Regulation: General

Question: If a legal entity has more than one licensed personal care home on a campus setting, what paperwork is required when a resident moves from one licensed home to another licensed home on the campus?

ANSWER: For the resident-home contract, if all terms of the contract (including rate for room and board; etc.) remain the same, then an addendum statement can be added to the current resident-home contract indicating the date of admission to the new home and stating that the terms of the previously signed contract remain the same. If the terms of the resident-home contract have changed, then a new resident-home contract must be completed.

A new preadmission screening must be completed for admission to the new home. Homes should consider the new physical site structure, and whether the resident’s needs can be met at the new home.

If the medical evaluation was completed in the past year, a new medical evaluation would not need to be completed unless there was a significant change.

Finally, for the assessment, and support plan, new documentation would not need to be completed unless there was a significant change. However, the home should add an addendum statement indicating the date that the resident moved to the new home.
Regulation: General

Question: Does BHSL allow any grace periods?

ANSWER: Yes. As per the April 1, 2013 Regulatory Compliance Guide (RCG), BHSL allows the following:

A 15-day flex or grace period is allowed for any item that has a time requirement of one year or more. This includes, but is not limited to:

- Medical evaluations (§ 2600.141)
- Fire-safety inspections and supervised fire drills (§ 2600.132(b))
- Documentation of evacuation times and fire-safe areas (§ 2600.132(d))
- Completion of ANNUAL Resident Assessments (§ 2600.225(c)(1))

Unless there is a specific grace period or timeline specified in the applicable section, a 5-day flex or grace period is allowed for any item that has a time line of less than one year. This does not apply to the following:

- Inspecting fire extinguishers (§ 2600.131(f))
- Conducting fire drills (§ 2600.132(a))

The grace period on timelines does NOT apply to INITIAL documentation or to the following regulations:

- § 2600.25(a)
- § 2600.25(e)
- § 2600.51-52
- § 2600.141(a) - Initial medical evaluations
- § 2600.224(a)
- § 2600.225(a) – Initial assessments
- § 2600.227(a) – Initial support plans
- § 2600.231(c) - Initial cognitive screening

Grace periods do not apply to initial documentation requirements for new admissions and new hires.

Regulation: § 2600.130(d) - Smoke Detectors and Fire Alarms

§ 2600.130(d) - If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.

Question: Do wireless fire systems still meet the regulation in terms of being “interconnected”?

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**ANSWER:** Yes, as long as the wireless fire system communicates with the other fire devices in the home.

As a reminder, smoke detectors and fire alarms must be of a type approved by the Department of Labor and Industry, the appropriate local building authority or local fire safety expert, or listed by Underwriters Laboratories.

**Regulation:** § 2600.132(a) - Fire Drills

§ 2600.132(a) - An unannounced fire drill shall be held at least once a month.

**Question:** Is a fire drill considered unannounced if a staff member who sets off the alarm also participates in the drill? Is a drill also considered unannounced if an administrator calls an employee at an unpredictable time and instructs them to set off the fire alarm and evacuate residents?

**ANSWER:** In both situations the fire drill is considered to be unannounced. For more information about fire drills and evacuation, please see the narrative section in the back of the PCH RCG, specifically the section titled “Scheduling the Drill”.

**Regulation:** § 2600.144(c)(1) – Use of Tobacco

§ 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

(1) Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Question:** What kind of furniture is acceptable to have in a smoking area that also meets the regulation?

**ANSWER:** The requirement for fire resistant furniture applies to outside furniture (including table umbrellas) as well as inside furniture. Furniture is considered fire resistant if it is made of solid wood construction, with no cushions or upholstery, or is made of hard plastic or resin-like substances.
Furniture with cushions or upholstery may be used as long as they are equipped with tags confirming that it meets California’s standards (by stating on the tag that it has met California’s requirements).

Furniture treated with a flame resistant product is not fire resistant, as there is no way of knowing if the flame resistant product was applied correctly to the furniture, or even applied at all. Homes may not use a flame resistant product on furniture in order to meet the regulation.

Until a federal standard is passed, Pennsylvania will defer to California’s standards (as California is known for having the most stringent testing standards in regards to fire resistant products). If the furniture passes California’s standards (by stating on the tag that it has met California’s requirements), then the furniture is acceptable for use in Pennsylvania.