

LICENSING INSPECTION INSTRUMENT  
FOR  
ADULT TRAINING FACILITY  
REGULATIONS  
CHAPTER 2380

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**OFFICE OF MENTAL RETARDATION  
DEPARTMENT OF PUBLIC WELFARE  
COMMONWEALTH OF PENNSYLVANIA**

**(Revised June 26, 2011)**

This licensing Inspection Instrument (LII) is designed to measure compliance with Pennsylvania's Adult Training Facilities Licensing Regulations, (55 Pa. Code CH. 2380).

## **SOURCE OF INSPECTION**

Compliance with regulations can be measured through three methods. "Site" is direct observation during an inspection. "Records" is inspection of written information. "Interview" is asking the provider questions to determine compliance. If this instrument is being administered by the provider, the "Interview" questions should be directed to a Program Specialist at the facility. The most reliable method of measuring compliance is through "Site" observation; the second most reliable method is through "Records" inspection; the least reliable is through "Interview".

Column 2 of this manual identifies the method by which compliance is to be determined.

The inspector should hold private interviews with individuals and direct care staff if practical. The inspector should observe individual and staff interaction.

## **RECORDING**

All recording of information is done on the scoresheet. The manual is to be used repeatedly.

1. If the facility is in compliance with the instrument item, circle the "C" on the scoresheet next to the corresponding instrument item.
2. If the facility is not in compliance with the instrument item, circle the "NC" on the scoresheet next to the corresponding instrument item. If the facility is in partial compliance (e.g. some but not all parts of an item are in compliance), record as "NC" for not in compliance.
3. If the instrument item is not applicable to the facility being inspected (e.g. number 59c, coliform water test), draw a line through the entire item on scoresheet.
4. If an instrument item is not measured or not observed (e.g. the item could not be measured during your inspection), make no mark that item on the scoresheet. Leave that item blank.
5. Use the last page of the scoresheet for any comments about a specific regulation. Usually you will need to note specific comments on all "NC" items.

For example, if you circle "NC" on any ratio item (staff: individuals, toilets: individuals, etc), be sure to note the exact ratio you observed on the comment page.

6. If there is repeated non-compliance with the instrument item, note "RNC" to the left of the number of the instrument item.
7. If there is non compliance with more than one area within any one scoresheet item (e.g. 64(a) handrails), the scoresheet item should still be counted only once. All areas of non-compliance should however be specified on the Licensing Inspection Summary (L.I.S.).

8. If there is one non-compliance area that could include two or more regulations (e.g. 111 and 173(3) – physical exam), the non-compliance area should be cited only once on the scoresheet and the L.I.S. The most appropriate citation should be selected.

### **RECORD SAMPLING PROCEDURES**

A minimum of ten percent of all staff records must be reviewed. However, at least 2 staff records must be reviewed. For staff records, select a sample of new hires, staff from various positions, and various length of employment.

A minimum sampling of individual records for review shall be: 4 through 49 individuals –10% but at least 2 records; 50 through 99 individuals – 5 records; 100 through 149 individuals – 8 records; 150 or more individuals – 10 records. For individual records, select a sample of individuals for whom restrictive procedures are used, individuals with complex medical conditions, and individuals who were recently enrolled.

If there are concerns regarding compliance, additional records should be reviewed.

### **NEW FACILITY**

If the facility is new and is not yet serving individuals, administer as many items that you can actually observe. For those items that cannot be observed, check the records or conduct an interview. It is essential that you administer and check as many items as possible in the instrument.

### **INITIAL INSPECTION AND FINAL INSPECTION**

Indicate on the original scoresheet those items that were out of compliance during your initial inspection by circling “NC” in blue or black ink. Then, mark any initial non-compliance areas that are now in compliance by circling “C” in red ink. The final changes you have recorded, including the red corrections, will be the final inspection results that will be used to determine the licensure recommendations.

### **PROVISIONAL INSPECTIONS**

Record the results of Provisional inspections on a new scoresheet. If a partial inspection is done, record only those items measured. Note on the top of the scoresheet “Provisional Inspection”.

## **TIME LINES**

“Annually” as used throughout this instrument means at least once every 12 months. In order to determine compliance with any regulation that is required annually (e.g. 181(a), 181(d) (1)), the inspector should review the current year and previous year documentation. If the difference in time between the two documents is 12 months or less, compliance should be noted an automatic 15 day flex or grace period will be allowed before “non-compliance” should be noted.

A 15 day flex or grace period will be automatically allowed for 186 (a) relating to 3 months ISP reviews and 111 (a) relating to staff physical examinations.

These special instructions are not applicable to 36 regarding staff training.

## **LICENSING EXEMPTIONS**

In accordance with 55 Pa. Code CH. 2380, §2380.2(f), the Adult Training Facility regulations do not apply to the following:

- (1) Older adult daily living centers as defined in the Older Adult Daily Living Centers Licensing Act (62 P.S. §§1511.1-1511.22), serving four or more adults who are 60 years of age or older or adults who are 59 years of age or younger but have a dementia-related disease, such as Alzheimer’s disease, as a primary diagnosis, but serving no more than three adults with disabilities who are 59 years of age or younger and who do not have a dementia-related disease as a primary diagnosis.
- (2) Vocational facilities as defined in Chapter 2390 (relating to vocational facilities).
- (3) Partial hospitalization facilities as defined in Chapter 5210 (relating to partial hospitalization).
- (4) Summer recreation programs, camping programs, and socialization clubs.
- (5) Adult day care facilities located in nursing homes that serve only individuals who live in the nursing home.
- (6) Adult training facilities operated by the Department or the Department of Education. These regulations apply to facilities meeting the definition of adult training facilities, even if the facility is licensed by the PA Department of Education as a private academic school. Only programs operated by the Department of Public Welfare or the Department of Education are exempt from licensure.
- (7) A facility that serves three or fewer individuals
- (8) These regulations do not apply to facilities operated by Intermediate Units.

(9) Community homes for Individuals with mental retardation licensed in accordance with Chapter 6400 and intermediate care facilities for the mentally retarded licensed in accordance with Chapter 6600 (relating to intermediate care facilities for the mentally retarded) that provide day services in the same at home because they are medically unable to attend a community day program or because it is an the individual's best interest to remain at the home.

(10) Activities occurring at a location other than the facility and the facility grounds, during the time an individual is away from the facility.

In accordance with 55 Pa. Code CH.2380, §2380.2 (c)-(e), the Adult Training Facility regulations do apply to the following:

(1) Profit, non-profit, publicly-funded and privately-funded facilities.

(2) Adult training facilities operated on the grounds of or in a community residential rehabilitation mental health facility or as community home for individuals with mental retardation if permitted in accordance with Chapter 6400 (relating to community homes for individuals with mental retardation).

(3) Adult training facilities operated on the grounds of or in a non-State operated intermediate care facility for the mentally retarded, unless it is documented for all individuals served, that it is medically necessary or in the individuals' best interest to remain at home.

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## GENERAL REQUIREMENTS

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11	Site Records	<p>The requirements in Chapter 20 (relating to licensure or approval of facilities and agencies) shall be met.</p> <p><b>Explanation:</b> CH. 20 regulations are the Department's Licensure and Approval of Facilities and Agencies regulations. Record as noncompliance only if there are known violations. It is not necessary to monitor compliance with all the requirements in CH. 20 during the licensing inspection.</p>
13	Site	<p>The maximum capacity specified" on the certificate of Compliance may not be exceeded.</p> <p><b>Explanation:</b> Capacity shall be determined by applying 52(a). Individual room capacities shall be calculated. The sum of all separate room capacities is the total licensed capacity.</p> <p>When counting individuals to determine compliance with the licensed capacity or indoor floor space, all people who require care and supervision should be counted (e.g. include older persons served in adult daily living centers that are licensed by Aging).</p> <p>Record as noncompliance if maximum capacity has been exceeded since the previous annual licensing inspection.</p>
14(a)	Records	<p>A facility shall have a valid fire safety occupancy permit from the Department of Labor and Industry, the Department of Public Safety in Pittsburgh, the Department of Licensing and Inspection in Philadelphia, or the Department of Community Development in Scranton.</p>
14 (a)	(Cont'd)	<p><b>Explanation:</b> <u>ALL FACILITIES EXCEPT THOSE LOCATED IN SCRANTON, PITTSBURGH, OR PHILADELPHIA:</u></p>

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Adult Training Facilities must have a fire safety occupancy permit from the State Department of Labor and Industry with an occupancy code of B.

An occupancy permit from the State Department of Labor & Industry with an occupancy code of A-1, A-2, A-3, LPCH (Large Personal Care Home), C-1, C-2, or C-4 is also acceptable. An occupancy permit from the State Department of Labor and Industry with an occupancy code of A-4 or A-5 is acceptable if issued prior to 1985.

An occupancy permit from the State Department of Labor and Industry with an occupancy code of C-3 or SPCH (Small Personal Care Home) is also acceptable if the facility serves 8 or fewer individuals.

A Certificate of Occupancy from the State Department of Health with an occupancy code of C 1, is also acceptable.

An occupancy permit from the State Department of Labor & Industry with an occupancy code of D is acceptable if the facility had the D occupancy certificate from Labor & Industry prior to May 19, 1984 or if the facility had plans approved for D occupancy prior to May 19, 1984, as long as no changes have been made to the building or the type of occupancy since the time of approval.

14 (a)

(Cont. d)

ACCEPTABLE DOCUMENTATION OF  
FIRE SAFETY OCCUPANCY PERMIT:

- B Occupancies

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For buildings built after 1980, only the actual Fire Safety Occupancy Permit is acceptable. Other preliminary inspection reports or letters are not acceptable. A letter of final approval issued by the Department of Labor and Industry is acceptable instead of an occupancy permit if the letter was issued prior to 1980. Inspection reports or letters are not acceptable.

FACILITIES LOCATED IN SCRANTON,  
PITTSBURGH, OR PHILADELPHIA:

- A valid fire safety approval is required if required by local codes.
- The inspector should verify that the type of fire safety approval issued is appropriate for the type of facility.
- The Pennsylvania Department of Labor and Industry and the Pennsylvania Department of Health do not have jurisdiction.
- The Department of Public Safety in the city of Pittsburgh, the Department of Licensing and Inspection in the city of Philadelphia, and the Department of Community Development in the city of Scranton are responsible for fire safety inspections and requirements in these 3 cities.
- The Regional OMR should be in close and frequent contact with these city agencies to be sure that the correct documentation and codes required by the local agencies is being accepted.

14 (a)

(Cont'd)

If the inspector suspects possible problems with the building related to fire safety, the inspector must notify the appropriate fire safety agency (Labor and Industry or local fire safety

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		departments in Scranton, Pittsburgh, and Philadelphia) in writing of the suspected problem or concern.
14 (b)	Records	If the fire safety occupancy permit was withdrawn, restricted or revised, the facility shall notify the Department orally within 1 working day and in writing within 2 working days.
14 (c)	Records	<p>If a building was structurally renovated or altered after the initial fire safety occupancy permit is issued, the facility shall have a new occupancy permit or written approval if required from the Department of Labor and Industry, the Department of Public Safety of the city of Pittsburgh, the Department of Licensing and Inspection of the city of Philadelphia or the Department of Community Development of the city of Scranton.</p> <p><b>Explanation:</b> An on-site inspection and the issuance of a new Certificate of Occupancy is required for approval of all building renovations to buildings with existing Certificates of Occupancy. A plan approval by itself for building renovations is not acceptable. A new Certificate of Occupancy must be issued.</p> <p>This applies to changes such as partitioning removing or adding walls, and changing the direction of swing of interior or exterior doors. This does not apply to cosmetic improvements such as carpeting, painting, wall papering, new roof etc.</p>
15	Records	If an individual is paid below minimum wage for work performed, the facility shall have a valid Federal or State wage and hour certificate authorizing payment of sub minimum wages.

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		<p><b>Explanation:</b> Individuals are not permitted to work at the facility without being paid. If below minimum wages are paid, a wage and hour certificate is required.</p>
16	Site Records Interview	<p>Abuse of an individual is prohibited. Abuse is any act or omission of an act that willfully deprives an individual of rights or human dignity or which may cause or causes actual physical injury or emotional harm to an individual, such as striking or kicking an individual; neglect; rape; sexual molestation, sexual exploitation or sexual harassment of an individual; sexual contact between a staff person and an individual; restraining an individual without following the requirements in this chapter; financial exploitation of an individual; humiliating an individual; or withholding regularly scheduled meals.</p> <p><b>Explanation:</b> This applies to abuse occurring at the facility.</p> <p>Actions of one individual to another individual including rape, sexual molestation, sexual exploitation, and intentional actions causing physical injury that require medical attention by medical personnel at a medical facility are considered abuse.</p> <p>Relating to improper use of restraints, this regulation should be cited if there is serious or widespread use of restraints without following the requirements of this chapter. Otherwise, the specific section(s) of 151-165 should be cited.</p>

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16	(Cont'd)	<p>Record as non-compliance if there is any founded evidence of abuse since the previous annual licensing inspection for which appropriate corrective action was not taken. If appropriate corrective action was taken, non compliance should not be cited. If a report of abuse is investigated and determined to be unfounded, record as compliance.</p> <p>If a report of abuse is still under investigation at the time of the inspection, record as noncompliance on the LIS and score sheet. At the conclusion of the investigation, withdraw the non-compliance if the abuse is determined to be unfounded or if appropriate corrective action was taken.</p>
17 (b)	Records	<p>Written policies and procedures on the prevention, reporting, investigation and management of unusual incidents shall be developed and kept at the facility.</p> <p><b>Explanation:</b> An unusual incident is abuse or suspected abuse of an individual; injury, trauma or illness of an individual requiring inpatient hospitalization, that occurs while the individual is at the facility or under the supervision of the facility; suicide attempt by an individual; violation or alleged violation of an individual's rights; an individual whose absence is unaccounted for and therefore presumed to be at risk; misuse or alleged misuse of an individual's funds or property; outbreak of a serious communicable disease as defined in 28 Pa. Code §27.2 (relating to reportable diseases) to the extent that confidentiality laws permit reporting; an incident requiring the services of a fire department or law enforcement agency; and a condition, except for snow or ice conditions,</p>

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17 (b)	(Cont'd)	<p>that results in closure of the facility for more than one scheduled day of operation.</p> <p>"Requiring inpatient hospitalization" applies to injury, trauma, <u>and</u> illness.</p> <p>This entire definition applies even if there is an individual to individual action.</p> <p>Scheduled inpatient hospitalization that is not due to an injury, trauma, or illness is not considered an unusual incident.</p> <p>A planned closure day, such as for the purpose of holidays or staff training, is not a condition for which an unusual incident report must be filed. If the closure is due to an unplanned incident, such as a water main break, disease outbreak or other unanticipated emergency, this would be an unusual incident which would need to be reported.</p> <p>"Outbreak" means two or more individuals at the facility have contracted the same disease since enrolling at the facility. Identification of individuals by name is not required.</p>

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Reportable diseases as defined in 28 Pa. Code §27.2 include the following:

<p>AIDS (Acquired Immune Deficiency Syndrome) Amebiasis. Animal Bite. Anthrax. Botulism. Brucellosis. Campylobacteriosis. Cancer. Cholera. Diphtheria. Encephalitis. Food Poisoning. Giardiasis. Gonococcal infections. Guillain-Barre syndrome. Haemophilus influenza Type B/disease</p>	<p>Hepatitis (non-A, non-B). Hepatitis, viral, including Type A and Type B. Histoplasmosis. Kawasaki disease. Legionnaires' disease Leptospirosis. Lyme disease. Lymphogranuloma venereum. Malaria. Measles. Meningitis--all types Meningococcal disease. Mumps. Pertussis (Whooping Cough). Plague. Poliomyelitis. Psittacosis (Ornithosis).</p>	<p>Rabies. Reye's syndrome. Rickettsial diseases including Rocky Mountain Spotted Fever. Rubella (German Measles) and Congenital Rubella syndrome. Salmonellosis. Shigellosis. Syphili--all stages. Tetanus. Toxic shock syndrome. Toxoplasmosis. Trichinosis. Tuberculosis—all forms. Tularemia. Typhoid. Yellow Fever.</p>
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Testing HIV positive is not included as a serious communicable disease.

Only the active disease of AIDS is considered a serious communicable disease.

Reporting of AIDS is required to the extent that confidentiality laws permit (P.L. 585, No. 149).

