT.

01. Conditions for Termination of the Admission Agreement. The admission agreement cannot be terminated, except under Section 39-3313, Idaho Code, as follows: (7-1-20)T

a. Giving the other party thirty (30) calendar days written notice; (7-1-20)T

b. The resident's death; (3-20-20)T

c. Emergency conditions that require the resident to be transferred to protect the resident or other residents in the facility from harm; (7-1-20)T

d. The resident's mental or medical condition deteriorates to a level requiring care as described in Section 39-3307, Idaho Code, and Section 152 of these rules; (7-1-20)T

e. Nonpayment of the resident's fees; (3-20-20)T

f. When the facility cannot meet resident needs due to changes in services, in-house or contracted, or inability to provide the services; or (3-20-20)T

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. (7-1-20)T

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 assisted living facilities, and certified family homes that may meet the needs of the resident. The facility must provide a copy of the resident record, as described in Section 330 of these rules, within two (2) business days of receipt of a request signed and authorized by the resident or legal representative. (7-1-20)T

03. Resident's Appeal of Involuntary Discharge. A resident may appeal all discharges, with the exception of an involuntary discharge in the case of nonpayment or emergency conditions that require the resident to be transferred to protect the resident or other residents in the facility from harm. (7-1-20)T

a. Before a facility discharges a resident, the facility must notify the resident and their representative of the discharge and the cause. (7-1-20)T

b. This notice must be in writing and in a language and manner the resident or their representative can understand. (7-1-20)T

04. Written Notice of Discharge. The written notice of discharge must include the following: (3-20-20)T

a. The specific reason for the discharge; (7-1-20)T

b. The effective date of the discharge; (7-1-20)T

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; (3-20-20)T

d. The Residential Assisted Living Facilities Program website, where the appeal must be submitted; (7-1-20)T

e. The name, address, and telephone number of the local ombudsman; (7-1-20)T

f. The name, address, and telephone number of Disability Rights Idaho (7-1-20)T

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; and (7-1-20)T

h. When the notice does not contain all the above required information, the notice is void and must be reissued. (3-20-20)T

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. (3-20-20)T

218. -- 249. (RESERVED)

250. REQUIREMENTS FOR BUILDING CONSTRUCTION AND PHYSICAL STANDARDS.
Minimum construction must meet all requirements of this rule to include codes and standards incorporated by reference in Section 004 of these rules, and all local and state codes that are applicable to residential assisted living facilities. Where there are conflicts between the requirements in the codes, the most restrictive condition must apply. (7-1-20)T

01. Construction Changes. For all new construction, changes of occupancy, modifications, additions, or renovations to existing buildings, the facility must submit construction drawings with specifications to the licensing authority for review and approval prior to any work being started. All new construction and conversions must install audible and visual notification devices for fire alarm systems in all common areas and resident rooms no matter the size of facility. (7-1-20)T

02. Plans and Specifications. Plans must be prepared, signed, stamped, and dated by an architect or engineer licensed in the state of Idaho. A variance of this requirement may be granted by the Licensing Agency when the size of the project does not necessitate involvement of an architect or engineer. This must include the following: (7-1-20)T

a. Plans and specifications must be submitted to the Licensing Agency to ensure compliance with applicable construction standards, codes, and regulations; (7-1-20)T

b. Plans must be drawn to scale, but no less than a scale of one-eighth (1/8) inch to one (1) foot; (7-1-20)T

c. Plans must be submitted electronically; (7-1-20)T

d. A physical address approved by the city; (7-1-20)T

e. Life safety plans; (7-1-20)T

f. Fire alarm shop drawings; and (7-1-20)T

g. Fire sprinkler system drawings and calculations. (7-1-20)T

03. Approval. All buildings, additions, and renovations are subject to approval by the Licensing

Agency and must meet applicable requirements. (7-1-20)T

04. 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. (3-20-20)T

05. Toilets and Bathrooms. Each facility must provide: (7-1-20)T

a. A toilet and bathroom for resident use so arranged that it is not necessary for an individual to pass through another resident's room to reach the toilet or bath; (3-20-20)T

b. Solid walls or partitions to separate each toilet and bathroom from all adjoining rooms; (3-20-20)T

c. Mechanical ventilation to the outside from all inside toilets and bathrooms not provided with an operable exterior window; (3-20-20)T

d. Each tub, shower, and lavatory with hot and cold running water; (3-20-20)T

e. At least one (1) flushing toilet for every six (6) residents; (7-1-20)T

f. At least one (1) tub or shower for every eight (8) residents; (3-20-20)T

g. At least one (1) lavatory with a mirror for each toilet; and (3-20-20)T

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. (3-20-20)T

06. Accessibility for Persons with Mobility and Sensory Impairments. For residents who have 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: (7-1-20)T

a. Ramps for residents who require assistance with ambulation must comply with the requirements of the ADAAG 4.8; (7-1-20)T

b. Bathrooms and doors large enough to allow the easy passage of a wheelchair as provided for in the ADAAG 4.13; (3-20-20)T

c. Grab bars in resident toilet and bathrooms in compliance with ADAAG 4.26; (3-20-20)T

d. Toilet facilities in compliance with ADAAG 4.16 and 4.23; (3-20-20)T

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 (3-20-20)T

f. A 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. (7-1-20)T

07. Lighting. The facility must provide adequate lighting in all resident sleeping rooms, dining rooms, living rooms, recreation rooms, and hallways. (3-20-20)T

08. Ventilation. The facility must be ventilated, and precautions taken to prevent offensive odors. (7-1-20)T

09. 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 Fahrenheit (105°F) and one hundred twenty degrees Fahrenheit (120°F). (3-20-20)T

10. Heating, Ventilation, and Air-Conditioning (HVAC). Equipment must be furnished, installed, and maintained to meet all requirements of current state and local mechanical, electrical, and construction codes. An HVAC system must be provided for the facility that is capable of maintaining a minimum temperature of seventy degrees Fahrenheit (70°F) and a maximum temperature of seventy-eight degrees Fahrenheit (78°F) during the day, and a minimum of sixty-two degrees Fahrenheit (62°F) and a maximum temperature of seventy-five degrees Fahrenheit (75°F) during the night. Wood stoves, gas fireplaces, or solid burning fireplaces are not permitted as the sole source of heat, and the thermostat for the primary source of heat must be remotely located away from any of these sources. (7-1-20)T

a. Portable heating devices of any kind are prohibited. Portable electric space heaters and movable fuel-fired heaters are considered portable comfort heating devices. Exceptions are heated mattress pads, electric blankets, and heating pads when ordered by an authorized provider or physician; (7-1-20)T

b. All fireplaces must provide a safety barrier and have heat-tempered glass fireplace enclosures equivalent to ASTM Standard; (7-1-20)T

c. Boilers, hot water heaters, and unfired pressure vessels must be equipped with automatic pressure relief valves; (7-1-20)T

d. Fire and smoke dampers must be inspected, serviced, and cleaned once every four (4) years by a person professionally engaged in the business of servicing these devices or systems. A copy of these results must be kept in the facility. (7-1-20)T

11. 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. (7-1-20)T

12. Resident Sleeping Rooms. The facility must ensure that: (7-1-20)T

a. Resident sleeping rooms are not in attics, stairs, halls, or any other room commonly used for other than bedroom purposes; (3-20-20)T

b. A room with a window that opens into an exterior window well cannot be used for a resident sleeping room; (3-20-20)T

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 buildings converted to a licensed facility after July 1, 1991, 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); (7-1-20)T

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. For facilities constructed after January 1, 2021, square footage requirements for resident sleeping rooms must provide at least one hundred (100) square feet of floor space per resident for both single-bed and multi-bed sleeping rooms. (7-1-20)T