17 (c)	Records Interview	<p>The facility shall orally notify, within 24 hours after abuse or suspected abuse of an individual or an incident requiring the services of a fire department or law enforcement agency occurs:</p> <ul style="list-style-type: none"> <li>- The county mental health and mental retardation program of the county in which the facility is located if the individual involved in the unusual incident has mental illness or mental retardation.</li> <li>- The funding agency.</li> <li>- The appropriate regional office of mental retardation.</li> </ul>
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17 (c)	(Cont.'d)	<p data-bbox="724 317 1263 386"><b>Explanation:</b> Notification by FAX is acceptable in place of oral notification.</p> <p data-bbox="724 428 1409 1115">Allegations of abuse or other unusual incidents received by a licensed facility must be reported on an unusual incident form in accordance with the procedures in the regulations, regardless of the location of the alleged unusual incident or abuse (e.g. even if the alleged unusual incident or abuse occurred at another licensed facility, while on vacation, or while living with or visiting friends or relatives, etc.) (exception: injury, trauma or illness occurring away from the facility see 17(b)). The licensed facility where the unusual incident or abuse allegedly occurred is also responsible for reporting the alleged abuse or unusual incident on an unusual incident form in accordance with the procedures in the regulations, upon receipt of the allegation. The licensed facility where the unusual incident or abuse occurred is responsible for conducting the investigation.</p> <p data-bbox="724 1157 1377 1335">Individuals may not always feel comfortable or safe reporting allegations of abuse or other unusual incidents to the facility or location where the incident occurred. It is therefore critical that all allegations of abuse or unusual</p> <p data-bbox="724 1377 1276 1482">incidents be recorded immediately and forwarded to appropriate authorities for investigation.</p> <p data-bbox="724 1524 1352 1593">It is recommended, but not required, that the facility receiving the initial allegation:</p> <ol data-bbox="724 1635 1352 1921" style="list-style-type: none"><li data-bbox="724 1635 1352 1740">1. If appropriate, report the allegation to the licensed facility where the alleged abuse/unusual incident occurred.</li><li data-bbox="724 1782 1352 1921">2. Follow-up with the County Office or Regional Office to be certain the alleged abuse/unusual incident was received and properly investigated.</li></ol>

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17(d)	Records Interview	<p>The facility shall initiate an investigation of the unusual incident and complete and send copies of an unusual incident report on a form specified by the Department, within 72 hours after an unusual incident occurs, to:</p> <ul style="list-style-type: none"> <li>-The county mental health and mental retardation program of the county in which the facility is located if the individual involved in the unusual incident has mental illness or mental retardation.</li> <li>-The funding agency.</li> <li>-The appropriate regional office of mental retardation.</li> </ul> <p><b>Explanation:</b> This written report is required for all unusual incidents, including those reported orally in 17(c). DPW Form MR 8-7/88 must be used to report unusual incidents. No other form is acceptable. The facility may use a computerized replica of DPW Form MR 8-7/88 if it is an exact duplication (same data content, location of data, headings, spacing, etc.). An attachment to the form or the back of the form may be used for additional information.</p>
17 (e)	Records Interview	<p>At the conclusion of the investigation the facility shall send a copy of the final unusual incident report to:</p> <ul style="list-style-type: none"> <li>-The county mental health and mental retardation program of the county in which the facility is located if the individual involved in the unusual incident has mental illness or mental retardation.</li> <li>-The funding agency.</li> <li>-The appropriate regional office of mental retardation.</li> </ul> <p><b>Explanation:</b> This final report is not required if the written report in 17(d) is marked "final report".</p>

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17 (e)	(cont'd)	The final report must be on DPW Form MR 8-7/88 or on a separate document identified by the agency's letterhead that includes the findings, evidence to support the findings, and if founded, corrective actions taken.
17 (f)	Records	<p>A copy of unusual incident reports relating to an individual shall be kept in the individual's record.</p> <p><b>Explanation:</b> Copies of unsubstantiated and non-founded reports of abuse, as well as founded reports, must be kept; unsubstantiated and non-founded reports may be kept in a separate file and not in the individual's record.</p> <p>This is a duplicate requirement with 173(2). If there is noncompliance, cite 17(f), not 173(2).</p>
17 (g)	Records	Copies of unusual incident reports relating to the facility itself, such as those requiring the services of a fire department, shall be kept.
17 (h)	Records Interview	<p>The individual's family, if appropriate, and the residential service provider, if applicable, shall be immediately notified in the event of an unusual incident relating to the individual.</p> <p><b>Explanation:</b> Oral or written notification is acceptable.</p>
18 (a)	Records Interview	<p>The facility shall complete and send copies of a death report on a form specified by the Department, within 24 hours after a death of an individual that occurs at the facility or while under the supervision of the facility to:</p> <ul style="list-style-type: none"> <li>- The county mental health and mental retardation program of the county in which</li> </ul>

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18 (a)	(cont'd)	<p>the facility is located if the individual had mental illness or mental retardation.</p> <ul style="list-style-type: none"> <li>- The funding agency.</li> <li>- The regional office of mental retardation.</li> </ul> <p><b>Explanation:</b> DPW Form MR 8A-7/88 must be used to report deaths. No other form is acceptable. The facility may use a computerized replica of DPW Form 8A-7/88 if it is an exact duplication (same data content, location of data, headings, spacing, etc.). An attachment to the form or the back of the form may be used for additional information.</p>
18 (b)	Records Interview	<p>The facility shall investigate and orally notify, within 24 hours after an unusual or unexpected death occurs:</p> <ul style="list-style-type: none"> <li>- The county mental health and mental retardation program of the county in which the facility is located if the individual had mental illness or mental retardation.</li> <li>- The funding agency.</li> <li>- The regional office of mental retardation.</li> </ul> <p><b>Explanation:</b> For purposes of 18(b), an unusual or unexpected death is one that does not have a history of progressive degenerative or terminal nature.</p> <p>Notification by FAX is acceptable in place of oral notification</p>
18 (c)	Records	<p>A copy of death reports shall be kept in the individual's record.</p>
18 (d)	Records Interview	<p>The individual's family and the residential service provider, if applicable, shall be immediately notified in the event of a death of an individual.</p>

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19	Records	<p>The facility shall maintain a record of an individual's illnesses, traumas and injuries requiring medical treatment but not inpatient hospitalization, and seizures that occur at the facility or while under the supervision of the facility.</p> <p><b>Explanation:</b> "Requiring medical treatment but not inpatient hospitalization" applies <u>only</u> to injuries. All illnesses and traumas must be recorded.</p> <p>Individual incident reports or ongoing incident logs or records are acceptable. Separate records for each individual are not required.</p>
20 (a)	Records	<p>An application for a Pennsylvania criminal history record check shall be submitted to the State Police for prospective employees of the facility who will have direct contact with individuals, and for part time and temporary staff persons who will have direct contact with individuals, within 5 working days after the person's date of hire.</p> <p><b>Explanation:</b> This is applicable for employees hired on or after April 16, 1993.</p> <p>This applies to employees hired under contract if they will have direct contact with individuals.</p> <p>This is applicable for Pennsylvania residents as well as out of state residents.</p> <p>"Working days" means the days the employee works.</p> <p>Checks are transferable from one agency to another agency as long as they are completed within 1 year prior to the date of hire at the new agency.</p> <p>No checks are required if an employee transfers positions within the same agency,</p>

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20 (a)	(cont'd)	<p>since the employee is not considered a new employee.</p> <p>An FBI check may not be substituted for a State Police check.</p> <p>The facility should keep a record of the dates applications were submitted, in order to verify compliance.</p> <p>This applies to students and interns if they are paid employees.</p> <p>This does not apply to volunteers.</p>
20 (b)	Records	<p>If a prospective employee who will have direct contact with individuals resides outside of this Commonwealth, an application for a Federal Bureau of Investigation (FBI) criminal history record check shall be submitted to the FBI in addition to the Pennsylvania criminal history record check, within 5 working days after the person's date of hire.</p> <p><b>Explanation:</b> This is applicable for employees hired on or after April 16, 1993.</p> <p>State of residency is determined by the where the person lives; there is no length of time in determining residency.</p> <p>This requirement applies to prospective employees who reside (primary residence) outside of the United States.</p> <p>College students who attend college in Pennsylvania and live in Pennsylvania while attending classes, but return home to another state for vacations or breaks, are considered residents of Pennsylvania for purposes' of the criminal history record check. There is no period of time requirement associated with residency. Noncompliance may not be cited if an FBI check is not done on someone who</p>

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20(b)	(Cont'd)	<p>currently resides in Pennsylvania. However, if there is doubt concerning a person's criminal history, further information could be required by the provider, in the form of the FBI check, if the person recently moved to Pennsylvania.</p> <p>The facility should keep a record of the dates applications were submitted, in order to verify compliance.</p> <p>This does not apply to volunteers.</p>
20 (c)	Records	<p>Pennsylvania and FBI criminal history record checks shall have been completed no more than 1 year prior to the person's date of hire.</p> <p><b>Explanation:</b> Checks are transferable from one agency to another as long as they are completed within 1 year prior to date of hire at the new agency.</p>
20 (d)	Records	<p>A copy of the final reports received from the State Police, and the FBI, if applicable, shall be kept.</p>
21 (a)	Interview Records Site	<p>Individuals may not discriminated against because of race, color, creed, disability, handicap, ancestry, national origin, age or sex.</p> <p><b>Explanation:</b> Record as non-compliance if you observe any discrimination against any individual or groups of individuals. Comment in detail on your observation and note the type of discrimination on the comment page.</p> <p>Also note the discrimination observation on the on-site Civil Rights Compliance checklist (Form PW 1460-2/90) and submit the checklist to the Bureau of Civil Rights Compliance as soon as possible.</p>

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21(b)	Records Interview Site	The facility shall develop and implement civil rights policies and procedures.
21(b) (1)	Records	<p>Civil rights policies and procedures shall include nondiscrimination in the provision of services, admissions, placements, facility usage, referrals and communications with individuals who are nonverbal or non-English speaking.</p> <p><b>Explanation:</b> If the facility has a civil rights policy that states the agency will not discriminate against individuals because of the areas specified in (a), that includes disability, handicap, ancestry, and national origin, and there is a statement in the agencies civil rights policy that there is "nondiscrimination in the provision of services, admissions, placement, referrals and communications", this is acceptable as compliance with (b) (1). Since "non-English speaking" is covered by ancestry and national origin and since non-verbal is covered by disability, it is not necessary to use the specific language of non-English speaking and non-verbal in the civil rights policy.</p>
21(b)(2)	Records	Civil rights policies and procedures shall include physical accessibility and accommodation for individuals with physical disabilities.
21(b)(3)	Records	Civil rights policies and procedures shall include the opportunity to register civil rights complaints.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
21(b)(4)	Records	Civil rights policies and procedures shall include the policy to inform individuals of their right to register civil rights complaints.
22	Records	<p>The facility shall have written grievance procedures for individuals and their families and advocates that assure investigation and resolution of complaints.</p> <p><b>Explanation:</b> These procedures should cover all types of grievances, not just civil rights grievances.</p>

**STAFFING**

32 (a)	Records Interview	<p>There shall be one chief executive officer responsible for the facility.</p> <p><b>Explanation:</b> A written job description is not required for licensing purposes. If a job description is available, it should be reviewed.</p>
32 (b)	Records Interview Site	The chief executive officer shall be responsible for the administration and general management of the facility.
32(b)(1)	Records Interview Site	The chief executive officer shall be responsible for the implementation of policies and procedures.
32(b)(2)	Records Interview Site	The chief executive officer shall be responsible for the admission and discharge of individuals.
32(b)(3)	Records Interview Site	The chief executive officer shall be responsible for the safety and protection of individuals.

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
32(b)(4)	Records Interview Site	The chief executive officer shall be responsible for the compliance with this chapter.
32(c)	Records	<p>A chief executive officer shall have one of the following groups of qualifications.</p> <ul style="list-style-type: none"> <li>- A master's degree or above from an accredited college or university and 2 years of work experience in administration or the human services field.</li> <li>- A bachelor's degree from an accredited college or university and 4 years of work experience in administration or the human services field.</li> </ul> <p><b>Explanation:</b> This applies to chief executive officers hired or promoted after April 16, 1993. Date of hire means first day of paid work.</p> <p>This grandparent clause for staff persons who were hired or promoted prior to April 16, 1993 applies only to the agency for which the person was employed as of April 16, 1993.</p> <p>The grandparent clause may not be used for a staff person to transfer to a new agency. If a staff person wishes to begin employment with a new agency, the qualifications for Chief Executive Officer must be met.</p> <p>If a CEO was serving as a CEO under CH. 6400 or CH. 6500, as of April 16, 1993, and the agency opens an ATF, the CEO is grandparented for purposes of staff qualifications, since the CEO was an employee of the agency prior to April 16, 1993.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
32(c)	(Cont'd)	<p>The grandparent clause for staff qualifications is applicable for staff even if there is a break in employment such as childbirth leave, leave of absence, or leaving for new employment and later returning to work at the facility. There is no time limitation on the length of the break in employment.</p> <p>The master's degree or bachelor's degree is not required to be in any specific field or academic discipline. Honorary degrees are not acceptable.</p> <p>Volunteer work experience and intern work experience do count as work experience.</p> <p>Compliance with this requirement must be verified by reviewing actual college degrees or transcripts. Resumes are not acceptable documentation.</p>
33(a)	Records Interview	<p>Is there a minimum of one Program Specialist assigned for every 30 individuals?</p> <p><b>Explanation:</b> A Program Specialist shall be responsible for a maximum of 30 people including people served in other types of services. The Program Specialist does not have to be available at all times. One program specialist is required for every 30 people served; the 1:30 ratio is based upon the caseload of the Program Specialist not upon the licensed capacity of the home. The 1:30 ratio is the maximum total caseload including those people in the caseload served in all licensed and non-licensed day and residential programs.</p> <p>When counting individuals in the 1:30 ratio, an individual receiving part-time services counts as one individual (part-time services are not prorated). If a Program Specialist is</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
33(a)	(cont'd)	responsible for the same individual In both day and residential programs, the individual should be counted only once for purposes of the programs specialist's caseload
33(b)	Records Interview	<b>Explanation:</b> Compliance with 33(b) can be measured by reviewing an agency policy, job description, or training record that is signed by the Program Specialist and that includes this responsibility. (This explanation is to cover 2380.33(b) (1-19). If more than one item between 33(b)(1-19) is cited use 33(b)(1) only.
33(b)(1)	Records Interview	Is each Program Specialist counted in the ratio in 33(a) responsible for the coordination or completion of assessments?  <b>Explanation:</b> If an assessment is not completed cite 2380.181(a). Cite this regulation if the Program Specialist was not informed of the responsibility.
33(b)(2)	Records Interview	Is each Program Specialist counted in the ratio in 33(a) responsible for providing the assessment for the development of the ISP,ISP Annual Update, and all ISP revisions as required under 2380.181(f)  <b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility. Cite regulation 2380.181(f) if the assessment was not provided.
33(b)(3)	Records Interview	Is each Program Specialist counted in the ratio in 33(a) responsible for participating in the development of the ISP, ISP Annual Update and all ISP revisions?

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
33(b)(4)	Records Interview	<p><b>Explanation:</b> Cite this regulation if the Program Specialist was informed of the responsibility. Is each Program Specialist counted in the ratio in 33(a) responsible for attending the ISP, ISP Annual Update and all ISP revisions?</p> <p><b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility.</p>
33(b)(5)	Records Interview	<p>Is each Program Specialist counted in the ratio in 33(a) responsible for fulfilling the role as Plan Lead as applicable under 2380.182 ,2380.186(f) and (g)?</p> <p><b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility.</p>
33(b)(6)	Records Interview	<p>Is each Program Specialist counted in the ratio in 33(a) responsible for reviewing the ISP, annual update and all ISP revisions?</p> <p><b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility.</p>
33(b)(7)	Records Interview	<p>Is each Program Specialist counted in in 33(a) responsible for reporting content discrepancies to the Supports Coordinator as applicable and Plan Team members?</p> <p><b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility and/or if the Program Specialist did not report content discrepancies to the Supports Coordinator.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
33(b)(8)	Records Interview	Is each Program Specialist counted in the ratio in 33(a) responsible for implementing the ISP as written?
33(b)(8)	(cont'd)	<b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility.
33(b)(9)	Records Interview	Is each Program Specialist counted in the ratio in 33(a) responsible for supervising, monitoring, and evaluating services?  <b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility.
33(b)(10)	Records Interview	Is each Program Specialist counted in the ratio in 33(a) responsible for reviewing, signing and dating the monthly documentation of an individual's participation and progress toward outcomes?  <b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility.
33(b)(11)	Records Interview	Is each Program Specialist counted in the ratio in 33(a) responsible for reporting a change related to the individual's needs to the supports coordinator as applicable, and plan plan team members?  <b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility and/or if the Program Specialist did not report need changes relative to outcomes and findings to the Supports Coordinator.
33(b)(12)	Records Interview	Is each Program Specialist counted in the ratio in 33(a) responsible for reviewing the ISP with the individual as required under § 2380.186 (relating to ISP review and ISP Revision)?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
		<b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility
33(b)(13) in	Records Interview	Is each Program Specialist counted in the ratio 33(a) responsible for documenting the review of the plan as required under §2380.186 (relating to ISP Quarterly review and ISP Revision)?  <b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility.
33(b)(14)	Records Interview	Is each Program Specialist counted in the ratio in 33(a) responsible for providing documentation of the plan review to the supports coordinator as applicable, and plan team members as required under § 2380.186(d)?  <b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility
33(b)(15)	Records Interview	Is each Program Specialist counted in the ratio in 33(a) responsible for informing plan team members of the option to decline the ISP review documentation as required under §2380.186(e)?  <b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility
33(b)(16)	Records Interview	Is each Program Specialist counted in the ratio in 33(a) responsible for recommending a revision to a service or outcome in the ISP as required under §2380.186(c)(4)?  <b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
33(b)(17)	Records Interview	Is each Program Specialist counted in the ratio in 33(a) responsible for coordinating the services provided to an individual?
33(b)(17)	(cont'd)	<b>Explanation:</b> Cite this regulation if the program Specialist was not informed of the responsibility
33(b)(18)	Records Interview	Is each Program Specialist counted in the ratio in 33(a) responsible for coordinating the training of direct service workers in the content of Health and Safety needs relevant to each individual?
33(b)(19)	Records	Is each Program Specialist counted in the ratio in 33(a) responsible for developing and implementing provider services as required under §2380.188 (relating to Provider Services)?  <b>Explanation:</b> Cite this regulation if the Program Specialist was not informed of the responsibility
33(c)	Records	Does each Program Specialist counted in the ratio in 33(a) have one of the following groups of qualifications? <ul style="list-style-type: none"> <li>- A master's degree or above from an accredited college or university and 1 year work experience working directly with persons with disabilities.</li> <li>- A bachelor's degree from an accredited college or university and 2 years work experience working directly with persons with disabilities.</li> <li>- An associate's degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with persons with disabilities.</li> </ul> <b>Explanation:</b> This applies to Program Specialists hired or promoted after April 16, 1993. Date of hire means first day of paid work.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
33(c)	(Cont'd)	<p>This grandparent clause for staff persons who were hired or promoted prior to April 16, 1993 applies only to the agency for which the person was employed as of April 16, 1993. Staff may transfer to other facilities within the same agency using the grandparent clause. However, the grandparent clause may not be used for a staff person to transfer to a new agency. If a staff person wishes to begin employment with a new agency, the qualifications for Program Specialist must be met.</p> <p>Eligibility for the grandparent clause will be determined by the duties and responsibilities of the person prior to April 16, 1993, the qualifications in 33(c) must be met.</p> <p>The grandparent clause for staff qualifications is applicable for staff even if there is a break in employment such as childbirth leave, leave of absence, or leaving for new employment and later returning to work at the facility. There is no time limitation on the length of the break in employment.</p> <p>The degrees and credit hours are not required to be in any specific field or academic discipline.</p> <p>Volunteer work experience and intern work experience do count as work experience.</p> <p>Work experience working directly with persons with disabilities does <u>not</u> include experience working with people with drug and alcohol problems.</p> <p>Compliance with this requirement must be verified by reviewing actual college degrees or transcripts. Resumes are not acceptable documentation. For staff persons who are grandparented, the facility must keep a record of the person's job duties and responsibilities prior to April 16, 1993.</p> <p>Record as non-compliance if one or more of the Program Specialists required to meet the 1:30 ratio do not meet these qualifications. Specify the</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
		individual who is not qualified on the comment page.
34	Records	A direct service worker shall be responsible for the daily care, training and supervision of individuals.
35(a)	Site Records Interview	<p>A minimum of one direct service worker for every 6 (six) individuals shall be physically present with the individuals at all times individuals are present at the facility, except while staff persons are attending meetings or training at the facility.</p> <p><b>Explanation:</b> Compliance with this requirement should be determined based upon record review at a minimum.</p> <p>For purposes of 35(a), “physically present with individuals” means within the same room or program area as the individuals. This ratio applies to each separate and distinct program area or room.</p> <p>A 1:6 ratio must be maintained even during staff breaks, staff and individual lunches, transition periods, or while assisting with or teaching toileting, etc. in a separate room.</p> <p>When counting individuals to determine compliance with staffing ratios, all people who require care and supervision should be counted (e.g. include older persons served in adult daily living centers that are licensed by Aging).</p> <p>Volunteers may be counted in the staffing ratios as long as all staffing requirements (e.g. qualifications, training, physical exams) in the regulations are met.</p> <p>The Program Specialist or CEO can be counted in the 1:6 ratio as long as other duties are met; this may be feasible particularly in a small facility.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
35(a)	(Cont'd)	<p>An individual may be left unsupervised for specific periods of time if the absence of direct supervision is consistent with the individual's assessment and is part of the individual program plan aimed at achieving a higher level of independence.</p>
35(b)	Site Records Interview	<p>While staff persons are attending meetings or training at the facility, a minimum of one staff person for every ten individuals shall be physically present with the individuals at all times individuals are present at the facility.</p> <p><b>Explanation:</b> This exception for maintaining a 1:10 ratio applies for a maximum of 1 hour per facility per day.</p>
35(c)	Site Records Interview	<p>A minimum of two staff persons shall be present with the individuals at all times.</p> <p><b>Explanation:</b> For purposes of 35(c), "present with the individuals" means present in the facility and not necessarily physically present with individuals.</p> <p>Staff must be present within the licensed adult training facility space. If one of the staff is in an adult training facility office, this is acceptable as long as ratios are met at all times. The staff cannot be in another facility space (i.e. day care center, vocational facility, etc.) even if the other facility is in the same building! This applies even if the other facility is close by, such as across the hallway or in the next room.</p> <p>An exception to this requirement is during any time that only one individual is present at the facility (e.g. early a.m., late p.m., etc.). If only one individual is present at the facility, only one staff person must be present with the individual; a second staff person is not required. As soon as a second</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
		individual arrives at the facility, two staff persons are required per 35(c).
35(d)	Records Interview Site	<p>If the individual is left unsupervised, does the ISP support the individual being left unsupervised?</p> <p><b>Explanation:</b> This regulation is meant to ensure that the supervision provided to an individual or individuals is consistent with the level of supervision identified in their ISPs. An individual should not be left unsupervised for staff convenience.</p>
35(e)	Records Interview Site	<p>Do the staff counted in (a) have the credentials identified in the ISP? (i.e. if a person requires 1:1 support by a credentialed person. Does the staffing ratio support this level of support?)</p> <p><b>Explanation:</b> A review of the individual's ISP should be made to identify any specific credentials (experience, degree, or training)</p>

**ADULT TRAINING FACILITIES  
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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
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**STAFF TRAINING MATRIX - §2380.36**

	<b>TIMEFRAMES</b>		
<b>KEY</b> <b>AS = ALL STAFF PERSONS</b> <b>CEO = CHIEF EXECUTIVE OFFICER</b> <b>PS = PROGRAM SPECIALIST</b> <b>DSW = DIRECT SERVICE WORKERS</b>	<b>Before Working With Individuals (or in their appointed positions for AS)</b>	<b>Within 30 days after initial employment or 12 months prior to initial employment</b>	<b>Annually</b>
Basic Orientation 36 (a)	AS PS CEO DSW	_____	_____
24 Hours in Human Services or Administration 36 (a)	_____	_____	CEO
24 Hours in Human Services 36 (c)	_____	_____	PS DSW
Program Training 36 (d)	_____	PS DSW	_____
General Fire Safety 36 (e)	PS DSW	_____	_____
Fire Safety by Fire Expert 36 (f)	_____	_____	PS DSW
First Aid, Heimlich, CPR by Certified Trainer 36 (g)	1 staff person for every 18 individuals minimum of 2 staff persons at all times		

**ADULT TRAINING FACILITIES  
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
35(f)	Records Interview Site	Is an individual ever left unsupervised solely for the convenience of the facility or staff person?
36(a)	Records Interview	<p>The facility shall provide orientation for all staff persons relevant to their responsibilities, the daily operation of the facility and policies and procedures of the facility before working with individuals or in their appointed positions.</p> <p><b>Explanation:</b> This requirement applies to all staff persons employed by the facility including program, administrative, clerical, food service, maintenance, and other staff hired after April 16, 1993. This also applies to all staff hired under contract.</p> <p>The extent of the orientation training is not regulated by the Department as long as all required component areas are included. Basic orientation is acceptable. The orientation must be completed before staff persons work with individuals in any capacity, including on-site training with individuals present. After the basic orientation in 36(a), and the training required in 36(e), on-site training with the individuals present may occur.</p> <p>There is no limit on how long prior to working with individuals the orientation may occur.</p> <p>This applies to part-time and short-term staff who work 40 or more hours in anyone month (not based on monthly average) or who will ever work alone with individuals. Refer to page 29 for a matrix showing staff training requirements in 36(a)-(g).</p>
36(b)	Records Interview	The chief executive officer shall have at least 24 hours of training relevant to human services or administration within the previous annual training year.

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
36(b)	(Con't.)	<p><b>Explanation:</b> College courses in administration or human services can be counted towards the 24 hours of training if the course is not being taken to meet minimal qualifications for chief executive officer. When counting college courses, actual number of classroom hours attended should be counted toward the 24 hours of training.</p> <p>New chief executive officers must have received 24 hours of training at the end of the first full training year after hire.</p> <p>A <u>formal</u> independent (self-study) training program with required reading in the human services field, supplemented by either a post test, study paper, or a follow-up training session to test the student's learning, is acceptable as training. Hours should be counted as reading time plus testing/training time.</p> <p>Meetings do not count as training, unless the training provided at the meeting is clearly documented.</p> <p>The annual training year shall be established in writing by the facility. The facility shall notify the appropriate Regional Office in writing of the dates the facility chooses to use as their training year. This must be a 12 month period. Once established, the training year cannot be altered. If the facility does not notify the appropriate Regional Office, the licensing inspector will inspect the facility using "12 months prior to the regular license inspection date" as the training year.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
36(c)	Records Interview	<p>Program Specialists and direct service workers who were employed for more than 40 hours per month shall have at least 24 hours of training relevant to human services within the previous annual training year.</p> <p><b>Explanation:</b> The medications administration course and the annual medications practicum can be counted towards the 24 –hours of training.</p> <p>College courses can be counted towards the 24 hours of training if the course work is relevant to working in an adult training facility and if the course is not being taken to meet minimal qualifications for Program Specialist or Chief Executive Officer. When counting college courses, actual number of classroom hours attended should be counted toward the 24 hours of training.</p> <p>All full-time staff must have at least 24 hours of training each year. Part-time and short-term staff, including summer college students, staff who work 40 or more hours in anyone month (not based on monthly average) during the training year must have at least 24 hours of training per year. Staff who work less than 40 hours per month are exempt from this training requirement.</p> <p>New staff must have received 24 hours of training by the end of the first full training year after hire.</p> <p>This applies to volunteers who serve as Program Specialists or direct service workers.</p> <p>This applies to Program Specialists and direct service workers hired under contract.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
36(c)	(Con't.)	<p>A <u>formal</u> independent (self-study) training program with required reading in the human services field, supplemented by either a post test, study paper, or a follow-up training session to test the student's learning, is acceptable as training. Hours should be counted as reading time plus testing/training time.</p> <p>Meetings do not count as training, unless the training provided at the meeting is clearly documented.</p> <p>The annual training year shall be established in writing by the facility. The facility shall notify the appropriate Regional Office in writing of the dates the facility chooses to use as their training year. This must be a 12 month period. Once established, the training year cannot be altered. If the facility does not notify the appropriate Regional Office, the licensing inspector will inspect the facility using "12 months prior to the regular license inspection date" as the training year.</p>
36(d)	Records Interview	<p>Program Specialists and direct service workers receive training in the areas of services for people with disabilities and program planning and implementation, within 30 calendar days after the day of initial employment or within 12 months prior to initial employment.</p> <p><b>Explanation:</b> This training is required for all Program Specialists and direct care service workers hired after April 16, 1993. This training is required only upon initial employment and not annually. Only the components of the training is specified. The minimum number of training hours is not regulated.</p> <p>This applies to part-time and short-term staff who work 40 or more hours in anyone month or who will ever be alone with individuals.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
36(d)	(Cont'd)	Training that occurs after initial employment can be counted toward the annual staff training requirement in 36(b) and (c).
36(e)	Records Interview	<p>Program Specialists and direct service workers shall receive training before working with individuals in general fire safety, evacuation procedures, responsibilities during fire drills, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, smoking safety procedures if individuals or staff persons smoke at the facility, the use of fire extinguishers, smoke detectors and fire alarms, and notification of the local fire department as soon as possible after a fire is discovered.</p> <p><b>Explanation:</b> This training is required for all Program Specialists and direct care service workers hired after April 16, 1993.</p> <p>Video tape training is acceptable.</p> <p>The source of this initial general fire safety training is not regulated by the Department.</p> <p>This training must be completed before staff persons work with individuals in any capacity, including on-site training with individuals present. After the orientation and training required in 36(a) and (e), on-site training with individuals present may occur.</p> <p>If any staff or individual smokes in the facility, all staff must be trained in smoking safety.</p> <p>There is no limit on how long prior to working with individuals the training may occur.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
36(e)	(Con't)	<p>This training can be counted toward the annual staff training requirement in 36(b) and (c).</p> <p>This applies to part-time and short-term staff who work 40 or more hours in anyone month or who will ever be alone with individuals.</p> <p>This applies to volunteers who serve as Program Specialists or direct service workers.</p> <p>Examples of staff responsibilities during fire drills include: who will provide assistance to individuals, what type of assistance individuals need, who will call the fire department, who will close off fire paths, who will check rooms to be sure everyone is out of building, and who will monitor designated meeting place to be sure all individuals have evacuated and to provide supervision. These examples are recommendations only. The above responsibilities are not required by regulation to be covered in the training.</p>
36(f)	Records	<p>Program Specialists and direct service workers shall be trained by a fire safety expert in the training areas specified in 36(e) annually.</p> <p><b>Explanation:</b> Fire safety expert as defined in §2380.3 is a local fire department, fire protection engineer, college instructor in fire science, county or state fire school, volunteer fire person trained by a county or state fire school, or an insurance company loss control representative.</p> <p>Films, tapes, and other training packages are acceptable if they are prepared by a fire safety expert, and if the film or tape includes current fire safety techniques. Staff persons who present the fire safety film must also attend the annual fire safety training.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
36(f)	(Cont'd)	<p>This training can be counted toward the annual staff training requirement in 36(b) and (c).</p> <p>This applies to part-time and short-term staff who work 40 or more hours in anyone month or who will ever be alone with individuals.</p> <p>This applies to volunteers who serve as Program Specialists or direct service workers.</p>
36(g)	Records	<p>There shall be at least one staff person for every 18 individuals, with a minimum of two staff persons present at the facility at all times who have been trained by an individual certified as a trainer, by a hospital or other recognized health care organization, in first aid, Heimlich techniques and cardio-pulmonary resuscitation within the past year. If a staff person has formal certification from a hospital or other recognized health care organization that is valid for more than 1 year, the training is acceptable for the length of time on the certification.</p> <p><b>Explanation:</b> Each staff person counted in the 1:18 ratio must be trained in all 3 training areas (first aid, CPR, Heimlich). At least 2 staff persons who are trained in all 3 training areas must be present at the facility at all times 1 or more individuals are present at the facility.</p> <p>For purposes of 36(g), "present at the facility" means in the facility and not necessarily physically present with individuals.</p> <p>"Other recognized health care organizations" include organizations such as the American Red Cross and the National Safety Council First Aid Institute.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
36(g)	(Cont'd)	<p>Formal certification of staff persons is recommended, but not required.</p> <p>Video tape training is no acceptable unless it is accompanied by on-site instructor training by a certified trainer.</p> <p>Licensed and certified medical staff (such as RNs, LPNs) counted in the 1:18 ratio are not required to complete this training. This requirement applies as of April 16,1993.</p> <p>This training can be counted toward the annual staff training requirement in 36(b) and (c).</p>

36(h)	Records	<p>Records of orientation and training, including the training source, content, dates, length of training, copies of certificates received and staff persons attending shall be kept.</p> <p><b>Explanation:</b> Copies of certificates received are required only if a certificate is required for the particular course.</p>
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**PHYSICAL SITE**

51	Site	<p>A facility serving 1 or more individuals with a physical disability, blindness, a visual impairment, deafness or a hearing impairment, shall have accommodations to ensure the safety and reasonable accessibility for entrance to, movement within and exit from the facility based upon each individual's needs.</p> <p><b>Explanation:</b> At least one bathroom, the dining area, and all program services must be accessible to all individuals, including individuals with physical disabilities,</p>
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**ADULT TRAINING FACILITIES  
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
51	(Cont'd)	<p>blindness, visual impairment, deafness, or hearing impairment. Entrance to and exit from the facility must be accessible. Accessibility should be specific to the individual's current needs and should be reflected in adaptations such as: ramps, widened doorways, tactile guides, chair lifts, etc.</p>
52(a)	Site	<p>There shall be at least 50 square feet of indoor floor space for each individual. Indoor floor space shall be measured wall to wall, including space occupied by equipment, temporary storage and furnishings. Space occupied by lavatories, dining areas, loading docks, kitchens, offices and first aid rooms may not be included unless it is documented that the space is used for programming for at least 50% of each program day. Hallways and permanent storage space may not be included in the indoor floor space.</p> <p><b>Explanation:</b> The indoor floor space square footage requirements specified apply to each separate and distinct program area and room within the facility.</p> <p>This does not apply while individuals are dining or during occasional large group activities.</p> <p>When counting individuals to determine compliance with the licensed capacity or indoor floor space, all people who require care and supervision should be counted (e.g. include older persons served in adult daily living centers that are licensed by Aging).</p> <p>If a room used for program space in the adult training facility has an area that is used solely for staff space and not used for individual programming, and there is no physical partition separating the space from the rest of the program area, that space should be counted in the required 50 feet of indoor floor space. When measuring, include the staff space as</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
52(a)	(Cont'd)	<p>furnishings and do not subtract that space from the indoor floor space.</p> <p>However, if there is exclusive staff space separated by any physical partition, even a partial height partition, consider this as office space and exclude this space from the indoor floor space measurement.</p>
53(a)	Site	Poisonous materials shall be kept locked or made inaccessible to individuals, when not in use.
53(b)	Site	Poisonous materials shall be stored in their original, labeled containers.
53(c)	Site	Poisonous materials shall be kept separate from food, food preparation surfaces and dining surfaces.
54	Site	<p>Heat sources such as hot water pipes, fixed space heaters, hot water heaters, radiators, wood and coal-burning stoves and fireplaces, exceeding 120°F that are accessible to individuals, shall be equipped with protective guards or insulation to prevent individuals from coming in contact with the heat source.</p> <p><b>Explanation:</b> This does not apply to kitchen appliances and lighting fixtures.</p> <p>If a radiator is in use, the radiator temperature should be measured. If the radiator does not exceed 120°F it does not need to be covered.</p>
55(a)	Site	Clean and sanitary conditions shall be maintained at the facility.

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
55(b)	Site Interview	There shall be no evidence of infestation of insects or rodents in the facility.
55(c)	Site	Trash shall be removed from the premises at least once per week.  <b>Explanation:</b> Premises means the facility and the grounds on which the facility is located.
55(d)	Site	Trash in bathroom, dining, kitchen and first aid areas shall be kept in covered, cleanable receptacles that prevent the penetration of insects and rodents.
55(e)	Site	Trash outside the facility shall be kept in closed receptacles that prevent the penetration of insects and rodents.  <b>Explanation:</b> This does not apply to local recycle containers.
55(f)	Records	A facility that is not connected to a public sewer system shall have a written sanitation approval for its sewage system by the sewage enforcement official for the municipality in which the facility is located.  <b>Explanation:</b> This applies to facilities opened prior to and after April 16, 1993.  Only initial approval of the sewage system is required. No subsequent approvals are required by these regulations.  If the inspector suspects problems with the sewage system, the inspector should notify the Department of Environmental Resources in writing of the suspected problem.