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; (3-20-20)T

f. The operable window sill height must not exceed thirty-six (36) inches above the floor in new construction, additions, or remodeling; (3-20-20)T

g. The operable window sill height must not exceed forty-four (44) inches above the floor in existing buildings being converted to a facility; (3-20-20)T

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; (3-20-20)T

i. Window screens must be provided on operable windows; (3-20-20)T

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; (7-1-20)T

k. Ceiling heights in sleeping rooms must be at least seven (7) feet, six (6) inches; and (3-20-20)T

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. (3-20-20)T

13. Secure Environment. If the facility accepts and retains residents who have cognitive impairment and have a history of elopement or attempted elopement, the facility must provide an interior environment and exterior yard that is secure and safe. Because measures to secure the environment may be effective for one (1) resident, but not another, the type of the security provided must be evaluated for effectiveness in protecting each resident, based on their individual needs and abilities, and adjusted as necessary. These measures must be incorporated into the NSA of each applicable resident. (7-1-20)T

14. Call System. The facility must have a call system available for each resident to call for assistance and still be ensured a resident's right to privacy at the facility, including in the resident's living quarters and common areas, during medical treatment, and other services, and in 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. (7-1-20)T

15. 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. (7-1-20)T

251. -- 254. (RESERVED)

255. REQUIREMENTS FOR ADDITIONAL PHYSICAL STANDARDS.

01. Fire District. The facility site must be in a lawfully constituted fire district. (3-20-20)T

02. Roads. The facility must be served by an all-weather road and kept open to motor vehicles at all times of the year. (3-20-20)T

03. Medical Accessibility. The facility site must be accessible to authorized providers or emergency medical services within thirty (30) minutes driving time. (3-20-20)T

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. (7-1-20)T

a. The water supply must be from an approved private, public, or municipal water supply; (7-1-20)T

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 (3-20-20)T

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. (3-20-20)T

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. (7-1-20)T

03. Garbage and Refuse Disposal. Garbage and refuse disposal must be provided to ensure that: (7-1-20)T

a. The premises and all buildings must be kept free from the accumulation of weeds, trash, and rubbish; (7-1-20)T

b. Material not directly related to the maintenance and operation of the facility must not be stored on the premises; (7-1-20)T

c. All containers used for storage of garbage and refuse must be constructed of durable, nonabsorbent material, and must not leak. Containers must be provided with tight-fitting lids unless stored in a vermin-proof room or enclosure; and (7-1-20)T

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. (3-20-20)T

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. (7-1-20)T

05. Linen and Laundry Facilities and Services. (3-20-20)T

a. The facility must have available at all times a quantity of linen essential to the proper care and comfort of residents; (3-20-20)T

b. Linen must be of good quality, not thread-bare, torn, or stained; (7-1-20)T

c. Linens must be handled, processed, and stored in an appropriate manner that prevents contamination; (7-1-20)T

d. Adequate facilities must be provided for the proper and sanitary washing and drying of linen and other washable goods laundered in the facility; (3-20-20)T

e. The laundry must be situated in an area separate and apart from where food is stored, prepared, or served; (7-1-20)T

f. The laundry area must be well-lighted, ventilated, adequate in size for the needs of the facility, maintained in a sanitary manner, and kept in good repair; (7-1-20)T

g. Care must be taken to ensure soiled linen and clothing are properly handled to prevent contamination. Clean linen and clothing received from a laundry service must be stored in a proper manner to prevent contamination; and (7-1-20)T

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 (e.g., towels and sheets). (7-1-20)T

06. Housekeeping and Maintenance Services. 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. (7-1-20)T

07. Toxic Chemicals. All toxic chemicals must be properly labeled. Toxic chemicals cannot be stored where food is stored, prepared, or served, where medications are stored, and where residents with cognitive impairment have access. (7-1-20)T

261. -- 299. (RESERVED)

300. REQUIREMENTS FOR NURSING SERVICES.
The administrator must ensure policies and procedures are developed and implemented to ensure nursing services are performed in accordance with IDAPA 23.01.01, "Rules of the Idaho Board of Nursing" and this chapter of rules. The facility must have on staff sufficient nursing personnel to meet the requirements in this rule. (7-1-20)T

01. Licensed Registered Nurse (RN). A licensed registered nurse (RN) must visit the facility at least once every ninety (90) days to conduct initial and quarterly nursing assessments for each resident as described in Section 305 of these rules. The licensed registered nurse is responsible for delegation of nursing functions, according to IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." (7-1-20)T

02. Licensed Nurse. The licensed nurse must be available to address changes in a resident's health or mental status, review and implement new orders, and notify the physician or authorized provider when a resident repeatedly refuses to follow physician orders. (7-1-20)T

301. -- 304. (RESERVED)

305. REQUIREMENTS FOR THE LICENSED REGISTERED NURSING ASSESSMENT.
For each resident the licensed registered nurse must assess and document, including date and signature, the following: (7-1-20)T

01. Resident Medications and Therapies. Each resident's use of, and response to all medications, (including over-the-counter, and prescribed therapies), the monitoring of side effects, interactions, abuse, or other adverse effects, and ensuring the resident's physician or authorized provider is notified of any identified concerns with medications and therapies. (7-1-20)T

02. Current Medication Orders and Treatment Orders. Each resident's medication and treatment orders are current and verified for the following: (7-1-20)T

a. The medication listed on the medication distribution container, including over-the-counter-medications, is consistent with physician or authorized provider orders; (7-1-20)T

b. The physician or authorized provider orders related to therapeutic diets, treatments, and medications for each resident are followed; and (7-1-20)T

c. A copy of the actual written, signed, and dated orders are present in each resident's care record. (7-1-20)T

03. Resident Health Status. The health status of each resident by conducting a physical assessment and identifying symptoms of illness, or any changes in mental or physical health status. (7-1-20)T

04. Recommendations. Recommendations to the administrator regarding any medication needs, other health needs requiring follow-up, or changes needed to the NSA. The nurse must notify the physician or authorized provider of recommendations for medical care and services that are needed. (7-1-20)T

05. Progress of Previous Recommendations. The progress of previous recommendations regarding any medication needs or other health needs that require follow-up. (7-1-20)T

06. Self-Administered Medication. Each resident participating in a self-administered medication program at the following times: (7-1-20)T

a. Before the resident can self-administer medication to ensure resident safety; and (7-1-20)T

b. Every ninety (90) days to evaluate the continued validity of the assessment to ensure the resident is still capable to safely self-administer medication(s). (7-1-20)T

07. Resident and Facility Staff Education. Recommendations for any health care-related educational needs, for both the resident and facility staff, as the result of the nursing assessment or at the direction of the resident's health care provider. (7-1-20)T

306. -- 309. (RESERVED)

310. REQUIREMENTS FOR MEDICATION.
Facility policies and procedures must specify how medications will be handled. (7-1-20)T