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
55(g)	Records	A facility that is not connected to a public sewer system shall have written documentation that the sewage system is checked for sludge, and pumped if necessary, at least every 4 years.
56	Site	<p>Program areas, dining areas, kitchens, bathrooms and first aid rooms shall be ventilated by operable windows or by mechanical ventilation such as fans or air conditioners.</p> <p><b>Explanation:</b> Filtered vents are not acceptable unless they are used with mechanical fans.</p> <p>Fans may be portable and do not need to vent to the outside.</p>
57	Site	Rooms, hallways, interior stairways, outside steps, outside doorways, porches, ramps and fire escapes shall be lighted to assure safety and to avoid accidents.
58(a)	Site	Floors, walls, ceilings and other surfaces shall be in good repair.
58(b)	Site	Floors, walls, ceilings and other surfaces shall be free of hazards.
58(c)(1)	Records	<p>If the facility serves an individual who ingests paint or paint substances, the facility shall test all layers of paint in areas accessible to individuals for lead content.</p> <p><b>Explanation:</b> This applies only to interior paint surfaces. It is recommended that exterior surfaces such as porches also be tested.</p> <p>In order to assess whether there is any individual who ingests paint or paint</p>

**ADULT TRAINING FACILITIES  
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
58(c)(1)	(Cont'd)	<p>substances, ask the provider if there are any individuals who are likely to ingest paint or other inedible substances.</p> <p>If individual is known to ingest paint or other inedible substances the facility must be tested for lead paint. If individual is known to lick walls/surfaces, the facility must be tested for lead paint.</p> <p>If the individual's record indicates pica behavior but it has never been observed at the facility, this regulation should be cited as noncompliance on the LIS. A plan of correction should be obtained and reviewed to determine if detailed documentation about the individual allows us to validate. If the documentation offers proof that there is no pica behavior at the ATF, the item may be validated.</p> <p>There are several acceptable methods of testing for lead paint levels.</p> <ol style="list-style-type: none"> <li>1. X-ray fluorescence lead-in-paint analyzer.</li> <li>2. Paint chip samples of all paint layers sent to a lab.</li> <li>3. Written documentation showing that building has been built after 1978 and that no lead paint was used. (In this case, actual testing is not required).</li> </ol> <p>Lead testing kits that give only positive or negative results are <u>not</u> acceptable.</p> <p>Documentation of the testing and results shall be kept.</p>
58(c)(2)	Site	<p>If the lead paint testing shows lead content exceeding .06%, all paint shall be completely stripping and recovered with lead free paint or securely encased with other lead free material.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
58(c)(2)	(Cont'd)	<p data-bbox="724 317 1390 569"><b>Explanation:</b> The .06% level applies only to new paint. This is the maximum % of lead that is acceptable as read from a paint can or in testing of wet paint. The maximum acceptable level of lead in a paint chip sample is .5%. The maximum acceptable level of lead using the florescent x-ray testing method is 1.0 m.g./cm<sup>2</sup>.</p> <p data-bbox="724 611 1360 680">Several acceptable methods of paint removal or encasement includes:</p> <ol data-bbox="724 722 1487 1556" style="list-style-type: none"><li data-bbox="724 722 1487 936">1. Removal of all paint layers from all surfaces; individuals must be out of the facility during the reduction of the lead hazard to avoid inhalation of lead dust. Individuals should not return until clean up is completed. (Chemical stripping is not recommended).</li><li data-bbox="724 978 1360 1230">2. Enclosure of all lead painted surfaces; acceptable encapsulants include paneling or dry wall for walls; vinyl or other similar covering of floors, door frames and window wells and sills; or use of a liquid encapsulant. Use of wallpaper as an encapsulant is not acceptable.</li><li data-bbox="724 1272 1360 1556">3. Partial paint removal or encapsulating of some areas (e.g., all loose paint areas, sills, door frames) coupled with in place maintenance of other areas where paint is secure. In place maintenance must include frequent inspection to determine that no lead paint is chipping/broken and that no digs into paint surface.</li></ol> <p data-bbox="724 1598 1382 1848">Note: For the third method the facility must contact one of the 7 Lead Projects in Pennsylvania or an environmental protection company knowledgeable in lead paint abatement, for advice and/or approval. should be allowed in the event the recording is slightly inaccurate.</p>

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LICENSING INSPECTION INSTRUMENT**

<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
59(a)	Site	The facility shall have hot and cold running water under pressure in bathrooms and kitchen areas.
59(b)	Site	<p>Hot water temperatures in areas accessible to individuals may not exceed 120°F.</p> <p><b>Explanation:</b> Compliance with this requirement should be determined using a thermometer. Let the hot water run about 15-30 seconds into a glass before testing. Measure temperature while water is still flowing into the glass. A range of 2°F should be allowed in the event that recording is inaccurate</p>
59(c)	Records	<p>A facility that is not connected to a public water system shall have written certification of a coliform water test by a Department of Environmental Resources certified laboratory stating that the water is safe for drinking purposes at least every 3 months during the past year.</p> <p><b>Explanation:</b> A list of DER certified laboratories is available from the Department.</p> <p>This requirement is applicable even if bottled water is used for drinking and cooking. This requirement is applicable even if water purification system is installed. If several facilities are serviced by the same well, only 1 test per well is required.</p> <p>The type of Coliform test required is "total", not "fecal".</p>
60(a)	Site Interview	Indoor temperature shall be at least 65°F when individuals are present in the facility.

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
60(b)	Site	<p>Whenever indoor temperature exceeds 85°F, mechanical ventilation such as fans or air conditioning shall be used.</p> <p><b>Explanation:</b> If it is over 85° and fans are in the room but not used because of the individuals preference not to use fans, this is <u>not</u> non-compliance.</p>
61	Site	<p>The facility shall have an operable, non coin-operated telephone with an outside line that is easily accessible to individuals and staff persons.</p> <p><b>Explanation:</b> Easily accessible means readily available in the event of an emergency.</p>
62	Site	<p>Telephone numbers of the nearest hospital, police department, fire department, ambulance and poison control center shall be posted on or by each telephone in the facility with an outside line.</p>
63(a)	Site	<p>Windows, including windows in doors, shall be securely screened when windows or doors are open.</p>
63(b)	Site	<p>Screens, windows and doors shall be in good repair.</p>
64(a)	Site	<p>Each ramp, and interior stairway and outside steps exceeding two steps shall have a well-secured handrail.</p> <p><b>Explanation:</b> This applies to all ramps of any length or grade. This does not apply for ramps, stairways, and steps that are never accessible to individuals.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
64(b)	Site	<p>Each porch that has over an 18 inch drop shall have a well-secured railing.</p> <p><b>Explanation:</b> This applies to all ramps of any length or grade. This does not apply for ramps, stairways, and steps that are never accessible to individuals.</p>
65	Site	<p>Interior stairs and outside steps shall have a nonskid surface.</p> <p><b>Explanation:</b> The surface of the stairs or steps should be assessed. If the surface is slippery, or for outside steps if the surface will be slippery when wet, there must be a non-skid surface applied. Wooden and concrete steps may or may not be slippery depending on the finish.</p> <p>For example, smooth finished interior wooden stairs are often slippery, oily finished exterior wooden steps are often slippery, concrete that is painted with a smooth finish is often slippery, etc. Non-skid surfaces include carpeting, rubber strips, non-skid wax, etc.</p> <p>This does not apply for stairs and steps that are never accessible to individuals. This does not apply to ramps although non-skid surfaces on ramps are strongly recommended.</p>
66(a)	Site	<p>A landing shall be provided beyond each interior and exterior door that opens directly into a stairway.</p> <p><b>Explanation:</b> If a door opens away from a stairway this requirement does not apply. If a door opens onto a porch with only one or two steps, it is not considered a stairway.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
66(b)	Site	Landings shall be at least as wide as the stairs leading to the landing.
66(c)	Site	Landings shall be at least 3 feet in length.
67(a)	Site	Furniture and equipment shall be non hazardous, clean and sturdy.  <b>Explanation:</b> This does not apply to rooms used only by staff persons.
67(b)	Site	Furniture and equipment shall be appropriate for the age, size and disabilities of the individuals.  <b>Explanation:</b> This does not apply to rooms used only by staff persons.
68	Site	Space shall be provided for hanging hats and coats and storing personal belongings.  <b>Explanation:</b> This space must be in the facility.
69(a)	Site	There shall be one toilet for every 18 individuals served at one time.  <b>Explanation:</b> If bathrooms are shared with another Department licensed facility, all individuals in both facilities who are present in the building at any one time should be counted. If bathrooms are shared with another business, only the individuals in the ATF should be counted.  These ratios are computed by counting all individuals served and not separately for each sex (e.g., not separately for number of males and females).

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
69(b)	Site	<p>There shall be one sink for every 24 individuals served at one time.</p> <p><b>Explanation:</b> If bathrooms are shared with another Department licensed facility, all Individuals in both facilities who are present in the building at any one time should be counted</p> <p>If bathrooms are shared with another business, only the individuals in the ATF should be counted.</p> <p>These ratios are computed by counting all individuals served and not separately for each sex (e.g., not separately for number of males and females).</p>
69(c)	Site	<p>For facilities with individuals who have a physical disability, at least one toilet and one sink shall be constructed so that individuals with physical handicaps have access and use. The toilet stall shall be large enough to allow for transfer from a wheelchair to the toilet and to accommodate the individual and a staff person.</p> <p><b>Explanation:</b> There must be at least 1 men's and 1 women bathroom with these accommodations. One unisex bathroom constructed for individuals with physical disabilities is acceptable.</p>
69(d)	Site	<p>If the facility serves 18 or more individuals at one time, there shall be separate bathrooms for men and women.</p> <p><b>Explanation:</b> As long as there is at least 1 men's and 1 women's bathroom at the facility, other bathrooms may be used by both sexes.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
69(e)	Site	<p>Each bathroom shall have a wall mirror, soap, toilet paper, covered trash receptacle and individual clean paper towels or air hand dryer.</p> <p><b>Explanation:</b> Rotating cloth towel dispensers are not acceptable.</p>
69(f)	Site	<p>Privacy shall be provided for all toilets by partitions, doors or curtains.</p>
70(a)	Site	<p>The facility shall have a first aid area that is separated by partition or privacy screen from program areas.</p> <p><b>Explanation:</b> It is acceptable for the first aid area to be located outside the facility if it is in the same building, on the same floor, and in close proximity to the facility.</p>
70(b)	Site	<p>The first aid area shall have a bed or cot, a blanket, a pillow and a first aid kit.</p>
70(c)	Site	<p>Each floor of the facility shall have a first aid kit accessible to staff persons.</p>
70(d)	Site	<p>First aid kit shall contain antiseptic, an assortment of adhesive bandages, sterile gauze pads, a thermometer or other temperature gauging equipment, tweezers, tape, and scissors.</p>
70(e)	Site	<p>A first aid manual shall be kept with the first aid kit.</p>
71	Site	<p>If an elevator is present at the facility, there shall be a valid certificate of operation from the Department of Labor and Industry.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
72(a)	Site	Outside walkways shall be free from ice, snow, obstructions and other hazards.
72(b)	Site	The outside of the building and facility grounds shall be well maintained, in good repair and free from unsafe conditions.

**FIRE SAFETY**

81	Site	Each building in which the facility operates shall have a minimum of two exits leading directly to the outside.
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**Explanation:** This requires at least 2 exits from the entire building, and not necessarily from the facility if the facility is located in a larger multi-purpose building.

82	Site	Stairways; halls, doorways, passageways and exits from rooms and from the building shall be unobstructed.
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**Explanation:** This does not apply to exits from the facility if all three of the following conditions are met:

- the exit is never used, and,
- the exit is not accessible and does not have
- the appearance of being an exit, and,
- there are at least two other useable exits from that floor.

Doors may not be locked with dead bolts that are operated by a key, unless the key is permanently affixed in or near (e.g. key on chain along side lock with chain permanently bolted to wall or door) the lock.

A key dead bolt is permitted to be used on an exit door if it is only used to secure the

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
82	(Cont'd)	building at night after everyone leaves the building.
83(a)	Records	There shall be written emergency evacuation procedures that include individual and staff responsibilities, means of transportation, an emergency shelter location, and an evacuation diagram specifying directions for egress in the event of an emergency.
83(b)	Records	An evacuation diagram shall be posted in all areas of the facility.
84	Records	The facility shall have an annual onsite fire safety inspection by a fire safety expert. Documentation of the date, source and results of the fire safety inspection shall be kept.
85	Site	Flammable and combustible supplies and equipment shall be utilized safely and stored away from heat sources.
86	Site	<p>Portable space heaters, defined as heaters that are not permanently mounted or installed, are not permitted in any room including offices.</p> <p><b>Explanation:</b> Space heaters cannot be used in an office of an ATF, even if the office is on a separate floor. We cannot regulate use of space heaters in portions of buildings used for other purposes, however this is very dangerous.</p>
87(a)	Site	<p>There shall be an operable fire alarm system that is audible throughout the building.</p> <p><b>Explanation:</b> This applies to the entire building, even if the facility is located in a larger multi-purpose building.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
87(a)	(Cont'd)	<p>Public address systems or air horns are not acceptable as fire alarm systems.</p> <p>The fire alarm system may be automatic or manual; automatic systems are strongly recommended.</p> <p>When any alarm sounds anywhere in the building, the alarm within the adult training facility (or interconnected alarms or detectors) must be heard throughout the adult training facility.</p>
87(b)	Site	<p>If one or more individuals or staff persons are not able to hear the smoke detector or fire alarm system, the fire alarm system shall be equipped so that each person who is not able to hear the alarm will be alerted in the event of a fire.</p> <p><b>Explanation:</b> The entire fire alarm system must be equipped with visual alarm devices or each person who cannot hear the alarm must have a personal body device. If visual alarm devices are used, each detector or alarm in the facility must be equipped with visual alarm devices. It is recommended that all visual alarm devices be interconnected to the entire fire alarm system, however this is not required. It is suggested that personal body devices be electronically connected to other alarms, however this is not required.</p> <p>This is required even if the individual is unable to physically respond to the alarm or if staff assistance is required to assist the individual to evacuate the building.</p> <p>This is not required for alarms or smoke detectors not visually accessible to the individuals with a hearing impairment (e.g. area of facility <u>never</u> used by individuals).</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
87(c)	Interview Records	If the fire alarm is inoperative, arrangements for repair shall be made within 24 hours and repairs completed within 4 working days of the time the fire alarm was found to be inoperative.
87(d)	Records	There shall be a written procedure for fire safety monitoring in the event the fire alarm is inoperative.
88(a)	Site	<p>There shall be at least one fire extinguisher with a minimum 2-A rating for each floor, including the basement.</p> <p><b>Explanation:</b> If no individuals or staff persons ever have access to a floor, no extinguisher is required on that floor. If individuals or staff persons use the floor even for storage, an extinguisher is required. This applies to each floor of the facility and not to each floor of a multi-purpose building in which a facility may be located.</p> <p>The letter rating on a fire extinguisher refers to the class of fire on which the extinguisher <i>is</i> effective.</p> <p>A - Is used for a fire where ordinary combustible materials are involved (paper, wood, etc.). B - Is used for a fire which involves flammable liquids (gas, grease, etc.). C - Is used for electrical fires.</p>
88(b)	Site	If the indoor floor area on a floor including the basement is more than 5,000 square feet, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 5,000 square feet of indoor floor space.

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LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
88(c)	Site	A fire extinguisher with a minimum 10-B rating shall be located in each kitchen. This extinguisher is required in addition to the extinguishers with a minimum 2-A rating required for each floor in 88(a) and (b).
88(d)	Site	Fire extinguishers shall be listed by Underwriters Laboratories or approved by Factory Mutual Systems.
88(e)	Site	Fire extinguishers shall be accessible to staff persons and individuals.
88(f)	Site	<p>Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.</p> <p><b>Explanation:</b> If the extinguisher was purchased within the past year, an inspection is not required. Fire safety expert is defined in 36(f). Employees of the facility may inspect and approve extinguishers if they meet the definition of fire safety expert.</p>
89(a)	Records	<p>An unannounced fire drill shall be held at least once a month.</p> <p><b>Explanation:</b> The fire drill must be held without prior notice to staff persons or individuals, except for the staff person responsible to set off the alarm and record the results of the drill.</p> <p>Check the fire drill records for each month within the past 12 months to determine compliance. A fire drill is required at least once each calendar month and <u>not</u> every 30 days.</p>

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LICENSING INSPECTION INSTRUMENT**

<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
89(b)	Records	Fire drills shall be held during normal staffing conditions and not when additional staff persons are present or when attendance is below average.
89(c)	Records	<p>A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route used, problems encountered and whether the fire alarm was operative.</p> <p><b>Explanation:</b> The entire fire alarm system (for the entire building), whether interconnected or not, must be tested for operability during or the same day of each drill. A record of the testing of the entire system must be kept.</p>
89(d)	Records	<p>All individuals shall be able to evacuate the entire building, or to a fire safe area designated in writing within the past year by a fire safety expert, within 2 1/2 minutes, or within the period of time specified in writing within the past year by a fire safety expert. A fire safe area is an area that is accessible from the facility by two different routes and that is separated from other areas of the building by a minimum of 1-hour rated wall and door assemblies. Two fire safe areas in different directions of travel from the facility are acceptable. The fire safety expert may not be an employee of the facility or of the legal entity of the facility (for purposes of 89(d)).</p> <p><b>Explanation:</b> Both the fire safe areas and any extended evacuation time must be specified in writing by a fire safety expert within the past year.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
89(d)	(Cont'd)	<p>The definition of fire safety expert is specified in 36(f).</p> <p>Evacuation of the entire building means to the ground level outside of the building. Evacuation to a fire escape is not acceptable.</p> <p>Two different routes means two different doors or paths of travel. If one path is blocked, individuals must be able to get to a fire safe area a different way.</p> <p>Time to evacuate begins when the fire alarm is sounded.</p> <p>If there are questions concerning evacuation of individuals, an actual fire drill should be observed by the inspector.</p>
89(e)	Records	<p>Alternate exit routes shall be used during fire drills.</p> <p><b>Explanation:</b> This requirement does not apply if there is only one door out of the facility.</p>
89(f)	Records	<p>Fire drills shall be held on different days of the week and at different times of the day.</p>
89(g)	Records	<p>All individuals shall evacuate to a designated meeting place outside the building or within the fire safe area during each fire drill.</p> <p><b>Explanation:</b> Although having only one designated meeting place is recommended, two designated meeting places are acceptable if staff can check both places within 30 seconds.</p>
89(h)	Records Interview	<p>The fire alarm shall be set off during each fire drill.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
90(a)	Site	Sign bearing the word "EXIT" in plain, legible letters shall be placed at exits.
90(b)	Site	If the exit or way to reach the exit is not immediately visible to the individuals, access to exits shall be marked with visible signs indicating the direction of travel.
91(a)	Records	<p>All individuals shall be instructed in the individual's primary language or mode of communication, upon initial admission and reinstructed annually in general fire safety, evacuation procedures, responsibilities during fire drills, the designated meeting place outside the building or within the fire safe area in the event of an actual fire and smoking safety procedures if individuals smoke at the facility.</p> <p><b>Explanation:</b> The extent or source of this training is not regulated as long as all required component areas are included.</p> <p>If any individual smokes in the facility, all individuals must be trained in smoking safety. Individuals do not need the training if only staff smoke.</p>
91(b)	Records	If an individual is medically or functionally unable to participate in the fire safety training, the facility shall keep documentation specifying why the individual could not participate.
91(c)	Records	A written record of fire safety training including the content of the training and a list of the individuals attending shall be kept.
92(a)	Records	If smoking is permitted at the facility, there shall be written smoking safety procedures.