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. The facility's licensed nurse may fill medi-sets, blister packs, or other Licensing Agency approved systems as described in Section 39-3326, Idaho Code. (7-1-20)T

a. All medications must be kept in a locked area such as a locked box or room; (7-1-20)T

b. Poisons, toxic chemicals, and cleaning agents must not be stored with medications; (7-1-20)T

c. Biologicals and other medications requiring cold storage must be maintained at thirty-eight degrees Fahrenheit to forty-five degrees Fahrenheit (38°F-45°F), and the temperature monitored and documented daily; (7-1-20)T

d. Assistance with medication must comply with the Board of Nursing requirements; (3-20-20)T

e. Each prescription medication must be given to the resident directly from the medi-set, blister pack, or medication container; (7-1-20)T

f. Each resident must be observed taking the medication; and (7-1-20)T

g. Each prescribed PRN must be available in the facility. (7-1-20)T

02. Discontinued and Expired Prescriptions. Discontinued or outdated medications and treatments must be removed from the resident's medication supply and cannot accumulate at the facility for longer than thirty (30) days. The unused medication must be disposed of in a manner that ensures it cannot be retrieved. The facility may enter into agreement, a copy of which must be maintained, with a pharmacy or other authorized entity to return unused, unopened medications for proper disposition. A written record of all drug disposals must be maintained in the facility and include: (7-1-20)T

a. A description of the drug, including the amount; (3-20-20)T

b. Name of the resident for whom the medication is prescribed; (7-1-20)T

c. The reason for disposal; (3-20-20)T

d. The method of disposal; (3-20-20)T

e. The date of disposal; and (3-20-20)T

f. Signatures of responsible facility personnel and witness. (3-20-20)T

03. **Controlled Substances**. The facility must track all controlled substances entering the facility, including the amount received, the date, a daily count, reconciliation of the number given or disposed, and the number remaining. (7-1-20)T

04. Psychotropic or Behavior Modifying Medication. (3-20-20)T

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. (3-20-20)T

b. Psychotropic or behavior modifying medications must be prescribed by a physician or authorized provider. (3-20-20)T

c. The facility must monitor the resident to determine continued need for the medication based on the resident's demonstrated behaviors. (7-1-20)T

d. The facility must monitor the resident for any side effects that could impact the resident's health and safety. (7-1-20)T

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 continued use, and possible reduction, of the psychotropic or behavior modifying medication. (7-1-20)T

311. -- 318. (RESERVED)

319. COMPREHENSIVE ASSESSMENT REQUIREMENTS.
The facility must complete assessment information as described in Subsections 319.01 through 319.04 of this rule, prior to admitting the resident to the residential assisted living facility. The remainder of the comprehensive assessment must be completed within fourteen (14) days of admission. Comprehensive assessment information must be updated when there is a change, or at least every twelve (12) months. The comprehensive assessment must contain the following: (7-1-20)T

01. Resident Demographics. Resident demographic information, including: (7-1-20)T

a. Date of birth; (7-1-20)T

b. Placement history; (7-1-20)T

c. Identification of any medical diagnoses, including any information about specific health problems, such as allergies, that may be useful in a medical emergency; (7-1-20)T

d. Prescription and over-the-counter medications and treatments; (7-1-20)T

e. Information related to cognitive function; (7-1-20)T

f. Legal status, to include copies of legal documents when applicable (e.g., guardianship or power of attorney); and (7-1-20)T

g. Names and contact information of representatives and emergency contacts. (7-1-20)T

02. Level of Personal Assistance Required. The facility must assess the level of assistance required to help the resident with the following: Activities of daily living, including bathing, dressing, toileting, grooming, eating, communicating, medications, and the use of adaptive equipment, such as hearing aids, walkers, or eyeglasses. (7-1-20)T

03. Nursing Assessment. Information related to the resident's health, medical status, and identification of any health services needed, including frequency and scope. (7-1-20)T

04. **Maladaptive Behaviors**. Evaluation of maladaptive behaviors, including: (7-1-20)T

a. The resident's behavioral history, including any history of traumatic events; (7-1-20)T

b. The intensity, duration, and frequency of each maladaptive behavior; (7-1-20)T

c. Potential contributing environmental factors, such as heat, noise, or overcrowding; (7-1-20)T

d. Any specific events that can trigger maladaptive behaviors; (7-1-20)T

e. Potential contributing health factors, such as hunger, pain, constipation, infection, fever, or medication side effects; and (7-1-20)T

f. Recent changes in the resident's life, such as a death in the family or changes in care. (7-1-20)T

05. **Resident Preferences**. Resident preferences and historical information that includes: (7-1-20)T

a. Religion and church attendance, including preferred church contact information; (7-1-20)T

b. Historical information including significant life events, family, work, and education; and (7-1-20)T

c. Hobbies or preferred activities. (7-1-20)T

06. **Outside Services**. Information related to outside services, including the service type being provided, when, and by whom. (7-1-20)T

07. **Assessment Results**. The results of the comprehensive assessment must be used to develop the NSA, identify training needs for staff, and evaluate the ability of an administrator and facility to meet the identified resident's needs. (7-1-20)T

320. NEGOTIATED SERVICE AGREEMENT (NSA) REQUIREMENTS.
Under Section 39-3309, Idaho Code, each resident must enter into an NSA completed, signed, and implemented no later than fourteen (14) calendar days from the date of admission. An interim plan must be developed and used while the NSA is being completed as described in Section 330 of these rules. (7-1-20)T

01. **Use of NSA**. The NSA provides for the 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. (7-1-20)T

02. **Key Elements of the NSA**. A resident's NSA must be based on the comprehensive assessment information described in Section 319 of these rules. NSAs must incorporate information from the resident's care record, described in Section 330 of these rules. (7-1-20)T

03. **Signature, Date, and Approval of Agreement**. The administrator, resident, and any legal representative must sign and date the NSA upon its completion. (7-1-20)T

04. **Review Date**. The NSA must include the next scheduled date of review. (7-1-20)T

05. **Development of the NSA**. The resident, and other relevant persons as identified by the resident, must be included in the development of the NSA. Licensed and professional staff must be involved in the development of the NSA as applicable. (7-1-20)T

06. **Copy of Initial Agreement**. Signed copies of the agreement must be given to the resident, their representative, and their legal guardian or conservator, and a copy placed in the resident's record, no later than fourteen (14) calendar days from admission. (7-1-20)T

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. (3-20-20)T

08. Periodic Review. The NSA must be reviewed when there is a change in a diagnosis for a resident or other change in condition requiring different, additional, or replacement services, or at least every twelve (12) months. (7-1-20)T

321. -- 329. (RESERVED)

330. REQUIREMENTS FOR FACILITY RECORDS.
The facility must maintain complete, accurate, and authentic records which are preserved in a safe location protected from fire, theft, and water damage for a minimum of three (3) years. (7-1-20)T

01. Paper Records. All paper records must be recorded legibly in ink. (7-1-20)T

02. Electronic Records. Electronic records policies and procedures must be developed and implemented that specify which records will be maintained electronically. Policy development and implementation must ensure: (7-1-20)T

a. The facility must print and provide paper copies of electronic records upon the request of the resident, their legal guardian or conservator, advocacy and protection agencies, and the Department. (7-1-20)T

b. Security measures must be taken to protect the use of an electronic signature by anyone other than the person to which the electronic signature belongs and to protect that person's identity. The policy must specify how passwords are assigned, and the frequency they are changed. (7-1-20)T

c. Security measures must be taken to ensure the integrity of any electronic documentation. (7-1-20)T

03. Record Confidentiality. The facility must safeguard confidential information against loss, destruction, and unauthorized use. (7-1-20)T