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
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92(b)	Interview Site	Written smoking safety procedures shall be followed.
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**HEALTH**

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111(a)	Records	<p>Each individual shall have a physical examination within 12 months prior to admission and annually thereafter.</p> <p><b>Explanation:</b> "Annually thereafter" means within one year of when physical examination was completed, and not one year from admission.</p> <p>If an individual transfers from one licensed ATF to another ATF or if the individual lives in a licensed community home and also attends an ATF, the current physical examination may be transferred with the individual or duplicated, as long as the physical was completed within the previous 12 months and meets the content requirements of 111(c).</p>
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111(b)	Records	<p>Physical examination documentation shall be signed and dated by a licensed physician, certified nurse practitioner or registered physician's assistant.</p> <p><b>Explanation:</b> Immunizations, vision and hearing screening and tuberculin skin testing may be completed, signed and dated by a registered nurse or licensed practical nurse instead of a licensed physician, certified nurse practitioner or registered physician's assistant. Vision screening may be completed by a licensed optometrist or ophthalmologist. Hearing screening may be completed by a licensed audiologist or speech pathologist.</p>
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**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
111(b)	(Cont'd)	The correct term for "certified nurse practitioner is "certified registered nurse practitioner".
111(c)(1)	Records	<p>The physical examination shall include a review of previous medical history.</p> <p><b>Explanation:</b> Either a review or a summary of the individual's lifetime medical history on the physical form is acceptable.</p>
111(c)(2)	Records	The physical examination shall include a general physical examination.
111(c)(3)	Records	<p>The physical examination shall include immunizations as recommended by the United States Public Health Service, Centers for Disease Control, Atlanta, Georgia 30333.</p> <p><b>Explanation:</b> Only diphtheria immunizations are required. Diphtheria and tetanus must be given at least once every 10 years.</p> <p>If there is written documentation on file from a licensed physician that immunizations are medically contraindicated for an individual, record as not applicable for that individual.</p>
111(c)(4)	Records	<p>The physical examination shall include Vision and hearing screening for individuals 18 years of age or older, as recommended by the physician.</p> <p><b>Explanation:</b> Whether or not screening is done and if done, the extent of vision and hearing screening is up to the physician. The screening can be done by a general physician or by vision and hearing specialists. The screening results can be noted on</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
111(c)(4)	(Cont'd)	separate forms or on the general examination form.
111(c)(5)	Records	<p>The physical examination shall include tuberculin skin testing with negative results every two years; or, if the tuberculin skin test is positive, an initial chest x-ray with results noted.</p> <p><b>Explanation:</b> If skin testing is positive, only an initial chest x-ray is required. Repeated chest x-rays are not required unless symptoms of tuberculosis occur such as coughing, unexplained weight loss, or night sweats.</p> <p>The Mantoux method of tuberculin skin testing is strongly recommended, but not required.</p>
111(c)(6)	Records	<p>The physical examination shall include specific precautions that must be taken if the individual has a communicable disease as defined in 28 Pa. Code §27.2 (relating to reportable diseases) to the extent that confidentiality laws permit reporting, to prevent spread of the disease to other individuals.</p> <p><b>Explanation:</b> The physical examination form must include blanks or space for this item to be reviewed and responded to. It is <u>recommended</u>, although not required, that each non-applicable item on the physical form be noted as "none" or "not applicable" in order to assure an accurate health appraisal. If a section on the physical examination form is left blank it will be assumed there are none, or that this item is not applicable. If a section is left blank, but relevant information is found elsewhere in the individual's record (e.g.</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
111(c)(6)	(Cont'd)	<p>allergies not specified on physical form), this is a violation of 111(c).</p> <p>If physician knows a person has AIDS, he/she must report to the extent that confidentiality laws permit (P.L. 585, No. 149).</p>
111(c)(7)	Records	<p>The physical examination shall include an assessment of the individual's health maintenance needs, medication regimen and the need for blood work at recommended intervals.</p> <p><b>Explanation:</b> Examples of health maintenance needs include personal health recommendations such as exercise, hygiene practices, weight control, etc.</p> <p>The physical examination form must include blanks or space for this item to be reviewed and responded to.</p>
111(c)(8)	Records	<p>The physical examination shall include physical limitations of the individual.</p> <p><b>Explanation:</b> The physical examination form must include blanks or space for this item to be reviewed and responded to.</p>
111(c)(9)	Records	<p>The physical examination shall include allergies or contraindicated medications.</p> <p><b>Explanation:</b> The physical examination form must include blanks or space for this item to be reviewed and responded to.</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
111(c)(10)	Records	<p>The physical examination shall include medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p><b>Explanation:</b> The physical examination form must include blanks or space for this item to be reviewed and responded to.</p>
111(c)(11)	Records	<p>The physical examination shall include special instructions for the individual's diet.</p> <p><b>Explanation:</b> The physical examination form must include blanks or space for this item to be reviewed and responded to.</p>
112	Records	<p>If an individual refuses routine medical examination, the refusal shall be documented in the individual's record.</p> <p><b>Explanation:</b> If an individual refuses medical examination and there is such documentation, LII items related to the physical examination should not be recorded as non-compliance. Training is recommended including counseling, desensitization, positive approaches techniques, etc.</p> <p>A court appointed legal guardian is permitted by law to refuse routine medical examination for an individual. This applies for routine examination only. When lack of examination may be serious and life threatening, a legal guardian should be consulted and involved, but they do not have legal authority to refuse examination.</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
113(a)	Records	<p>All staff persons who come into direct contact with the individuals or who prepare or serve food, for more than 5 days in any 6 month period, including temporary, substitute and volunteer staff persons, shall have a physical examination within 12 months prior to employment and every 2 years thereafter.</p> <p><b>Explanation:</b> Prior to employment means prior to date of hire/first date person is paid, not prior to working with individuals. "Every 2 years thereafter" means within 2 years of when physical examination was completed, and not 2 years from employment. This applies only to staff and volunteers who are in direct (physical) contact with individuals at the facility.</p> <p>This applies to administrative, clerical, and maintenance staff if they have direct (physical) contact with individuals at the facility. "Direct" contact means "physical" contact.</p> <p>This applies to permanent and temporary staff hired under contract. Physical examinations must be done prior working for the provider agency.</p> <p>There is no minimum hour limitation for the day to be included in the 5 days.</p> <p>Each day counts, even if the person works for just 1 hour.</p> <p>If a staff person transfers from one licensed facility or agency to another licensed facility or agency (CH to ATF; one ATF to another ATF agency; personal care home to ATF; Aging day program to ATF; etc.) the current</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
113(a)	(Cont'd)	physical examination may be transferred with the staff person as long as the physical was completed within the previous 2 years and meets the content requirements in 113 (c).
113(b)	Records	The staff physical examination shall be completed , signed and dated by a licensed physician, certified nurse practitioner or registered physician's assistant.
113(c)(1)	Records	The staff physical examination shall include a general physical examination.
113(c)(2)	Records	<p>The staff physical examination shall include tuberculin skin testing with negative results every 2 years; or, if tuberculin skin test is positive, an initial chest x-ray with results noted.</p> <p><b>Explanation:</b> If skin testing is positive, only an initial chest x-ray is required repeated chest x-rays are not permitted unless symptoms of tuberculosis occur such as coughing, unexplained weight loss, or night sweats. Tuberculin skin testing may be completed and certified in writing by a registered nurse or a licensed practical nurse instead of a licensed physician, registered physician's assistant or certified nurse practitioner.</p> <p>The Mantoux method of tuberculin skin testing is recommended but not required.</p>
113(c)(3)	Records	The staff physical examination shall include a signed statement that the staff person is free of communicable diseases as define in 28 Pa. Code §27.2 (relating to reportable diseases) to the extent

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
113(c)(3)	(Cont'd)	<p>that confidentiality laws permit reporting, or that the staff person has a communicable individual in the course of their work responsibilities.</p> <p>If the physician, nurse, nurse practitioner or physician's assistant states "no known communicable diseases", that is acceptable. Testing for diseases such as AIDS , hepatitis, etc. is not required as part of physical examination.</p> <p>If physician knows a person has AIDS, he/she must report to the extent that confidentiality laws permit (P.L. 585, No. 149).</p>
113(c)(4)	Records	<p>The staff physical examination shall include information of any medical problems which might interfere with the safety or health of the individuals.</p>
114(a)	Records	<p>If a staff person or volunteer has a serious communicable disease as defined in 28 Pa. Code §27.2 (relating to reportable diseases) to the extent that confidentiality laws permit reporting, or a medical problem which might interfere with the health, safety or well-being of the individuals, there shall be written authorization from a licensed physician, certified nurse practitioner, or registered physician's assistant, allowing the person to be present at the facility.</p> <p><b>Explanation:</b> If physician knows a person has AIDS, he/she must report to the extent that Confidentiality law permits (P.L 585, No.149).</p>
114(b)	Records	<p>Written authorization from a licensed physician, registered physician's assistant, or certified nurse practitioner shall include a statement that the</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
114(b)	(Cont'd)	person will not pose a serious threat to the health, safety or well-being of the individuals and specific instructions and precautions to be taken for the protection of the individuals at the facility.  <b>Explanation:</b> Precautions needed to assure that a disease is not spread to individuals depends on whether a person is likely to spread the disease to an individual in the course of their work responsibilities.
114(c)	Site	The physicians written instructions and precautions shall be followed.
115(1)	Records	The facility shall have a written emergency medical plan listing the hospital or source of health care that will be used in an emergency.
115 (2)	Records	The facility shall have a written emergency medical plan listing the method of transportation to be used.
115 (3)	Records	The facility shall have a written emergency medical plan listing an emergency staffing plan.

**MEDICATIONS**

121(a)	Site	Prescription and nonprescription medications shall be kept in their original containers.  <b>Explanation:</b> This does not apply to medications of individuals who self-administer medications and keep the medications in personal daily or weekly dispensing containers.
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**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
121(a)	(Cont'd)	<p>Blister packs and other unit dose containers are acceptable containers as long as the medication is packaged by a pharmacist and each individual blister pack or container is labeled in accordance with 122(a).</p> <p>If someone, other than the pharmacist, or the individual for whom the medication was prescribed, removes medication from the original container and places the medication into another container, this is a violation of 121(a).</p>
121(b)	Site	<p>Prescription and nonprescription medications shall be kept in an area or container that is locked.</p> <p><b>Explanation:</b> This applies to nonprescription medications that are potentially toxic.</p> <p>This also applies for self-administered medication. Self-administering individuals may have their own separate "locked box" so that only they have access. Any container, box, drawer, or cabinet that can be locked is permitted.</p>
121(c)	Site	<p>Prescription medications stored in a refrigerator shall be kept in a separate locked container.</p> <p><b>Explanation:</b> This also applies for self-administered medication.</p>
121(d)	Site	<p>Prescription and nonprescription medications shall be stored under proper conditions of sanitation, temperature, moisture and light.</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
121(e)	Site	<p>Discontinued prescription medications shall be returned to the individual's family or residential program for proper disposal.</p> <p><b>Explanation:</b> The facility may not dispose of medications.</p>
122(a)	Site	<p>Original containers for prescription medications shall be labeled with a pharmaceutical label that includes the individual's name, the name of the medication, the date the prescription was issued, the prescribed dose and the name of the prescribing physician.</p> <p><b>Explanation:</b> The original container must contain the original pharmaceutical label. The original label may not be altered except by a licensed physician or pharmacist. Dose must include the strength/amount of the medication and the frequency of the medication (e.g. 100 m.g. / 3 times daily).</p>
122(b)	Site	<p>Nonprescription medications except for medications of individuals, who self-administer medications, shall be labeled with the original label.</p>
123(a)	Records Interview	<p>Are prescription medications used only by the individual for whom the medication was prescribed?</p>
123(b)	Records Interview	<p>Is there a written protocol as part of the ISP to address the social, emotional and environmental needs of the individual related to the symptoms of the diagnosed psychiatric illness? (This protocol includes individuals whose symptoms are controlled by the medication.)</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
123(b)	(Cont'd)	<p><b>Explanation:</b> The role of Plan Lead and the Plan Team is to ensure that the Protocol is developed and accurate to the individual, not that they write the protocol. The protocol is included in the in ISP or as an attachment to the ISP. Does the plan appear to reflect and meet the needs of the individual as identified in the ISP?</p>
124(a)	Records	<p>Is there a medication log listing the medications prescribed, dosage, time and date that prescription medications, including insulin, were administered and the name of the person , including insulin were administered and the name of the person who administered the prescription medication or insulin for each individual who does not self-administer medication?</p> <p><b>Explanation:</b> The medication log must include all prescription medications given, including both oral and topical medications.</p> <p>The medication log must list the first and last names (not just initials) of the person administering the medication.</p>
124(b)	Records	<p>Is the information specified in 124(a) logged immediately after each individual's dose of medication is administered?</p>
124(c)	Records	<p>Is a list of prescription medications, the prescribed dosage and the name of the prescribing physician shall be kept for each individual who self administers medication.</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
125	Records	<p>Is documentation of medication errors and follow-up action kept?</p> <p><b>Explanation:</b> Medication errors include failure to administer, incorrect medication administered, incorrect administration time, incorrect dosage, etc.</p> <p>If a medication is administered more than 60 minutes prior to or 60 minutes after the designated time, it is considered a medication error. (Note: This is only an error if a precise clock time is listed on the prescription; e.g. 1:00 pm)</p> <p>If an individual who self-administers his/her own medication takes the medication at the incorrect time, it must be recorded as a medication error.</p>
126(a)	Interview Records	<p>If an individual has a suspected adverse reaction to a medication, the facility shall notify the prescribing physician and the family or residential program immediately.</p> <p><b>Explanation:</b> Notification of any physician at the individual's source of health care is acceptable (e.g., any physician at the individual's medical center or in the team of physicians).</p>
126(b)	Records	Documentation of adverse reactions to medication shall be kept.
127(a)	Records	<p>Prescription medications and injections of a substance not self-administered by individuals shall be administered by one of the following.</p> <p>(1) Licensed physicians, licensed dentist's, licensed physician's assistants, registered nurses and licensed practical nurses.</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
127(a)	(Cont'd)	<p>(2) Graduates of approved nursing programs functioning under the direct supervision of a professional nurse who is present in the facility.</p> <p>(3) Student nurses of approved nursing programs functioning under the direct supervision of a member of the nursing school faculty who is present in the facility.</p> <p>(4) Staff persons who meet the criteria specified in 128 (relating to medications administration training) for the administration of oral, topical and eye and ear drop prescriptions and insulin injections.</p>

**Explanation:** -Paramedics cannot administer medications unless specifically authorized to do so by a licensed physician and then only in emergency situations.

- Licensed physician's assistants can administer medications.
- Certified Emergency Medical Technicians (EMTs) and EMT paramedics are not permitted by law to administer medications. They are not considered licensed medical personnel under our regulations and would be required to pass the medications administration training course before administering any type of medication to individuals. Under Title 28, Health and Safety Code, EMTs shall provide only basic life support services including rescue, triage and transport of emergency and non emergency patients. An EMT paramedic, under the same Title may perform more medical functions but only following the order of a medical command physician.
- All staff, including relief staff, who administer medications must meet the qualifications in 127 (a).
- The option of using trained non-medical staff to administer oral and topical medications also applies for the

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
127(a)	(Cont'd)	<p>administration of medications through feeding tubes. Trained non –medical staff may administer prescription medications through feeding tubes.</p> <p>The administration of oxygen and other medical procedures are not regulated by CH. 2380.</p>
127(b)	Records	<p>Prescription medications and injections shall be administered according to the directions specified by a licensed physician, certified nurse practitioner or licensed physician's assistant.</p> <p><b>Explanation:</b> This does not apply for individuals who self-administer their own medications.</p> <p>These directions must be specified on the prescription label. Any changes in the prescription must be specified on a prescription label. Oral directions from a physician are not acceptable.</p>
128(a)	Records	<p>All staff persons who administer medications to individuals in accordance with 127(a) (4), shall complete and pass the Department's Medications Administration Course.</p> <p><b>Explanation:</b> Trained staff persons may only administer oral, topical, eye drop, ear drop, suppositories, and enema prescription medications. Injections of any substance other than insulin must be administered by licensed medical personnel specified in 127 (a).</p> <p>The only acceptable course is the Medications Administration Course developed by the Office of Mental Retardation.</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
128(a)	(Cont'd)	<p>To record as in compliance with the Medications Administration Course option, the following documentation must be on file for each staff person administering medications who was trained after 1984.</p> <p>Written Module Examination of Medications Training Manual.</p> <ul style="list-style-type: none"> <li>• Signed and dated copy of the Trainee Verification Forms including the name and signature of the person who gave the training and the date and location of training.</li> <li>• Percentage score of 90% or above for each of the three test sections (I. Written Exam, II. Practicum, III. Practicum). If the percentage score falls below 90% for any of these three sections that test section (s) must be retested.</li> <li>• Practicum Summary (completed within the past year).</li> </ul> <p>If a person has a certificate as a certified trainer, test results are not required to be kept on file. Certified trainers may administer medications.</p> <p>It is acceptable to transfer staff medications training documentation from agency to another, however the Practicum Summary must be completed at the new agency prior to administering medication.</p>
128(b)(1)	Records	<p>All staff persons who administer insulin injections to individuals in accordance with 127(a)(4) shall complete and pass the Department's Medications Administration Course and complete and pass a diabetes patient education program within the past 12 months that meets the National Standards for Diabetes</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
128(b)(1)	(Cont'd)	<p>Patient Education Programs of the National Diabetes Advisory Board, 7750 Wisconsin Avenue, Bethesda, Maryland 20205.</p> <p><b>Explanation:</b> This training is required prior to administering insulin injections and every 12 months thereafter. A list of organizations that provide diabetes patient education programs that meet National standards is available from the Department.</p> <p>It is not permissible for a staff person (e.g. nurse) to take the Diabetes Patient Education training and then teach other facility staff. Completion and passing of the diabetes patient education program is required only once every 12 months. A staff person is not required to complete and pass a new diabetes patient education program for each individual for whom insulin is administered.</p>
128(b)(2)	Records	<p>If non-medical personnel administer insulin injections to individuals, each individual shall be under the care of a licensed physician who is monitoring their diabetes.</p>
128(c)	Records	<p>Medications administration training of staff persons shall be conducted by an instructor who has completed the Department's Medications Administration Course for trainers and is certified by the Department to train staff persons.</p> <p><b>Explanation:</b> All Certified Trainers of the Department's Medication Administration Course, including registered nurses, licensed practical nurses, and licensed physicians, must have attended and passed the Department's Medication Administration Instructor Training Course prior to teaching the Medication Administration Course to facility staff.</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
128(c)	(Cont'd)	<p>A Certified Trainer may train staff persons in the administration of medications. However, a Certified Trainer may not train other individuals to become Certified Trainers. A person, who has been certified as a Trainer and is employed by a private training center, community college, etc., may train individual staff persons in the administration of medications.</p> <p>It is acceptable for two Certified Trainers to jointly administer the Medications Administration Course, as long as both Certified Trainers are certified and sign-off on the Module Exam Data Summary Sheet and the Medications Training Verification Form.</p> <p>There is no regulatory requirement for trainers or staff persons administering medications to complete and pass the 1995 revised medications administration course, however retraining is being provided to all trainers by July 1, 1995. Trainers are being asked to review the changes to the medications manual with previously trained staff persons who administer medications. Since each staff person must complete and pass the Medications Administration Course Practicum summary (revised Practicum Summary must be used) each year, it will be necessary to retrain based on the revised course, if a person cannot pass the revised Practicum.</p>
128(d)	Records	<p>A staff person who administers prescription medications or insulin injections to individuals shall complete and pass the Medications Administration Course Practicum annually.</p> <p><b>Explanation:</b> Completion of the practicum may be counted toward the 24 hour staff training requirement.\</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
128(d)	(Cont'd)	<p>The practicum must be administered by a certified instructor.</p> <p>A percentage score of 90% or above, for each of the three test sections, is required in order for the staff person to continue to administer medications.</p> <p>No annual recertification is required for Certified Trainers unless they administer medications. Another Certified Trainer is required to give the practicum to the Certified Trainer who administers medications.</p>
128(e)	Records	<p>Documentation of the dates and locations of medications administration training for trainers and staff persons and copies of the annual practicum for staff persons shall be kept.</p>
129(a)(1)	Site Interview Records	<p>To be considered capable of self-administration of the medications, an individual shall be able to recognize and distinguish the individual's own medication.</p> <p><b>Explanation:</b> The individual must be able to recognize and distinguish both the container and the medication (e.g. pill) itself from among other medications. Staff assistance to open the container and remove the medication is permitted.</p>
129(a)(2)	Site Interview Records	<p>To be considered capable of self-administration of medications an individual shall know how much medication is to be taken.</p> <p><b>Explanation:</b> The individual must be able to communicate the correct amount or pick up the correct amount of medications and administer the medication himself/herself.</p>

**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
129(a)(3)	Site Interview Records	To be considered capable of self-administration of medications an individual shall know when the medication is to be taken.  <b>Explanation:</b> Staff cannot give oral prompts except for occasional reminders.  The individual does not need to know the precise clock time for the medication. The individual may indicate when to take the medication by daily activities (after breakfast, before bedtime, etc.)