04. Resident Care Records. An individual care record must be maintained for each resident with all entries kept current and completed by the person providing the care. (7-1-20)T

a. Entries must include the date, time, name, and title of the person making the entry. Staff must sign each entry made by them during their shift. (7-1-20)T

b. Care records of all current residents must be available to staff at all times. (7-1-20)T

c. In addition to an NSA, as described in Section 320 of these rules, each care record must include documentation of the following: (7-1-20)T

i. Comprehensive assessments, as described in Section 319 of these rules; (7-1-20)T

ii. Current medications, treatments, and diet prescribed, all signed and dated by the ordering physician or authorized provider; (7-1-20)T

iii. Treatments, wound care, assistance with medications, and any other delegated nursing tasks. Documentation must include any PRN medication use (if applicable), including the reason for taking the medication and the efficacy; (7-1-20)T

iv. Times the NSA is not followed, such as during refusal of care or services. This includes any time a medication is refused by a resident, not taken by a resident, not given to a resident, and the reason for the omission; (7-1-20)T

v. Calls to the resident's physician or authorized provider, including the reason for each call and the outcome; (7-1-20)T

vi. Notification to the facility nurse of changes in the resident's physical or mental condition; (7-1-20)T

vii. Nursing assessments, as described in Section 305 of these rules; (7-1-20)T

viii. The results of any physician or authorized provider visits; (7-1-20)T

ix. Copies of all signed and dated care plans prepared by outside service agencies; (7-1-20)T

x. Notes regarding outside services and care provided to the resident, such as home health, hospice, or physical therapy; (7-1-20)T

xi. Unusual events such as incidents, accidents, or altercations, and the facility's response; and (7-1-20)T

xii. When a resident refuses medical treatment or physician's orders, the facility must document the resident and their legal guardian have been informed of the consequences of the refusal and the resident's physician or authorized provider has been notified of the refusal. (7-1-20)T

05. Admission Records. As described in Section 39-3315, Idaho Code, resident admission documentation must include: (7-1-20)T

a. The resident's preferred providers and contact information, including physician or authorized provider, optometrist, dentist, pharmacy, and outside service providers. (7-1-20)T

b. Results of the resident's last history and physical examination, performed by a physician or authorized provider. The examination must have been conducted no more than six (6) months prior to admission. (7-1-20)T

c. Physician or authorized provider orders that are current, signed, and dated, including a list of medications, treatments, diet, and any limitations. (7-1-20)T

d. A written admission agreement that is signed and dated by the administrator and the resident or their legal guardian or conservator, and meets the requirements of Section 216 of these rules. (7-1-20)T

e. If separate from the admission agreement, a copy of the payment schedule and fee structure signed and dated by the resident or their legal guardian or conservator. (7-1-20)T

f. If the facility manages the resident's funds, a signed and dated written agreement between the facility and the resident or their legal guardian or conservator that specifies the terms. (7-1-20)T

g. A signed copy of the resident's rights, as described in Sections 550 and 560 of these rules, or a signed and dated statement that the resident or their legal guardian or conservator has read and understands their rights in a residential assisted living facility. (7-1-20)T

h. An interim care plan signed by the resident, responsible party, and the facility, completed prior to, or on the day of, admission. (7-1-20)T

i. Documentation indicating the resident has been informed of the facility's emergency procedures, including resident responsibility. (7-1-20)T

06. Behavior Documentation. For residents who exhibit maladaptive behaviors, behavior management records must be maintained in the resident record, including: (7-1-20)T

a. An assessment of maladaptive behaviors, as described in Section 319 of these rules. (7-1-20)T

b. A behavior plan that includes at least one (1) intervention specific to each maladaptive behavior. (7-1-20)T

i. Interventions must be the least restrictive possible; and (7-1-20)T

ii. Each intervention must be reviewed as appropriate, based on the severity of the behavior, to evaluate the effectiveness and continued need for the intervention. (7-1-20)T

c. Ongoing tracking of behaviors, including documentation of the date and time each maladaptive behavior was observed, the specific behavior that was observed, what interventions were used in response to the maladaptive behavior, and the effectiveness of each intervention. (7-1-20)T

07. Discharge Records. Resident discharge documentation must include: (7-1-20)T

a. When the discharge is involuntary, the facility's efforts to resolve the situation and a copy of the discharge notice, signed and dated by the resident and the facility. If the resident refuses, or is unable to sign the notice, the facility must maintain evidence that the notice was delivered to the resident and the responsible party; (7-1-20)T

b. The date and the location where the resident is discharged; and (7-1-20)T

c. The disposition of the resident's belongings. (7-1-20)T

08. Additional Resident Records. The facility must also maintain the following for each resident: (7-1-20)T

a. A record of all personal property that the resident has entrusted to the facility, including documentation to identify and track the property to ensure that personal items are kept safe and used only by the resident to which the items belong; and (7-1-20)T

b. Any complaints or grievances voiced by the resident including the date received, the investigation with outcome, and the response to the resident. (7-1-20)T

09. Resident Admission and Discharge Register. The facility must maintain an admission and discharge register listing the name of each resident, the date admitted, and the date discharged. The admission and discharge register must be produced as a separate document, apart from resident records, and kept current. (7-1-20)T

10. Hourly Adult Care Documentation. A log of those who have utilized hourly adult care must be maintained, including the dates the service was provided. Individual records must be maintained for each person utilizing hourly adult care. The individual record documentation must include: (7-1-20)T

a. Admission identification information, including contact information for the responsible party in an emergency, and the physician or authorized provider; (7-1-20)T

b. Information, such as medical and social, relevant to the supervision of the person; and (7-1-20)T

c. Care and services provided during hourly adult care, including assistance with medications. (7-1-20)T

11. Dietary Records. The facility must maintain on-site a minimum of three (3) months of dietary documentation, as follows: (7-1-20)T

a. Copies of planned menus, including therapeutic menus, that are approved, signed, and dated by a dietitian; and (7-1-20)T

b. Served menus, including therapeutic menus, which reflect substitutions made. (7-1-20)T

12. Records for Water Supply. Copies of laboratory reports documenting the bacteriological examination of a private water supply must be kept on file in the facility. (7-1-20)T

13. Personnel Records. A record for each employee must be maintained and available, which includes the following: (7-1-20)T

a. The employee's name, address, phone number, and date of hire; (7-1-20)T

b. A job description that includes the purpose, responsibilities, duties, and authority; (7-1-20)T

c. Evidence that on, or prior to hire, staff were notified in writing if the facility does or does not carry professional liability insurance. If the facility cancels existing professional liability insurance, all staff must be notified of the change in writing; (7-1-20)T

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 with identification of restrictions; (7-1-20)T

e. Signed evidence of training as described in Sections 620 through 641 of these rules; (7-1-20)T

f. Copies of CPR and first aid certifications; (7-1-20)T

g. Evidence of medication training as described in Section 645 of these rules; (7-1-20)T

h. Criminal history and background check results that meet Section 009 of these rules and state-only background check results; (7-1-20)T

i. Documentation by the licensed nurse of delegation to unlicensed staff who assist residents with medications and other nursing tasks; (7-1-20)T

j. When acting on behalf of the administrator, a signed document authorizing the responsibility; and (7-1-20)T

k. Copies of contracts with outside service providers and contract staff. (7-1-20)T

14. As Worked Schedules. Work records must be maintained in written or electronic format which reflect: (7-1-20)T

a. Personnel on duty, at any given time; and (7-1-20)T

b. The first and last names of each employee and their position. (7-1-20)T

15. Fire and Life Safety Records. The administrator must ensure the facility's records for fire and life safety are maintained. The facility must maintain on file: (7-1-20)T

a. Fire detection, alarm, and communication system reports: (7-1-20)T

i. The results of the annual inspection and tests; and (7-1-20)T

ii. Smoke detector sensitivity testing results. (7-1-20)T

b. The results of any weekly, monthly, quarterly, semi-annual, and annual sprinkler system inspections, maintenance, and tests; (7-1-20)T

c. Records of the monthly examination of the portable fire extinguishers, documenting the following: (7-1-20)T

i. Each extinguisher is in its designated location; (7-1-20)T

ii. Each extinguisher seal or tamper indicator is not broken; (7-1-20)T

iii. Each extinguisher has not been physically damaged; (7-1-20)T

iv. Each extinguisher gauge shows a charged condition; and (7-1-20)T

v. The inspection tag or documentation for the extinguisher must show at least the initials of the person making the monthly examination and the date of the examination. (7-1-20)T

d. Documentation for when a fire watch is instituted and a fire watch log for each round of patrol, identifying who conducted the fire watch, date, time, and situations encountered. (7-1-20)T