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129(b)	Site Interview Records	Insulin that is self-administered by an individual shall be measured by the individual or by licensed or certified medical personnel.
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**NUTRITION**

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131(a)	Site	The facility shall have a dining area for lunches and breaks. The dining area may be a program area as long as the area is not used for purposes of programming and dining at the same time.
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131(b)	Site	The dining area shall be clean and sanitary.
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131(c)	Site	The dining area shall have a sufficient number of tables and chairs to accommodate the maximum number of individuals scheduled for lunch or break at any one time.
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**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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**NOTE: IF THE FACILITY PROVIDES OR ARRANGES FOR MEALS FOR INDIVIDUALS, 132(1)-(14) APPLY.**

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132(1)	Site Records	Written daily menus shall be prepared and posted in a location visible to the individuals.  <b>Explanation:</b> Sections 132(12)-(14) do not apply if cooking and serving training is provided less than three times per week or for fewer than 13 individuals per day.
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132(2)	Site	Menus shall be posted at least 1 program day prior to the menu date.
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132(3)	Site Interview	Menus shall be followed.
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132(4)	Records	Written menus shall be retained for at least 2 months.
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132(5)	Records Site Interview	At least one complete meal shall be provided if the individual is at the facility for 4 or more hours. If an individual is at the facility for more than 6 hours, a nutritional snack shall also be provided.
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132(6)	Site Records Interview	Each meal served shall contain at least one item from the dairy, protein, fruits and vegetables and grain food groups, unless medically contraindicated for an individual.  <b>Explanation:</b> Medical contraindication must be documented by a physician.
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**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
132(6)	(Cont'd)	<p>Records as non-compliance if all four food groups are not present in at least one meal during the day of your inspection.</p> <p>Food Groups – Examples:</p> <ul style="list-style-type: none"> <li>• Dairy – milk, milk products, cheese</li> <li>• Protein – meat, cheese, poultry eggs, peanut butter, dried beans, peas, nuts</li> <li>• Fruit and vegetable – fruits and vegetables</li> <li>• Grain – breads, cereals, pastas, crackers, rice</li> </ul>
132(7)	Site Interview	<p>The quantity of food served at each meal shall contain at least on third of the minimum daily as recommended by the United States Department of Agriculture.</p> <p><b>Explanation:</b> Measure compliance with this regulation only if you believe the quantity of food served appears insufficient. If you think the quantity of food is not sufficient, measure the amount of food served in one day and prepare a written summary of one day's total food allotment. This summary should be used to determine compliance with USDA requirements.</p>
132(8)	Site Record Interview	<p>A prescribed diet for an individual with a medically restricted diet shall be followed. A written record of the prescribed diet shall be kept.</p>
132(9)	Site	<p>Cold food shall be kept at or below 45°F. Hot food shall be kept at or above 140°F. Frozen-food shall be kept at or below 0°F.</p> <p><b>Explanation:</b> Thermometers should be used to measure the temperatures.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
132(10)	Site	<p>Food shall be protected from contamination while being stored, prepared, served and transported. Food shall be stored in sealed containers.</p> <p><b>Explanation:</b> This includes all food in the refrigerator as well as on shelves and in cabinets.</p>
132(11)	Site Interview	<p>Uneaten food from a person's dish or from family style serving dishes may not be served again or used in the preparation of other meals.</p>
132(12)	Site	<p>Utensils used for eating, drinking, preparation and serving of food or drink shall be washed after each use by a mechanical dishwasher or by a method approved by the Department of Environmental Resources.</p> <p><b>Explanation:</b> Sections 132(12)-(14) do not apply if cooking and serving training is provided less than three times per week or for fewer than 13 individuals per day.</p> <p>Use of compartment sinks that are used in compliance with sanitation standards of the Department of Environmental Resources are acceptable.</p>
132(13)	Site	<p>Mechanical dishwashers shall use hot water temperatures exceeding 140°F in the wash cycle and 180°F in the final rinse cycle or shall be of a chemical sanitizing type approved by the National Sanitation Foundation.</p> <p><b>Explanation:</b> To measure the dishwasher temperature, check the temperature gauge on the dishwasher or the hot water heater.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
132(14)	Site	Mechanical dishwashers shall be operated in accordance with the manufacturer's instructions.

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**RESTRICTIVE PROCEDURES**

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152	Records	<p>A written policy that defines the prohibition or use of specific types of restrictive procedures, describes the circumstances in which restrictive procedures may be used, the persons who may authorize the use of restrictive procedures, a mechanism to monitor and control the use of restrictive procedures and a process for the individual and family to review the use of restrictive procedures shall be kept at the facility.</p>
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**Explanation:** Record as non-compliance if any item is missing from the written policy. Specify the missing item on the L.I.S.

Even if restrictive procedures are prohibited, there must be a policy defining restrictive procedures and clarifying that use of restrictive procedures is prohibited.

The regulations do not specify the persons who may authorize the use of restrictive procedures (restrictive procedure committee, CEO, behavior specialist, county case manager, etc.)

The regulations do not specify the type of mechanism required to monitor and control the use of restrictive procedures.

This does not require authorization for each use of restrictive procedures; only for the initial authorization of the procedure.

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
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(Cont'd)

No specific review process for the individual and family is required.

A restrictive procedure is a practice that limits an individual's movement, activity or function; interferes with an individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behavior that he or she would not engage in given freedom of choice.

Examples of practices that are considered restrictive procedures:

(1) Any practice that limits an individual's movement, activity, or function

- Physical holds or prompts of an individual for any length of time during which an individual resists or objects to the physical assistance. (This is a manual restraint if the hold exceeds 30 seconds.)
- Blocking access to a room, person, or activity. (If blocking access is used as a prompt or a teaching tool, it is not a restrictive procedure.)
- Exclusion defined in 162 (b).
- Manual restraints defined in 161 (b).
- Mechanical restraints defined in 160 (b).
- Chemical restraints defined in 159 (b).

(2) Any practice that interferes with an individual's ability to acquire positive reinforcement.

- Ignoring an individual because of an inappropriate behavior (behavior may be an indication of a problem or a means of communication). Ignoring an inappropriate behavior but giving attention to the individual is not a restrictive procedure.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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(Cont'd)

- Directing an individual to stand or sit away from the group for any period of time (sometimes called contingent observation), if the individual resists or refuses. (if the individual willingly leaves the group or area following a positive suggestion or prompt, this is not a restrictive procedure.)
  
- Removing an individual from a room, area or activity with staff person present with individual, if the individual resists or refuses. (If the individual willingly goes with the person following a suggestion, this is not restrictive procedure.)
  
- Use of rewards to coerce an individual to comply with a request, or, rewards that are contingent upon "appropriate" behavior such as "if you cooperate during cooking activity you may have a soda." (Giving a reward for displaying an appropriate behavior or engaging in tasks/activities is not a restrictive procedure as long as the reward is not contingent upon the behavior. If you say "if you eat your lunch now, you may visit with Joe this afternoon" that implies that the individual must eat his/her lunch in order to visit his/her friend (coercive). However if after the individual eats this/her lunch you say "it's great you finished your lunch; why don't we go over to see Joe this afternoon" that is not restrictive since coercion is not involved.

If positive reinforcement is given following a single undesired behavior, over a short period of time at a specified interval, this is not a restrictive procedure (e.g. pat on back or praise every 15 minutes if no self-injurious

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152	(Cont'd)	<p>behavior). If however positive reinforcement is given contingent on a cumulative total of intermittent positive reinforcers this is a restrictive procedure (e.g. star chart for entire day or week; if you earn 7 stars this week you may do a desired activity, etc.)</p>
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- Exclusion defined in 162 (b).
- Manual restraints defined in 161 (b)
- Mechanical restraints defined in 160 (b)
- Chemical restraints defined in 159 (b).

(3) Any practice that results in the loss of reinforcers, objects or activities that an individual values

- Punishment for “inappropriate” behavior. (Punishment is defined by the perceptions and values of the individual.)
- Token economies that results in loss of objects or activities.
- Withholding an activity from an individual because of an “inappropriate” behavior such as “you hit Joe so you cannot work in the computer area today”, “you cannot sit with Sue at lunch because you did not finish your speech therapy today”, etc.
- Exclusion defined in 162 (b).
- Manual restraints defined in 161 (b)
- Mechanical restraints defined in 160 (b)
- Chemical restraints defined in 159 (b).

(4) Any practice that requires an individual to engage in a behavior that he or she would not engage in given freedom of choice

Requiring an individual to engage in a behavior that he or she would engage in given freedom of choice is a restrictive procedure if coercion and control is used and not training and persuasion. The distinction between a restrictive procedure and positive training is the issue of control. If coercive

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152	(Cont'd)	<p>control is exercised over the individual's life and choices, this</p> <p>is a restrictive procedure. (Examples: requiring an individual to move from one area to another; participate in speech therapy, clean his or her area, etc. if control or coercion is used.)</p> <ul style="list-style-type: none"> <li>• Requiring an individual to not only restore the damages caused in a physical outburst but also clean the entire room (sometimes called restitutive overcorrection).</li> <li>• Exclusion defined in 162 (b).</li> <li>• Manual restraints defined in 161 (b)</li> <li>• Mechanical restraints defined in 160 (b)</li> <li>• Chemical restraints defined in 159 (b).</li> </ul>
153(a)	Site Records Interview	<p>Restrictive procedures may not be used as retribution, for the convenience of staff persons as a substitute for program or in a way that interferes with the individual's developmental program.</p>
153(b)(1)	Site Records Interview	<p>For each incident requiring restrictive every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less restrictive than restrictive procedures.</p> <p><b>Explanation:</b> These are preventive measures used prior to use of any restrictive procedure.</p>
153(b)(2)	Site	<p>For each incident requiring restrictive procedures a restrictive procedure may not be used before less restrictive techniques and resources appropriate to the behavior were tried but have failed.</p> <p><b>Explanation:</b> This is a sequential process during which less restrictive techniques are</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
153(b)(2)	(Cont'd)	<p>tried before more restrictive techniques. Only less restrictive techniques and resources that might be appropriate for the individual and his/her behavior must have been tried.</p>
154(a)	Records	<p>If restrictive procedures are used, there shall be a restrictive procedure review committee.</p> <p><b>Explanation:</b> A County restrictive procedure review committee is acceptable. If a manual restraint or exclusion is used on an unanticipated, emergency basis, 154(a)-(d) do not apply until after the manual restraint or exclusion is used for the same individual twice in a 6 month period.</p>
154(b)	Records	<p>The restrictive procedure review committee shall include a majority of persons who do not provide direct services to the individual.</p> <p><b>Explanation:</b> There is no specific requirement on the minimum number of people on the committee, except that there must be at least three people in order to constitute a majority of persons who do not provide direct services to the individual.</p> <p>Direct care persons include the individual's direct service staff, the individual's Program Specialist, the facility director and any other staff who are involved in or who may have influence on the implementation of the plan, or who have responsibility for the program of the individual.</p> <p>A case manager is not included as providing direct services.</p> <p>This applies each time the committee has a meeting that is required by the regulations. If committee meets for another purpose, it is not applicable.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
154(c)	Records	<p>The restrictive procedure review committee shall establish a time frame for review and revision of the restrictive procedure plan, not to exceed 6 months between reviews.</p>
154(d)	Records	<p>A written record of the meetings and activities of the restrictive procedure review committee shall be kept.</p> <p><b>Explanation:</b> The written record must include minutes or notes that discuss specific plans, individual needs, progress from previous plan, and recommendations for continued interventions, if any.</p>
155(a)	Records	<p>For each individual for whom restrictive procedures may be used, a restrictive procedure plan shall be written prior to use of restrictive procedures.</p> <p><b>Explanation:</b> If a manual restraint or exclusion is used on an unanticipated, emergency basis, 155(a)-(g) do not apply until after the manual restraint or exclusion is used for the same individual twice in a 6 month period.</p>
155(b)	Records	<p>The restrictive procedure plan shall be developed and revised with the participation of the Program Specialist, the individual's direct care staff, the interdisciplinary team as appropriate and other professionals as appropriate.</p> <p><b>Explanation:</b> Refer to I03(c) for a list of members of the interdisciplinary team. Note that the individual is a member of the team.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
155(c)	Records	The restrictive procedure plan shall be reviewed, and revised if necessary, according to the time frame established by the restrictive procedure review committee, not to exceed 6 months.
155(d)	Records	<p>The restrictive procedure plan shall be reviewed, approved, signed and dated by the chairperson of the restrictive procedure review committee and the Program Specialist, prior to the use of a restrictive procedure, whenever the restrictive procedure plan is revised and at least every 6 months.</p> <p><b>Explanation:</b> The restrictive procedure committee review and approve the restrictive procedure plan <u>prior</u> to use of a restrictive procedure, whenever the plan is revised, <u>and</u> at least every 6 months.</p>
155(e)(1)	Records	The restrictive procedure plan shall include the specific behavior of behaviors to be addressed and the suspected antecedent or reason for the behavior.
155(e)(2)	Records	The restrictive procedure plan shall include the behavioral outcome desired stated, in measurable term.
155(e)(3)	Records	The restrictive procedure plan shall include methods for modifying or eliminating the behavior such as changes in the individual's physical and social environment, changes in the individual's routine, improving communications, teaching skills and reinforcing appropriate behavior.
155(e)(4)	Records	The restrictive procedure plan shall include the

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
155(e)(4)	(Cont'd)	<p>types of restrictive procedures that may be used and the circumstances under the procedures may be used.</p> <p><b>Explanation:</b> One plan can address multiple behaviors with multiple procedures. The procedure must be appropriate to the behavior.</p> <p>One procedure to address groups of similar behaviors (e.g. all physical outbursts - biting, kicking, hitting, breaking furniture, etc.) is acceptable. The procedure must specify each behavior that is being addressed (e.g. biting and kicking, refusal to eat lunch and refusal to go to speech therapy.</p> <p>One procedure grouping all non-compliant behaviors -refusal to move from one area to another, refusal to attend a training session, etc.) is not acceptable.</p>
155(e)(5)	Records	The restrictive procedure plan shall include a target date for achieving the outcome.
155(e)(6)	Records	<p>The restrictive procedure plan shall include the amount of time the restrictive procedure may be applied, not to exceed the maximum time periods specified in this chapter.</p> <p><b>Explanation:</b> This does not apply for positive reinforcement techniques.</p> <p>“Maximum time periods specified in this chapter” refers to 161(d) relating to manual restraints and 162(d) and (e) relating to exclusion.</p>
155(e)(7)	Records	The restrictive procedure plan shall include physical problems that require special attention during the use of restrictive procedures.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
155(e)(8)	Records	<p>The restrictive procedure plan shall include name of the staff person responsible for monitoring and documenting progress with the plan.</p> <p><b>Explanation:</b> The person responsible for monitoring and documenting progress can be a consultant if he or she is available on a regular basis.</p>
155(f)	Site	<p>The restrictive procedure plan shall be implemented as written.</p> <p><b>Explanation:</b> If restrictive procedures are used, the inspector should select a sample of individuals for whom restrictive procedures are used. Measurement techniques include interviewing individuals, observing interactions and interviewing staff persons.</p>
155(g)	Records	<p>Copies of the restrictive procedure plan shall be kept in the individual's record.</p> <p><b>Explanation:</b> If there is 173(6). This is a duplication of 173(6). noncompliance, cite 155(g), not 173(6).</p>
156(a)	Records	<p>If a restrictive procedure is used, at least one staff person shall be available when restrictive procedures are used who has completed training within the past 12 months in the use of and ethics of using restrictive procedures and the use of alternate positive approaches.</p> <p><b>Explanation:</b> A trained staff person must be available at the facility or on call at all times restrictive procedures are used. Training in a specific course is not required as long as the training includes the required components.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
156(a)	(Cont'd)	A general training course in positive approaches is sufficient. The length and source of the training is not regulated by the Department. This training can be counted toward the annual staff training requirement.
156(b)	Records	<p>All staff persons responsible for developing, implementing or managing a restrictive procedure plan shall be trained in the use of the specific techniques or procedures that are used.</p> <p><b>Explanation:</b> Training must be specific to the type or types of restrictive procedures that are used. Training must be specific to the technique and not to the individual, unless the technique varies significantly from individual to individual (e.g. individual has special needs during a manual restraint). The length and source of the training is not regulated by the Department. This training can be counted toward the annual staff training requirement.</p>
156(c)	Records Interview	<p>If manual restraint or exclusion is used, all staff persons responsible for developing, implementing, or managing a restrictive procedure plan shall have experienced the use of the specific techniques or procedures directly on themselves.</p> <p><b>Explanation:</b> Anyone who uses exclusion or manual restraints must have the techniques used on themselves prior to using the technique on an individual. Training must be specific to the technique and not to the individual; unless the technique varies significantly from individual to individual (e.g. individual has special needs during a manual restraint). This training can be counted toward the annual staff training requirement.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
156(d)	Records	Documentation of the training program provided including the staff trained, dates of training, description of training and training source shall be kept.
157	Site Records Interview	Seclusion is prohibited.  <b>Explanation:</b> Seclusion is defined as placing an individual in a locked room. A locked room includes a room with any type of door locking device such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut. Even if a staff person remains with the individual, if the door is locked, it is seclusion.
158	Site Records Interview	Aversive conditioning is prohibited.  <b>Explanation:</b> Aversive conditioning is defined as the application, contingent upon the exhibition of maladaptive behavior, of startling, painful or noxious stimuli. The use of startling stimuli includes techniques such as water misting, ringing a loud bell, hand clapping, etc.
159(b)	Records	Administration of a chemical restraint is prohibited except for the administration of drugs ordered by a licensed physician on an emergency basis.  <b>Explanation:</b> A chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of an individual.  A drug ordered by a licensed physician as part of an ongoing program of medication is not a chemical restraint.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
159(b)	(Cont'd)	<p>A drug ordered by a licensed physician for a specific, time-limited stressful event or situation to assist the individual to control his or her own behavior, is not a chemical restraint.</p> <p>A drug ordered by a licensed physician as pretreatment prior to medical or dental examination or treatment is not a chemical restraint.</p> <p>A drug self-administered by an individual is not a chemical restraint.</p>
159(c)(1)	Records	<p>If a chemical restraint is administered as specified in 159(b), a licensed physician shall examine the individual and give a written order to administer the drug prior to each incidence of administering a drug on an emergency basis.</p> <p><b>Explanation:</b> The physician must physically examine the individual.</p>
159(c)(2)	Records	<p>If a chemical restraint is administered as specified in 159(b), a licensed physician shall examine the individual and order re-administration of the drug prior to each re-administration of a drug on an emergency basis.</p>
159(c)(3)	Records Interview Site	<p>If a chemical restraint is administered as specified in 159(c) the individual's vital signs shall be monitored at least once each hour.</p> <p><b>Explanation:</b> As a guideline, vital signs should be monitored for the length of time specified in the physician's written orders.</p>
159(c)(4)	Records Interview Site	<p>If a chemical restraint is administered as specified in 159(c), physical needs of the individual shall be met promptly.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
159(d)	Records Interview Site	A Pro Re Nata (PRN) order for controlling acute, episodic behavior is prohibited.
159(i)	Records	<p>If a drug is administered (a) as ordered by a licensed physician on an emergency basis, (b) for a specific-time limited stressful event or situation to assist the individual to control his or her own behavior, (c) as pretreatment prior to medical or dental examination or treatment, or d) self administered by an individual, to treat a behavior that occurs at the facility, there shall be training for the individual aimed at eliminating or reducing the need for the drug in the future.</p> <p><b>Explanation:</b> This does not apply for drugs prescribed as treatment for a psychiatric illness. The training for the individual may occur at the residential facility. Such training should be documented.</p>
159(j)	Records	Documentation of compliance with 159(b)-(i) shall be kept.
160(b)	Site	<p>The use of a mechanical restraint is prohibited except for the use of helmets, mitts, and muffs to prevent self-injury on an interim basis but only for the first 3 months after admission.</p> <p><b>Explanation:</b> A mechanical restraint is a device used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body. Examples of mechanical restraints include anklets, wristlets, and camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
160(b)	(Cont'd)	<p>A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance or a device used for medical or surgical treatment.</p> <p>An example of a device used to provide support for body position or balance that is not considered a restraint is a wheelchair belt that is used for body positioning and support. Examples of devices used for medical treatment that are not considered restraints include prescribed orthopedic devices such as casts, braces, traction, and helmets for the prevention of injury during seizure activity. Examples of devices used for post-surgical or post-medical treatment that are not considered restraints include arm boards used during an I.V. transfusion, sand bags used to limit movement after surgery, and devices used to prevent aggravation while an injury is healing.</p> <p>Any physical device used for behavior control or to prevent self-injury is a mechanical restraint unless it is used as a protective device following surgery or medical treatment for a period of time specified by a physician. A helmet used for prevention of injury during severe seizure activity as recommended by a physician is not a mechanical restraint.</p> <p>Documentation is not needed if the mechanical restraint is clearly for body positioning or support (e.g. seatbelt on wheelchair used for individual with deteriorating bone structure). If it is not clear if a mechanical restraint is used for body positioning or as a mechanical restraint as defined in 170(a), medical documentation should be requested.</p> <p>"On an interim basis" means for a period of time up to 3 months after admission.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
160(c)(1)	Site Records Interview	<p>If a mechanical restraint is used as specified in 160(b), use of a mechanical restraint may not exceed 2 hours, unless a licensed physician examines the individual and gives written orders to continue use of the restraint.</p> <p><b>Explanation:</b> Reexamination and new orders by a licensed physician are required for each 2 hour period the restraint is continued. If a restraint is removed for any purpose other than for movement and reused within 24 hours after the initial use of the restraint, it is considered continuation of the initial restraint.</p>
160(c)(2)	Site Records Interview	If a mechanical restraint is used as specified in 160(b), a licensed physician shall be notified immediately after a mechanical restraint is used.
160(c)(3)	Site Records Interview	If a mechanical restraint is used as specified in 160(b), the restraint shall be checked for proper fit by staff persons at least every 15 minutes.
160(c)(4)	Site Records Interview	If a mechanical restraint is used as specified in 160(b), physical needs of the individual shall be met promptly.
160(c)(5)	Site Records Interview	If a mechanical restraint is used as specified in 160(b), the restraint shall be removed completely for at least 10 minutes during every 2 hours the restraint is used.
160(c)(6)	Site Records Interview	If a mechanical restraint is used as specified in 160(b), there shall be training for the individual aimed at eliminating or reducing the need for the restraint in the future.

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
160(c)(7)	Records	Documentation of compliance with 160(b) and 160(c)(l)-(6) shall be kept.
161(b)	Site Records Interview	<p>Manual restraints shall be used only when necessary to protect the individual from injuring himself (herself) or others.</p> <p><b>Explanation:</b> A manual restraint is a physical hands-on technique that last more than 30 seconds, used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body such as basket holds and prone or supine containment.</p> <p>Manual restraints cannot be used to prevent property damage unless the individual's action is likely to result in injury to the individual or others.</p>
161(c)	Site Records Interview	Manual restraints shall be used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from injuring himself (herself) or others.
161(d)	Site	<p>An individual shall be released from the manual restraint within the time specified in the restrictive procedure plan not to exceed 30 minutes within any 2 hour period.</p> <p><b>Explanation:</b> The time period specified in the restrictive procedure plan applies; the time period in the plan may not exceed a total of 30 minutes within any 2 hour period. The 30 minute time period is a cumulative time within any 2 hour period; there is no limit on the number of times a manual restraint can be applied within any 2 hour period.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
162(b)	Site	<p>Exclusion shall be used only when necessary to protect the individual from injuring himself (herself) or others.</p> <p><b>Explanation:</b> Exclusion is the removal of an individual from his or her immediate environment and restricting him or her alone to a room or area, during which the individual resists or refuses. If an individual willingly goes to another room after a positive suggestion or prompt, this is not exclusion. If a staff person remains with the individual it is not exclusion; however, this is still a restrictive procedure if the individual resists or refuses.</p>
162(c)	Site Records Interview	<p>Exclusion shall be used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from injuring himself (herself) or others.</p>
162(d)	Site Records Interview	<p>An individual shall be permitted to return to routine activity within the time specified in the restrictive procedure plan not to exceed 60 minutes within any 2 hour period.</p> <p><b>Explanation:</b> "Not to exceed 60 minutes" means a total of 60 minutes in any 2 hour period; the 60 minutes need not be 60 consecutive minutes. For example, 2 exclusion periods of 10 minutes and 50 minutes, meet this maximum limit.</p>
162(e)	Site Records Interview	<p>Exclusion may not be used for an individual more than 2 times in the same day.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
162(f)	Site Records Interview	An individual in exclusion shall be monitored continually by a staff person.
162(g)	Site	A room or area used for exclusion shall have at least 40 square feet of indoor floor space, with a minimum ceiling height of 7 feet.
162(h)	Site	A room or area used for exclusion shall have an open door or a window for staff observation of the individual.
162(i)	Site	A room or area used for exclusion shall be well lighted and ventilated.
164(a)	Site Records Interview	<p>An individual's personal funds or property may not be used as reward or punishment.</p> <p><b>Explanation:</b> This does not prohibit an individual from agreeing to use his/her funds or property as a reward in a self teaching program.</p>
164(b)	Site Records Interview	<p>An individual's personal funds or property may not be used as payment for damages, unless the individual consents to make restitution for the damages.</p> <p><b>Explanation:</b> This does not prohibit an individual from using his or her own funds or property as payment for damages if the individual consents to make restitution in this manner. However, a facility cannot take an individual's money or property as restitution if the individual does not consent.</p> <p>Consent is required for each occasion; "blanket" consent is not acceptable. A written record of the consent should be kept.</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
164(b)	(Cont'd)	<p>The individual must consent to each incident of restitution.</p> <p>A legal guardian may give consent for the individual. A representative payee may give consent for the individual for those funds (e.g. SSI) over which the representative payee has authority. If the representative payee is the agency, the representative payee may not give consent for the individual.</p> <p><b>Note:</b> This regulation and explanation is consistent with recent Federal interpretation governing Intermediate Care Facilities for the Mentally Retarded and 2176 Waiver Programs.</p>
165	Records	<p>A record of each use of a restrictive procedure documenting the specific behavior addressed, methods of intervention used to address the behavior, the date and time the restrictive procedure was used, the specific procedures followed, the staff person who used the restrictive procedure, duration of the restrictive procedure -(if applicable), the staff person who observed the individual if exclusion was used and the individual's condition following the removal of the restrictive procedure shall be kept in the individual's record.</p> <p><b>Explanation:</b> This documentation is required for each incidence or use of a restrictive procedure.</p> <p>This is a duplication of 173(7). If there is noncompliance, cite 165, not 173(7).</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
<b>RECORDS</b>		
171(a)	Site	Emergency information for individuals shall be easily accessible at the facility.
171(b)(1)	Site	Emergency information for each individual shall include the name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
171(b)(2)	Site	Emergency information for each individual shall include the name, address and telephone number of the individual's physician or source of health care.
171(b)(3)	Site	Emergency information for each individual shall include the name, address and telephone number of the person able to give consent for emergency medical treatment, if applicable.
171(b)(4)	Site	Emergency information for each individual shall include a copy of the individual's most recent annual physical examination.
172(a)	Records	A separate record shall be kept for each individual.
172(b)	Records	Entries in an individual's record shall be legible, dated and signed by the person making the entry.  <b>Explanation:</b> Initials by the person making the entry are acceptable; actual signature is not required.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
173		<p><b>Explanation:</b> "Record" in section § 2380.173 (2)-(11) refers to the physical or electronic file maintained by the provider (excluding HCSIS) and that the provider identifies as their primary record for the individual. Presence or absence of information as required below is based on the information contained in that record.</p>
173(1)	Records	<p>Each individual's record include personal information including:</p> <ul style="list-style-type: none"> <li>• name, sex, admission date, birthdate and social security number,</li> <li>• race, height, weight, color of hair, color of eyes and identifying marks,</li> <li>• language or means of communication spoken or understood by the individual and the primary language used in the individual's natural home, if other than English</li> <li>• religious affiliation,</li> <li>• next of kin, and</li> <li>• a current, dated photograph</li> </ul> <p><b>Explanation:</b> A photograph is considered current as long as the photograph still looks like the individual. As an individual's physical appearance changes new photographs are required. New photographs may be needed each year, or every five years for an individual whose appearance is relatively unchanged.</p>
173(3)	Records	Each individual's record shall include copies. of physical examinations.
173(4)	Records	Does each individual's record include copies of completed assessments as required under 2380.181?

**ADULT TRAINING FACILITIES  
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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
173(5)(i)	Records	Does each individual's record include copies of the invitation to the initial ISP meeting?
173(5)(ii)	Records	Does each individual's record include copies of the invitation to the Annual ISP Update meeting?
173(5)(iii)	Records	Does each individual's record include copies of the invitation to the ISP revision meeting?
173(6)(i)	Records	Does each individual's record include signed and completed copies of the signature sheet for the initial ISP meeting?
173(6)(ii)	Records	Does each individual's record include signed and completed copies of the signature sheet for the ISP annual update meeting?
173(6)(iii)	Records	Does each individual's record include signed and completed copies of the signature sheet for the ISP plan revision meeting?
173(7)	Records	Does each individual's record include a copy of the individual's current ISP?
173(8)(i)	Records	Does each individual's record include ISP review signature sheets?
173(8)(ii)	Records	Does each individual's record include recommendations to revise the ISP?

**Explanation:** If at any point, including during a review of the ISP the Program Specialist identifies a need to revise the ISP, they need to notify the Plan Lead /SC of that need. Written documentation of that

**ADULT TRAINING FACILITIES  
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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
173(8)(ii)	(Cont'd)	communication needs to be kept in the individual's record.
173(8)(iii)	Records	<p>Does each individual's record include current ISP revisions?</p> <p><b>Explanation:</b> Recommendations to revise the ISP will not always result in revision to the ISP. Revisions to the plan will be determined by the Plan Team. If a recommendation to revise the ISP is made and results in a decision to revise the ISP, is there documentation that the meeting was held and that a copy of the revised ISP is in the record.</p>
173(8)(iv)	Records	Does each individual's record include notices that the ISP team member may decline the ISP review documentation?
173(8)(v)	Records	<p>Does each individual's record include requests from the ISP team member(s) to not receive the ISP review documentation?</p> <p><b>Explanation:</b> This request is not expected annually, once the request is made, it remains valid until the ISP team member indicates otherwise. The Plan Lead and/or SC cannot decline ISP review documentation.</p>
173(9)	Records	<p>Does each individual's record include documentation of any identified discrepancy in the ISP or ISP revision?</p> <p><b>Explanation:</b> If there was content discrepancy identified in the plan, is there documentation that the discrepancy was communicated to the Plan Lead or SC. If the Program Specialist is acting as the Plan Lead and receives communications regarding content</p>

**ADULT TRAINING FACILITIES  
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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
173(9)	(Cont'd)	discrepancies, documentation should record these communications and reflect actions taken as a result.
173(10)	Records	<p>Does each individual's record include a restrictive procedure protocol and restrictive procedure records, if applicable?</p> <p><b>Explanation:</b> The protocol needs to be current to the individual as described in the ISP.</p>
173(11)	Records	<p>Does each individual's record include copies of psychological evaluations, if applicable?</p> <p><b>Explanation:</b> If a recommendation for a psychological evaluation is recorded or the ISP indicates that one has been completed, a copy of the completed evaluation should be in the record.</p>
174(a)	Records	Record information required in 173(1) shall be kept at the facility.
174(b)	Records	<p>Are the most current copies of record information required in 2380.173 (2)-(11) shall be kept at the facility.</p> <p><b>Explanation:</b> Records can be removed from the facility to accompany the person to attend medical appointments and as part of the licensing review process with safeguards in place if needed for the individual.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
174(c)	Records	<p>Is record information required in 2380.173 (2)-(11) that is not current kept at the facility or the facility's administrative office?</p> <p><b>Explanation:</b> Record information required in the active record should encompass the past 2 years (whether or not the information is currently valid), unless a required document is considered current and is older than 2 years (i.e. a psychological evaluation).</p>
175(a)	Records	Information in the individual's record shall be kept for at least 4 years or until any audit or litigation is resolved.
175(b)	Records	Individual records shall be kept for at least 4 years following the individual's departure or until any audit or litigation is resolved.
176(a)	Site	Individual records shall be kept locked when unattended.
176(b)	Interview	<p>The individual, and the individual's parent, guardian or advocate, shall have access to the records and to information in the records.</p> <p><b>Explanation:</b> If the interdisciplinary team documents that disclosure of specific information constitutes a substantial detriment to the individual or that disclosure of specific information will reveal the identity of another individual or breach the confidentiality of persons who have provided information upon-an agreement to maintain their confidentiality, that specific information identified may be withheld.</p>

**ADULT TRAINING FACILITIES  
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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
176(b)	(Cont'd)	<p>The individual, and the individual's parent, guardian or advocate, may be excluded from the team making this decision to withhold information if appropriate. This is necessary to protect the individual from (a) disclosing information that may be detrimental to the individual, or (b) disclosing information that the individual does not want disclosed. If the individual, individual's parent, guardian, or advocate is on the team making the decision, they obviously will have access to that information.</p> <p>Advocates, with the exception of Pennsylvania Protection and Advocacy representatives, do not have access to records without the individual's consent. For information about access to records by Pennsylvania Protection and Advocacy, refer to OMR Bulletin #00-94-19, issued August 22, 1994 titled "Site Visits and Access to Records by Pennsylvania Protection and Advocacy, Inc."</p>
177	Interview	<p>Written consent of the individual, shall be obtained for the release of information, including photographs, to persons not otherwise authorized to receive it.</p> <p><b>Explanation:</b> New written consent is needed for each separate incidence when information is released, except for persons authorized by law or regulation to access information.</p> <p>Advocates, with the exception of Pennsylvania Protection and Advocacy representatives, do not have access to records without the individual's consent. For information about access to records by Pennsylvania Protection and Advocacy, refer to OMR Bulletin #00-94-19, issued August 22, 1994 titled "Site Visits and Access to Records by Pennsylvania Protection and Advocacy, Inc."</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
177	(Cont'd)	In accordance with 55 Pa. Code §4210.122, county mental retardation program and base service unit staff have access to the individual's record without written consent.