331. -- 334. (RESERVED)

335. REQUIREMENTS FOR INFECTION CONTROL.
The administrator is responsible for ensuring that policies and procedures consistent with recognized standards that control and prevent infections for both staff and residents are developed and implemented throughout the facility, to include: (7-1-20)T

01. Staff with an Infectious Disease. Staff with an infectious disease must not work until the infectious stage no longer exists or must be reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent. (7-1-20)T

02. 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/. (3-20-20)T

03. Reporting of Individual with an Infectious Disease. The name of any resident or facility personnel with a reportable disease listed in IDAPA 16.02.10, "Idaho Reportable Diseases," must be reported immediately to the local health district authority with appropriate infection control procedures immediately implemented as directed by that local health authority. (7-1-20)T

336. -- 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 assisted living facilities for fire and life safety standards. Facilities' evacuation capability is considered "impractical" as defined by NFPA, Standard 101. (7-1-20)T

401. FIRE AND LIFE SAFETY STANDARDS FOR NEW BUILDINGS HOUSING THREE THROUGH SIXTEEN RESIDENTS.
A newly constructed facility, change of ownership, or a building converted to a residential assisted living facility on or after January 1, 2021, housing three (3) to sixteen (16) residents on the first story only must comply with NFPA, Standard 101, Chapter 32, Small Facilities. (7-1-20)T

402. FIRE AND LIFE SAFETY STANDARDS FOR NEW BUILDINGS HOUSING SEVENTEEN OR MORE RESIDENTS AND MULTI-STORY BUILDINGS.
A newly constructed facility, change of ownership, or a building converted to a residential assisted living facility on or after January 1, 2021, 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, Chapter 32, Large Facilities. (7-1-20)T

403. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR THREE THROUGH SIXTEEN RESIDENTS.
Existing facilities licensed prior to January 1, 2021, housing three (3) to sixteen (16) residents on the first story only,

must comply with the requirements of the NFPA, Standard 101, Chapter 33, Small Facilities. Existing buildings that are not sprinklered may continue to operate, except when Section 401 of these rules apply. (7-1-20)T

404. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR SEVENTEEN OR MORE RESIDENTS AND MULTI-STORY BUILDINGS.
Existing facilities licensed prior to January 1, 2021 housing seventeen (17) or more residents and multi-story buildings or any building housing residents on stories other than the first story must comply with NFPA, Standard 101, Chapter 33, Large Facilities. (7-1-20)T

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

01. Electrical Installations and Equipment. Electrical installations and equipment must comply with applicable local or state electrical requirements in NFPA, Standard 101, Mandatory References. (7-1-20)T

a. Extension cords and multi-plug adapters are prohibited; (7-1-20)T

b. Relocatable Power Taps (RPTs) must be Underwriter Laboratories (U/L) approved with the following requirements: (7-1-20)T

i. RPTs must be directly connected to a wall outlet; and (7-1-20)T

ii. Have a built-in surge protector. (7-1-20)T

02. Prohibited Applications. The following are prohibited uses of an RPT: (7-1-20)T

a. Medical equipment; (7-1-20)T

b. Daisy chain or plugging one (1) plug strip into a second plug strip; (7-1-20)T

c. Appliances; (7-1-20)T

d. As a convenience, in lieu of permanent installed receptacles; and (7-1-20)T

e. Extend through walls, ceilings, floors, under doors or floor coverings, or be subject to environmental or physical damage. (7-1-20)T

03. Medical Gases. Handling, use, and storage of medical gas must be according to NFPA, Standard 99, Chapter 11, Performance, Maintenance, and Testing as referenced in Section 004 of these rules. (7-1-20)T

04. Fuel-Fired Heating. Fuel-fired heating devices and systems must be inspected, serviced, and cleaned at least annually by a person professionally engaged in the business of servicing these devices or systems. (7-1-20)T

05. 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. (3-20-20)T

06. 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. (3-20-20)T

406. -- 409. (RESERVED)

410. REQUIREMENTS FOR EMERGENCY ACTIONS AND FIRE DRILLS.
Fire drills must be conducted not less than six (6) times a year on a bimonthly basis, with not less than two (2) conducted during the night when residents are sleeping. Records must be maintained on file at the facility and contain a description, date, and time of the drill, response of the personnel and residents, problems encountered, and

recommendations for improvement. (7-1-20)T

01. Report of Fire. A separate report on each fire incident occurring within the facility must be submitted to the Licensing Agency within thirty (30) days of the occurrence. The reporting form, "Facility Fire Incident Report," issued by the Licensing 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. (7-1-20)T

02. Fire Watch. Where a required fire alarm system or fire sprinkler system is out of service for more than four (4) hours in a twenty-four (24) hour period, the authority having jurisdiction must be notified, and the building evacuated, or an approved fire watch provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. (7-1-20)T

411. -- 429. (RESERVED)

430. REQUIREMENTS FOR FURNISHINGS, EQUIPMENT, SUPPLIES, AND BASIC SERVICES.
Each facility must provide to the resident: (3-20-20)T

01. Common Shared Furnishings. Appropriately designed and constructed furnishings to meet the needs of each resident, including reading lamps, tables, comfortable chairs, or sofas. All items must be in good repair, clean, safe, and provided at no additional cost to the resident. (7-1-20)T

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. (3-20-20)T

03. Resident Bed. Each resident must be provided their 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. (7-1-20)T

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. (3-20-20)T

05. Basic Services. The following are basic services to be provided to the resident by the facility within the basic services rate: (3-20-20)T

a. Rent; (3-20-20)T

b. Utilities; (3-20-20)T

c. Food; (3-20-20)T

d. Activities of daily living services; (3-20-20)T

e. Supervision; (3-20-20)T

f. First aid; (3-20-20)T

g. Assistance with and monitoring of medications; (3-20-20)T

h. Laundering of linens owned by the facility; (3-20-20)T

i. Emergency interventions and coordination of outside services; (3-20-20)T

j. Routine housekeeping and maintenance of common areas; and (3-20-20)T

k. Access to basic television in common areas. (3-20-20)T

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 their own. (7-1-20)T

07. Personal Supplies. Soap, shampoo, hair brush, comb, electric razor or other means of shaving, toothbrush, toothpaste, sanitary napkins, and incontinence supplies must be provided by the facility unless the resident chooses to provide their own. The facility may charge the resident for personal supplies the facility provides and must itemize each item being charged to the resident. (7-1-20)T

08. Resident Supplies and Furnishings. If a resident chooses to provide their own supplies or furnishings, the facility must ensure that the resident's supplies or furnishings meet the minimum standards as identified in this rule. (7-1-20)T

431. -- 449. (RESERVED)

450. REQUIREMENTS FOR FOOD AND NUTRITIONAL CARE SERVICES.
The facility food services must meet the standards in IDAPA 16.02.19, "Idaho Food Code," as incorporated in Section 004 of these rules. The facility must also implement operational policies for providing proper nutritional care for each resident, which includes procedures to follow if the resident refuses food or to follow a prescribed diet. (7-1-20)T

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. (3-20-20)T

01. Menu. The facility must have a menu planned or approved, and signed and dated by a registered dietitian prior to being served to any resident. The planned menu must meet nutritional standards. (7-1-20)T

a. Menus will provide a sufficient variety of foods in adequate amounts at each meal; (7-1-20)T

b. Food selections must include foods that are served in the community and in season. Food selections and textures should account for residents' preferences, food habits, and physical abilities. (7-1-20)T

c. The current weekly menu must be posted in a facility common area; and (7-1-20)T

d. The facility must serve the planned menu. If substitutions are made, the menu must be modified to reflect the substitutions. (7-1-20)T

02. Therapeutic Diets. The facility must have a therapeutic diet menu planned or approved, and signed and dated by a registered dietitian prior to being served to any resident. (7-1-20)T

a. The therapeutic diet planned menu, if possible, must meet nutritional standards; (7-1-20)T

b. The therapeutic diet menu must be planned as close to a regular diet as possible; and (3-20-20)T

c. The facility must have for each resident on a therapeutic diet, an order from a physician or authorized provider. (3-20-20)T

03. 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 (1) week in advance. (7-1-20)T

04. Facilities Licensed for Seventeen Beds or More. Facilities licensed for seventeen (17) beds or

more must: (3-20-20)T

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; (3-20-20)T

b. Follow standardized recipes; and (3-20-20)T

c. Have available in the kitchen a current copy of the Idaho Food Code and Idaho Diet Manual. (7-1-20)T

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 all planned menus during that time. (7-1-20)T

456. -- 459. (RESERVED)

460. FOOD PREPARATION AND SERVICE.

01. Food Preparation. Foods must be prepared by methods that conserve nutritional value, flavor, and appearance. (3-20-20)T

02. Frequency of Meals. Food must be offered throughout the day, as follows: (7-1-20)T

a. To provide residents at least three (3) meals daily, at regular times comparable to normal mealtimes in the community; (7-1-20)T

b. To ensure no more than fourteen (14) hours between a substantial evening meal and breakfast; (7-1-20)T

c. Ensure that residents who are not in the facility for the noon meal are offered a substantial evening meal; and (7-1-20)T

d. Offer snacks and fluids between meals and at bedtime. (7-1-20)T

03. Food Preparation Area. Any areas used for food preparation must be maintained as follows: (7-1-20)T

a. No live animals or fowl will be kept or maintained in the food service preparation or service area; and (7-1-20)T

b. Food preparation and service areas cannot be used as living quarters for staff. (7-1-20)T

04. Disposable Items. The facility will not use single-use items except in unusual circumstances for a short period of time or for special events. (7-1-20)T

461. -- 509. (RESERVED)

510. REQUIREMENTS TO PROTECT RESIDENTS FROM ABUSE.
The administrator must ensure that policies and procedures are developed and implemented to ensure that all residents are free from abuse. These policies and procedures should be posted in a conspicuous place in the facility, shared with new residents, families upon admission, all residents annually thereafter, and made available upon request. (7-1-20)T

511. -- 514. (RESERVED)

515. REQUIREMENTS TO PROTECT RESIDENTS FROM EXPLOITATION.
The administrator must ensure that policies and procedures are developed and implemented to ensure that all residents are free from exploitation. These policies and procedures should be posted in a conspicuous place in the facility, shared with new residents, families upon admission, all residents annually thereafter, and made available upon request. (7-1-20)T

516. -- 519. (RESERVED)

520. REQUIREMENTS TO PROTECT RESIDENTS FROM INADEQUATE CARE.
The administrator must ensure that policies and procedures are developed and implemented to ensure that all residents are free from inadequate care. These policies and procedures should be posted in a conspicuous place in the facility, shared with new residents, families upon admission, all residents annually thereafter, and made available upon request. (7-1-20)T

521. -- 524. (RESERVED)

525. REQUIREMENTS TO PROTECT RESIDENTS FROM NEGLECT.
The administrator must ensure that policies and procedures are developed and implemented to ensure that all residents are free from neglect. These policies and procedures should be posted in a conspicuous place in the facility, shared with new residents, families upon admission, all residents annually thereafter, and made available upon request. (7-1-20)T

526. -- 549. (RESERVED)

550. REQUIREMENTS FOR RESIDENTS' RIGHTS.
The administrator must ensure that policies and procedures are developed and implemented to ensure that residents' rights are observed, promoted, and protected. (7-1-20)T

01. Resident Records. Upon request, a resident or others authorized by law, must be provided immediate access to information in their record, and copies of information within two (2) business days. The facility must maintain and keep current a record for each resident that contains the information specified in Section 330 of these rules and Section 39-3316, Idaho Code. (7-1-20)T

02. Privacy. Each resident must be ensured the right to privacy with accommodations, medical and other treatment, written and telephone communications, visits, and meetings of family and resident groups. (7-1-20)T

03. Humane Care and Environment. (3-20-20)T

a. Each resident has the right to humane care and a humane environment, including the following: (3-20-20)T

i. The right to a diet that is consistent with any religious or health-related restrictions; (3-20-20)T

ii. The right to refuse a restricted diet; and (3-20-20)T

iii. The right to a safe and sanitary living environment. (3-20-20)T

b. Each resident has the right to be treated with dignity and respect, including: (3-20-20)T

i. The right to be treated in a courteous manner by staff; (3-20-20)T

ii. The right to receive a response from the facility to any request of the resident within a reasonable time; and (3-20-20)T

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, or family and friends to translate. The method implemented must ensure the resident's right to confidentiality, if the resident desires. (7-1-20)T

04. **Personal Possessions**. Each resident has the right to: (3-20-20)T

a. Wear their own clothing; (7-1-20)T

b. Determine their own dress or hair style; (7-1-20)T

c. Retain and use their own personal property in their own living area so as to maintain individuality and personal dignity; and (3-20-20)T

d. Be provided a separate storage area in their own living area and at least one (1) locked cabinet or drawer for keeping personal property. (7-1-20)T

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. A facility must not require a resident to deposit their personal funds with the facility. (7-1-20)T

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: (3-20-20)T

a. The facility must deposit any amount of a resident's personal funds more than 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 the account. The facility must maintain any other personal funds in a non-interest-bearing account or petty cash fund; (7-1-20)T

b. The facility must ensure 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 (7-1-20)T

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. (3-20-20)T

07. **Access and Visitation Rights**. Each facility must permit: (3-20-20)T

a. Immediate access to any resident by any representative of the Department, by the local ombudsman for the elderly or their designees, or by the resident's physician or authorized provider; (7-1-20)T

b. Immediate access to a resident, subject to the resident's right to deny or withdraw consent at any time, by the resident's immediate family, significant other, or representative; (7-1-20)T

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 (3-20-20)T

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. (3-20-20)T

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. (3-20-20)T

09. **Confidentiality**. Each resident must have the right to confidentiality of personal and clinical records. (3-20-20)T

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. (7-1-20)T

11. **Freedom of Religion**. Each resident must have the right to practice the religion of their choice or to abstain from religious practice. Residents must also be free from the imposition of the religious practices of others. (7-1-20)T

12. **Control and Receipt of Health-Related Services**. Each resident must have the right to control their receipt of health-related services, including: (7-1-20)T

a. The right to retain the services of their own personal physician, dentist, and other health care professionals; (7-1-20)T

b. The right to select the pharmacy or pharmacist of their choice so long as it meets the statute and rules governing residential assisted living and the policies and procedures of the residential assisted living facility; (7-1-20)T

c. The right to confidentiality and privacy concerning their medical or dental condition and treatment; and (7-1-20)T

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. (3-20-20)T

i. The facility must document the resident and their legal guardian have been informed of the consequences of the refusal; and (7-1-20)T

ii. The facility must document that the resident's physician or authorized provider has been notified of the resident's refusal. (3-20-20)T

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 threat of retaliation 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. (7-1-20)T

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. (3-20-20)T

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. (3-20-20)T

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 Agency and any plan of correction in effect. (7-1-20)T

17. **Access by Advocates and Representatives**. A residential assisted living facility must permit advocates and representatives of community legal service programs, whose purposes include rendering assistance without charge to residents, to have access to the facility at reasonable times in order to: (7-1-20)T

a. Visit, talk with, and make personal, social, and legal services available to all residents; (3-20-20)T

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;

(7-1-20)T

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; (7-1-20)T

d. Engage in all other methods of assisting, advising, and representing residents so as to extend to them the full enjoyment of their rights; (3-20-20)T

e. Communicate privately and without restrictions with any resident who consents to the communication; and (3-20-20)T

f. Observe all common areas of the facility. (3-20-20)T

18. Access by Protection and Advocacy System. A residential assisted living facility must permit advocates and representatives of the protection and advocacy system designated by the governor under 29 U.S.C. 794e, 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. (7-1-20)T

19. Access by the Long-Term Care Ombudsman. A residential 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. (7-1-20)T

20. Transfer or Discharge. Each resident must have the right to be transferred or discharged only for medical reasons, for their welfare or that of other residents, or for nonpayment for their 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. (7-1-20)T

21. Citizenship Rights. Each resident has the right to be encouraged and assisted to exercise rights as a citizen, including the right to be informed and to vote. (7-1-20)T

22. Advance Directives. Each resident has the right to be informed, in writing, regarding the formulation of an advance directive as provided under Section 39-4510, Idaho Code. (7-1-20)T

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: (3-20-20)T

a. When a resident needs additional care, services, or supplies, the facility must provide to the resident or the resident's legal guardian or conservator written notice within five (5) days of any fee change taking place; (7-1-20)T

b. The resident and the resident's legal guardian or conservator must be given the opportunity to agree to an amended NSA. 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. (7-1-20)T

551. -- 559. (RESERVED)

560. NOTICE OF RESIDENTS' RIGHTS.
Each facility must: (7-1-20)T

01. Inform Residents Orally and in Writing. Inform each resident, orally and in writing at the time of admission to the facility, of their legal rights during the stay at the facility. (7-1-20)T

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. (3-20-20)T

03. Written Description of Rights. Ensure the written description of legal rights in this rule includes a description of the protection of personal funds and a statement that a resident may file a complaint with the Department respecting resident abuse, neglect, and misappropriation of resident property in the facility. (7-1-20)T

04. Posting of Resident Rights. Conspicuously post the residents' rights in the facility at all times. (3-20-20)T

561. -- 599. (RESERVED)

600. REQUIREMENTS FOR STAFFING STANDARDS.
The administrator must develop and implement written staffing policies and procedures based on the number of residents, resident needs, and configuration of the facility, which include: (7-1-20)T

01. On-Duty Staff Up and Awake During Residents' Sleeping Hours. Qualified and trained staff must be up and awake, and immediately available in the facility during resident sleeping hours. (7-1-20)T

02. 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 ensure 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 this rule. The Licensing Agency will consider a variance based on the facility's written submitted plan of operation. (7-1-20)T

03. Personnel Management. The administrator is responsible for the management of all personnel to include contract personnel. (7-1-20)T

04. Sufficient Personnel. As described in Section 39-3322, Idaho Code, the facility will employ and the administrator will schedule sufficient personnel to: (7-1-20)T

a. Provide care and supervision, during all hours, as required in each resident's NSA, to ensure residents' health, safety, and comfort, and to ensure the interior and exterior of the facility is maintained in a safe and clean manner; and (7-1-20)T

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. (3-20-20)T

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. (7-1-20)T

621. -- 624. (RESERVED)

625. ORIENTATION TRAINING REQUIREMENTS.
The administrator must ensure that each staff member completes orientation training specific to their job description as described in Section 39-3324, Idaho Code. Staff who have not completed the orientation training requirements must work with a staff who has completed the orientation training. (7-1-20)T

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. (3-20-20)T

02. **Timeline for Completion of Training**. All orientation training must be completed within thirty (30) days of hire. (3-20-20)T

03. **Content for Training**. Orientation training must include the following: (3-20-20)T

a. The philosophy of residential assisted living and how it guides caregiving; (7-1-20)T

b. Resident rights; (7-1-20)T

c. Cultural awareness; (3-20-20)T

d. Providing personal assistance; (7-1-20)T

e. How to respond to emergencies; (3-20-20)T

f. Reporting and documentation requirements for resident care records, incidents, accidents, complaints, and allegations of abuse, neglect, and exploitation; (7-1-20)T

g. Identifying and reporting changes in residents' health or mental condition; (7-1-20)T

h. Advance directives and do not resuscitate (DNR) orders; (3-20-20)T

i. Relevant policies and procedures; (3-20-20)T

j. The role of the NSA; and (7-1-20)T

k. All staff employed by the facility, including housekeeping personnel and contract personnel, must be trained in infection control procedures for universal precautions. (7-1-20)T

626. -- 629. (RESERVED)

630. TRAINING REQUIREMENTS FOR FACILITIES ADMITTING RESIDENTS WITH A DIAGNOSIS OF DEMENTIA, MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR TRAUMATIC BRAIN INJURY.

A facility admitting and retaining residents with a diagnosis of dementia, mental illness, developmental disability, or traumatic brain injury must train all 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: (7-1-20)T

01. **Dementia**: (3-20-20)T

a. Overview of dementia; (3-20-20)T

b. Symptoms and behaviors of people with memory impairment; (3-20-20)T

c. Communication with people with memory impairment; (3-20-20)T

d. Resident's adjustment to the new living environment; (3-20-20)T

e. Behavior management, including the consistent implementation of behavior interventions; (7-1-20)T

f. Activities of daily living; and (3-20-20)T

g. Stress reduction for facility personnel and the resident. (3-20-20)T

02. **Mental Illness**: (3-20-20)T

a. Overview of mental illnesses; (3-20-20)T

b. Symptoms and behaviors specific to mental illness; (3-20-20)T

c. Resident's adjustment to the new living environment; (3-20-20)T

d. Behavior management, including the consistent implementation of behavior interventions; (7-1-20)T

e. Communication; (3-20-20)T

f. Activities of daily living; (3-20-20)T

g. Integration with rehabilitation services; and (3-20-20)T

h. Stress reduction for facility personnel and the resident. (3-20-20)T

03. **Developmental Disability**: (3-20-20)T

a. Overview of developmental disabilities; (3-20-20)T

b. Interaction and acceptance; (3-20-20)T

c. Promotion of independence; (3-20-20)T

d. Communication; (3-20-20)T

e. Behavior management, including the consistent implementation of behavior interventions; (7-1-20)T

f. Assistance with adaptive equipment; (3-20-20)T

g. Integration with rehabilitation services; (3-20-20)T

h. Activities of daily living; and (3-20-20)T

i. Community integration. (3-20-20)T

04. **Traumatic Brain Injury**: (3-20-20)T

a. Overview of traumatic brain injuries; (3-20-20)T

b. Symptoms and behaviors specific to traumatic brain injury; (3-20-20)T

c. Adjustment to the new living environment; (3-20-20)T

d. Behavior management, including the consistent implementation of behavior interventions; (7-1-20)T

e. Communication; (3-20-20)T

f. Integration with rehabilitation services; (3-20-20)T

g. Activities of daily living; (3-20-20)T

h. Assistance with adaptive equipment; and (3-20-20)T

i. Stress reduction for facility personnel and the resident. (3-20-20)T

631. -- 639. (RESERVED)

640. CONTINUED TRAINING REQUIREMENTS.
Each employee must receive a minimum of eight (8) hours of job-related continued training per year. (7-1-20)T

641. ADDITIONAL TRAINING RELATED TO CHANGES.
When policies or procedures are added, modified, or deleted, the date of the change must be specified on the policy and staff must receive additional training related to the changes. (7-1-20)T

642. -- 644. (RESERVED)

645. ASSISTANCE WITH MEDICATIONS.

01. Training Requirements. To provide assistance with medications, staff must have the following training requirements, and be delegated as described in this rule. (7-1-20)T

a. Before staff can begin assisting residents with medications, successful completion of an Idaho 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 continued training per year. (7-1-20)T

b. Staff training on documentation requirements and how to respond when a resident refuses or misses a medication, receives an incorrect medication, or when medication is unavailable or missing. (7-1-20)T

02. Delegation. The facility nurse must delegate and document assistance with medications and other nursing tasks. Each medication assistant must be delegated individually, including skill demonstration, prior to assisting with medications or nursing tasks, and any time the licensed nurse changes. (7-1-20)T

646. -- 899. (RESERVED)

900. ENFORCEMENT ACTIONS.
Enforcement actions, as described in Sections 901 through 940 of these rules and Sections 39-3357 and 39-3358, Idaho Code, are actions the Department can impose upon a facility. The Department will consider a facility's compliance history, change(s) of ownership, and the number, scope, and severity of the deficiencies when initiating or extending an enforcement action. The Department can impose any of the enforcement actions, independently or in conjunction with others. (7-1-20)T

901. ENFORCEMENT ACTION OF SUMMARY SUSPENSION.
When the Department finds that the facility's deficient practice(s) immediately place the health or safety of any residents in danger, the Department may take immediate action through summary suspension of the facility's license, the imposition of temporary management, a limit on admissions, and transfer the residents. (7-1-20)T

902. -- 909. (RESERVED)

910. ENFORCEMENT ACTION OF A CONSULTANT.
A consultant may be required when an acceptable plan of correction has not been submitted, as described in Section 130 of these rules, or if the Department identifies repeat deficient practice(s) in the facility. The consultant is required to submit periodic reports to the Licensing Agency. (7-1-20)T

911. -- 919. (RESERVED)

920. ENFORCEMENT ACTION OF LIMIT ON ADMISSIONS.

01. Reasons for Limit on Admissions. The Department may limit admissions for the following

reasons: (7-1-20)T

a. The facility is inadequately staffed or the staff is inadequately trained to handle more residents; (7-1-20)T

b. The facility otherwise lacks the resources necessary to support the needs of more residents; (7-1-20)T

c. The Department identifies repeat core issues during any follow-up survey; and (7-1-20)T

d. An acceptable plan of correction is not submitted as described in Section 130 of these rules. (7-1-20)T

02. Notification of Limit on Admissions. The Department will notify the facility of the limit on admissions of residents (e.g., a full ban of admissions, a limit of admissions based on resident diagnosis, etc.) pending the correction of deficient practice(s). Limits on admissions to the facility remain in effect until the Department determines the facility has achieved full compliance with requirements or receives written evidence and statements from the outside consultant that the facility is in compliance. (7-1-20)T

921. -- 924. (RESERVED)

925. ENFORCEMENT ACTION OF CIVIL MONETARY PENALTIES.

01. Civil Monetary Penalties. May be issued when a facility is operating without a license, repeat deficiencies are identified, or the facility fails to comply with conditions of the provisional license. 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. (7-1-20)T

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. (3-20-20)T

a. 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	$3,300

(7-1-20)T

b. 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	**Repeat Deficiency**
3-4 Beds	$2,880
5-50 Beds	$6,400
51-100 Beds	$10,800
101-150 Beds	$17,600

Limits on Accruing Civil Monetary Amount	
Number of Occupied Beds in Facility	**Repeat Deficiency**
151 or More Beds	$29,200

(7-1-20)T

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. (3-20-20)T

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. (3-20-20)T

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. (3-20-20)T

926. -- 929. (RESERVED)

930. ENFORCEMENT ACTION OF TEMPORARY MANAGEMENT.

01. Need for Temporary Management. The Department may impose the action of temporary management in situations where there is a need to oversee operation of the facility and to ensure the health and safety of the facility's residents: (7-1-20)T

a. During an orderly transfer of residents of the facility to other facilities; or (3-20-20)T

b. Pending improvements to bring the facility into compliance with program requirements. (3-20-20)T

02. Notice of Temporary Management. The Department will give written notice to the facility of the imposition of temporary management. (3-20-20)T

03. Who May Serve as a Temporary Manager. The Department may appoint any person or organization that meets the following qualifications: (3-20-20)T

a. The temporary manager must not have any financial interest in the facility to be managed; (7-1-20)T

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; (3-20-20)T

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 Residential Assisted Living Administrator's license; and (7-1-20)T

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. (3-20-20)T

04. Powers and Duties of the Temporary Manager. The temporary manager has the authority to direct and oversee the management, and to hire and discharge 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. (7-1-20)T

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; (3-20-20)T

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; (3-20-20)T

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; (3-20-20)T

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; (7-1-20)T

e. The temporary manager does not have authority to cause or direct the facility to encumber its assets or receivables; (3-20-20)T

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 (3-20-20)T

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. (3-20-20)T

05. Responsibility for Payment of the Temporary Manager. All compensation and per diem costs of the temporary manager must be paid by the licensee. (3-20-20)T

06. Termination of Temporary Management. A temporary manager may be replaced under the following conditions: (3-20-20)T

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. (3-20-20)T

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. (3-20-20)T

931. -- 934. (RESERVED)

935. ENFORCEMENT ACTION OF A PROVISIONAL LICENSE.
A provisional license may be issued when a facility has one (1) or more core issues, when non-core issues have not been corrected, have become repeat deficiencies, or an acceptable plan of correction is not submitted as described in these rules. The provisional license will state the conditions the facility must follow to continue to operate. (7-1-20)T

936. -- 939. (RESERVED)

940. ENFORCEMENT ACTION 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. (3-20-20)T

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: (3-20-20)T

a. The licensee has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a license; (3-20-20)T

b. When persuaded by a preponderance of the evidence that such conditions exist which endanger the health or safety of any resident; (3-20-20)T

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 neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights, criminal activity, or exploitation; (7-1-20)T

d. The licensee has demonstrated or exhibited a lack of sound judgment essential to the operation and management of a facility; (3-20-20)T

e. The licensee has violated any of the conditions of a provisional license; (3-20-20)T

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; (3-20-20)T

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 Sections 130 and 550 of these rules; (7-1-20)T

h. The licensee has been guilty of fraud, gross negligence, abuse, assault, battery, or exploitation with respect to the operation of a health facility, residential assisted living facility, or certified family home; (7-1-20)T

i. The licensee is actively affected in their performance by alcohol or the use of drugs classified as controlled substances; (7-1-20)T

j. The licensee has been convicted of a criminal offense other than a minor traffic violation within the past five (5) years; (3-20-20)T

k. The licensee is of poor moral and responsible character or has been convicted of a felony or defrauding the government; (3-20-20)T

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 assisted living facility, or certified family home; (7-1-20)T

m. The licensee has previously operated any health facility or residential assisted living facility without a license or certified family home without a certificate; (7-1-20)T

n. The licensee is directly under the control or influence of any person who has been the subject of proceedings as described in this rule; (7-1-20)T

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; (3-20-20)T

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; (3-20-20)T

q. The licensee fails to pay civil monetary penalties imposed by the Department as described in Section 925 of these rules; (3-20-20)T

r. The licensee fails to take sufficient corrective action as described in Section 130 of these rules; or (7-1-20)T

s. The number of residents currently in the facility exceeds the number of residents the facility is licensed to serve. (3-20-20)T

941. -- 999. (RESERVED)

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