**PROGRAM**

181(a)	Records	<p>Does each individual have a written assessment within 1 year prior to or 60 calendar days after admission to the facility and an updated assessment annually thereafter?</p> <p><b>Explanation:</b> A team meeting is not required to develop or conduct the assessment. The admission date is the individual's first day at the facility. Trial visits do not count as part of the 60 calendar days. If an individual is admitted to a facility operated by a new legal entity, a new assessment must be done. In the event of a merger or takeover where there is no significant change in program staff, services or location, documentation should support that the assessments were reviewed for accuracy to the current situation and if necessary, updated.</p> <p>The Program Specialist under this chapter is required to ensure that assessments are completed prior to ISP meeting. (Initial, Annual, &amp; Plan Revision). In order to meet the assessment requirements of this section, the Program Specialist can use the format contained within the ISP or any other format to provide the required information, as long as it is provided prior to the meeting and is signed and dated by the Program Specialist. The Program Specialist can also attach other supporting documents as needed to provide all the information required in this section. The Licensing representative should review the copies of the</p>
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**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
181(a)	(Cont'd)	<p>assessment information the Program Specialist provided to the SC/ Plan</p> <p>Lead to ensure that the information provided fulfills the requirements of this section.</p> <p>*If during the subsequent review of the ISP, the Program Specialist identifies errors or omissions, of this information in the completed ISP, the Program Specialist must document their communication with the SC/ Plan Lead to resolve these errors or omissions.</p>
181(b)	Records	<p>When recommendations are made to revise a service or outcome in the ISP under 2380.186(c)(4), are assessments updated or completed?</p> <p><b>Explanation:</b> The Program Specialist is not required to complete all portions of the assessment. The Program Specialist is responsible to coordinate the overall assessment to make sure all components are included and reflect the individual's current status, supporting the need for the recommended change in service or outcome.</p>
181(c)	Records	<p>Are the assessments based on assessment instruments, interviews, progress notes and observations?</p> <p><b>Explanation:</b> The ISP is a document that is written collaboratively with the contributions and input of the planning team and incorporates information provided and services and supports as agreed upon during the plan meetings.</p>
181(d)	Records	<p>Does the Program Specialist sign and date the assessment?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
181(e)	Records	<p>THE ASSESSMENT SHALL INCLUDE THE FOLLOWING INFORMATION:</p> <p><b>Explanation:</b> All items in 181(e)(1)-(15) must be in the assessment. Attachments to the assessment are permitted.</p>
181(e)(1)	Records	Does each assessment include functional strengths, needs, and preferences of the individual?
181(e)(2)	Records	Does each assessment include the likes, dislikes and interest of the individual including vocational and employment interests?
181(e)(3)(i)	Records	Does each assessment include the level of performance and progress in functional skills?
181(e)(3)(ii)	Records	Does each assessment include the level of performance and progress in communication?
181(e)(3)(iii)	Records	<p>Does each assessment include the level of performance and progress in personal adjustment?</p> <p><b>Explanation:</b> Personal adjustment refers to the person's ability to successfully interact with peers, within the community and with support staff.</p>
181(e)(3)(iv)	Records	<p>Does each assessment include the level of performance and progress in meeting own personal needs activities with or without assistance from others?</p> <p><b>Explanation:</b> Examples of personal needs activities include eating and personal hygiene.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
181(e)(3)(iv)	(Cont'd)	Consider during the review, if the assessment identifies where additional supports are needed, the supports, the services, and level of services identified and provided through the ISP? For example: if the individual requires 1:1 supports for specific areas, does the assessment support that need? The assessment may include support needs during a specific activity or for a specific length of time. The assessment must address the individual's needs both at the facility and in the community.
181(e)(4)	Records	<p>Does each assessment include the individual's need for supervision?</p> <p><b>Explanation:</b> Consider during the review, if the assessment identifies where additional supervision is needed and if the services and level of services are identified and provided through the ISP? For example: if the individual requires 1:1 supports for specific areas, does the assessment support that need? The assessment may include support needs during a specific activity or for a specific length of time. The assessment must address the individual's needs both at the facility and in the community.</p>
181(e)(5)	Records	<p>Does each assessment include the individual's progress toward self-administration of medications if the individual is not able to self-administer medications?</p> <p><b>Explanation:</b> For individuals for whom self-administration is not a foreseeable outcome, a statement explaining this is acceptable.</p>
181(e)(6)	Records	Does each assessment include the individual's ability to safely use or avoid poisonous materials? This regulation applies even if

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
181(e)(7)	Records	<p>poisonous materials are kept locked or made inaccessible to individuals.</p> <p>Does each assessment include the individual's understanding of the danger of heat sources and ability to sense and move away from heat sources quickly. This regulation applies even if all heat sources exceeding 120°F within the facility are insulated.</p>
181(e)(8)	Records	<p>Does each assessment include the individual's ability to evacuate in the event of a fire?</p>
181(e)(9)	Records	<p>Does each assessment include the individual's disability, including functional and medical limitations?</p> <p><b>Explanation:</b> This item does not need to include documentation of the way the assessment was completed.</p>
181(e)(10)	Records	<p>Does each assessment include a lifetime medical history?</p> <p><b>Explanation:</b> Attempts must be made to compile a lifetime medical history. If medical information is not available, documentation of research attempts to acquire this information must be available.</p> <p>Once a history is completed, new significant medical information may be added to the original history each year.</p>
181(e)(11)	Records	<p>Does each assessment include the most recent psychological evaluation for the individual if applicable?</p> <p><b>Explanation:</b> If a psychological evaluation was completed since the last assessment, then</p>

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		the assessment should be updated to reflect the current information
181(e)(12)	Records	Does each assessment include recommendations for specific areas of training, programming and services?
181(e)(13)(i)	Records	Does the annual assessment include the individual's progress and growth in the area of health?
181(e)(13)(ii)	Records	Does the annual assessment include the individual's progress and growth in the areas of motor and communication skills?
181(e)(13)(iii)	Records	Does the annual assessment include the individual's progress and growth in the area of personal adjustment?  This is a duplicate of 183(e)(3)(iii). Cite regulation 183(e)(3)(iii) instead.
181(e)(13)(iv)	Records	Does the annual assessment include the individual's progress and growth in the area of socialization?
181(e)(13)(v)	Records	Does the annual assessment include the individual's progress and growth in the area of recreation?
181(e)(13)(vi)	Records	Does the annual assessment include the individual's ability to become integrated into his or her community?
181(e)(14)	Records	Does the annual assessment include the individual's knowledge of water safety and ability to swim?  <b>Explanation:</b> This applies to all individuals and includes bathing and swimming (regardless of the current access to a pool or other swimming areas).

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
		This applies to the ability to temper water, including bath water.
181(f)	Records	Is there documentation that the individual and all plan team members were informed of the results of the assessment at least 30 calendar days prior to the ISP, ISP Annual Update meeting or ISP Plan Revision?
182(a)	Records	<p>Does each individual have only one current ISP that covers all licensed programs supporting the individual?</p> <p><b>Explanation:</b> Any information required in the Annual ISP, ISP Update or Plan revision must be maintained or referenced in the ISP. This should not mean that all information must be recorded in the ISP, but that all information related to compliance must be identified, including references to other documents, i.e. assessments, used to support the plan and fulfill the requirements. If the individual is supported by more than one ODP licensed setting, the ISP must cover all services.</p>
182(b)	Records	Does the individual receive services through an SCO? If yes, 2380.182 (B), (C) & (D) are not applicable.
182(c)	Records	<p>Is the Program Specialist fulfilling the role as the Plan Lead?</p> <p><b>Explanation:</b> The role and responsibilities of the Plan Lead are separate from the role of Program Specialist. The Program Specialist, acting as the Plan Lead is responsible for facilitating the development and implementation of the plan. Facilitation and implementation refers to the Plan Lead ensuring that the ISP process is completed as described under 2380.182, 2380.186(f) and</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
182(c)	(Cont'd)	<p>(g). The Plan Lead, acting in the role of the Program Specialist for the program they are licensed under;</p> <ul style="list-style-type: none"> <li>• S responsible for ensuring the supports and services are implemented as described in the plan for the program they are licensed under.</li> <li>• IS NOT responsible for ensuring the supports and services are implemented as described in the plan for programs the individual participates in that are licensed under other chapters. This remains the responsibility of the Program Specialists that are licensed under those chapters.</li> </ul>
182(d)(1)	Records	<p>Is the Plan Lead ISP developed initially, updated annually and revised based upon the individual's current \assessment as required under §§ 2380.181, 2390.151, 6400.181 and 6500.151 relating to assessments)?</p> <p>This applies only to ISPs developed by a Plan Lead. If the ISP was developed by an Supports Coordinator, then cite 2380.33(b)(2).</p>
182(d)(2)	Records	<p>Does the Plan Lead develop ISPs for each individual based on the individual assessment within 90 calendar days of the individual's admission date.</p> <p><b>Explanation:</b> An ISP is required for individuals who are retired. The ISP should include goal areas such as hobbies, community activities and individual interests. "ISPs developed based on the assessment" means that the assessment must be done prior to the ISP within 1 year prior to or within 90 days of admission date. The assessment and the ISP must be completed as two separate processes. The admission date is the date the individual is admitted to the facility. Trial visits do not count as part of the 90 calendar</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
182(d)(2)	(Cont'd)	days. If an individual moves from one site to another site within the same agency. the ISP may be transferred with the individual and no new ISP is required unless conditions at the new site will cause the need to substantially change the program.
182(d)(3)	Records	Did the Plan Lead document the ISP on the Department designated form that is located in HCSIS or in the Department's web site?
182(d)(4)	Records	<p>If the Program Specialist is fulfilling the role of Plan Lead, copies of the invitation sent to team members should be contained in the record. If the Program Specialist is not the Plan Lead, a copy of the invitation received from the Plan Lead or Supports Coordinator should be contained in the record.</p> <p><b>Explanation:</b> Invitations are sent by the Plan Lead or the Supports Coordinator. The individual's record should contain copies of the invitations sent to plan team members. All Plan Team members have a responsibility to report to the Plan Lead or SC if the invitations sent out do not include all identified Plan Team members. During a licensing inspection the Department will request copies (or carbon copies) sent within the past year and identifying all invited Plan Team members. The Department does not mandate a timeframe for agency record retention, except for retention of individual records as specified in §2380.175 (relating to record retention).</p>
182(d)(5)	Records	Is there supporting documentation that copies of the plan, plan annual update and plan revision were sent as required under §2380.187 (relation to copies of the plan, plan annual update and plan revision)?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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**PLAN CONTENT**

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183	Records	<p><b>Explanation:</b> The ISP is a document that is written collaboratively with the contributions and input of the plan team and incorporates information provided and services and supports as agreed upon during the plan meetings. The Program Specialist role under this chapter and section is to ensure that the information contained in the ISPs accurate and reflects the services and supports provided by the program licensed under this chapter. The Licensing representative should review the ISP, ISP Annual Update and ISP Revision to ensure that the ISP includes and supports the services being provided. If a provided service or support is not included in the Plan, the Licensing representative should review the documentation to ensure the Program Specialist has communicated with the Support Coordinator/ Plan Lead to resolve the errors or omissions. Monitoring compliance with the implementation of these services and actions is addressed in 2380.185 (A) &amp; (B).</p>
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183(1)	Records	<p>Does the ISP, ISP Annual Update and ISP Revision include services provided to the individual and expected outcomes chosen by the individual and the individual's ISP team?</p> <p><b>Explanation:</b> The outcomes should be Specific to the assessed needs of the individual; appropriate services to meet the health and safety aspects of those needs</p>
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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and the expressed or perceived desires of the individual are identified.

183(2)	Records	<p>Are there services or supports specifically identified in the ISP, ISP Annual Update and ISP Revision to promote community involvement?</p> <p><b>Explanation:</b> The services and supports provided to an individual, must include, where appropriate, individualized activities specific to individual preferences and assessed needs that promote increased community involvement, participation, comfort, and independence. Answers the question, "What is it that the person wants to do and what is being done to help support and encourage this?" Community involvement shall not be limited to activities with other housemates or individuals with developmental disabilities but shall also support and encourage participation with peers who do not have a developmental disability. This is not intended to be a requirement for a specific outcome targeted to community integration, but that the supports and services provided through the ISP include support and encouragement for the individual to more fully participate in their community.</p>
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183(3)	Records	<p>Does the ISP describe the current status of the individual, related to the outcome? Does the ISP describe the method of evaluation to determine how progress toward the outcome will be determined?</p> <p><b>Explanation:</b> The method of evaluation should support the specific action step(s) identified in the ISP and the timeframes related to the expected outcome. Information regarding current status may be contained in the Outcome</p>
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**ADULT TRAINING FACILITIES  
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
183(3)	(Cont'd)	<p>section of the ISP under "Relevant Assessments Linked to Outcome" or other areas of the ISP. Progress in an outcome can be contained in the "How will you know progress is being made towards this outcome?" section of the ISP or other areas of the ISP.</p>
183(4)	Records	<p>Does the individual's current assessment state that the individual may be without direct supervision? Does the individual's plan include an expected outcome which requires the achievement of a higher level of independence? If yes to either of these questions, the ISP, ISP Annual Update and ISP Revision must include a protocol and schedule outlining specified periods of time for the individual to be without direct supervision.</p> <p><b>Explanation:</b> The protocol and schedule can be summarized in the ISP, ISP Annual Update and ISP Revision, but must identify where the detailed protocol and schedule can be located. This regulation includes supervision needs on the premises of the facility and in the community. Direct supervision in the facility means the staff person is in the facility or on the premises. Direct supervision in the community means the staff person is at least within visual proximity of the individual and available to provide support as needed. The plan may specify a time period of any length or during a specific activity/ activities. Individuals with enhanced supervision needs would also need a protocol and schedule targeted to reduce need for this intensive level of staffing.</p> <p>Does the above protocol describe the current status of the individual, related to the outcome to achieve a higher level of independence?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
183(4)	(Cont'd)	<p>Does the protocol include the method of evaluation used to determine the current level of independence?</p> <p><b>Explanation:</b> The method of evaluation should support the specific action step(s) identified in the ISP and the timeframes related to the expected outcome. Information regarding current status may be contained in the assessment section (including reference assessments) or other areas of the ISP.</p>
183(5)	Records	<p>Does each ISP, ISP Annual Update and ISP Revision include information regarding a protocol to address the social, emotional and environmental needs of the individual, if a medication is prescribed to treat symptoms of a diagnosed psychiatric illness?</p> <p><b>Explanation:</b> The Social, Emotional, and Environmental Needs Protocol should be data entered in the behavior support section of the ISP. If the entire protocol cannot be completed in the behavioral support plan section this should be indicated. The rest of the protocol and the plan, if applicable, should be within the individual record.</p> <p>The Social, Emotional and Environmental Support Plan may be a hard copy that should be maintained in the individual's file. If a medication is prescribed to treat a diagnosed psychiatric illness, there should be a plan for Social, Emotional, and Environmental support. The ISP should include those who should be trained in the application of the Social, Emotional, Environmental Support Plan prior to working with the individual, the documentation requirements of the plan, and the job title responsible for collecting the information.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
183(6)	Records	Does the ISP, ISP Annual Update and ISP Revision include the use of restrictive procedures? If so, does the ISP include information regarding the protocol for the use of these procedures, including information regarding their use and the underlying causes of the behavior that led to the use of restrictive procedures?
183(6)	(Cont'd)	<p><b>Explanation:</b> The ISP does not have a Specific place or space to include all the information listed below. This information can be contained in a separate document but the location of the document must be identified in the ISP, ISP Annual Update and ISP Revision and that document must include the information required in sections (i) - (v), including a review of restraint data.</p>
183(6)(i)	Records	Does the ISP include an assessment to determine the causes or antecedents of the behavior?
		<p><b>Explanation:</b> The assessment can be part of the annual assessment as required in 6400.181 or a separate assessment to determine cause or antecedent. Information regarding the completion of these assessments should be included in the Psychosocial Information section of the ISP, ISP Annual Update and ISP Revision.</p>
183(6)(ii)	Records	Does the ISP include information regarding the protocol for addressing the underlying causes or antecedents of the behavior?
		<p><b>Explanation:</b> The protocol should address all causes or antecedents identified through the assessment as required in 2380.183 (6)(l).</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
183(6)(iii)	Records	Does the ISP include information regarding the method and timeline for eliminating the use of the restrictive procedure?
183(6)(iv)	Records	Does the ISP include information regarding the procedures for intervention or redirection without utilizing restrictive procedures?
183(7)(i)	Records	Does the ISP, ISP Annual Update and ISP Revision include information regarding the assessment of the individual's potential to advance in vocational programming?
183(7)(ii)	Records	Does the ISP, ISP Annual Update and ISP Revision include information regarding the assessment of the individual's potential to advance in community involvement?
183(7)(iii)	Records	Does the ISP, ISP Annual Update and ISP Revision include information regarding the assessment of the individual's potential to advance in their vocational programming towards Competitive Community- Integrated Employment?

**PLAN TEAM PARTICIPATION**

184(a)	Records	Does documentation support that the Team Members identified, participated in the development of the ISP, ISP Annual Update and ISP Revisions?
		<b>Explanation:</b> Participation includes but is not limited to: Supporting, collecting and sharing of information with other team members related to the development, implementation and evaluation of

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
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the supports and services identified in the ISP,  
ISP Annual Update and ISP Revisions.

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
184(a)	(Cont'd)	<p>Attendance and participation in the ISP, ISP Annual Update, and ISP Revision meetings.</p> <p>Maintaining ongoing communication with the ISP Team members, including the Supports Coordinator/ Plan Lead to evaluate the effectiveness of the ISP and revise the ISP as needed to support the Outcomes identified in the ISP.</p> <p>Documentation to support this requirement could include the ISP sign-in sheet, and communications with the other team members relative to the plan meeting.</p> <p>Documentation should include communication with the Plan Lead/SC identifying the absence of Plan Team members required under this section.</p>
184(a)(1)(i)	Records	Does the documentation support that the Plan Team includes the individual?
184(a)(1)(ii)	Records Interview	<p>Does the documentation support that the Plan Team includes a Program Specialist or Family Living Specialist as applicable from each provider delivering a service to the individual?</p> <p><b>Explanation:</b> Every effort should be made for the identified Program Specialist/ Family Living Specialist to attend and participate in the ISP, ISP Annual Update, ISP revision meetings. In the event that the Program Specialist is unable to attend a specific ISP meeting, a proxy representative can be identified. The proxy representative must have the qualifications of a Program Specialist as specified in 2380.33(c).</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
184(a)(1)(ii)	(Cont'd)	To ensure effective development of the ISP, ISP Annual Update, or ISP Revision. The proxy representative should have similar or greater decision making authority within the licensed facility. Documentation should support the availability and review of relevant information with the proxy representative, so that he/she can properly represent the program.
184(a)(1)(iii)	Records	<p>Does the Plan Team include a Direct Service Worker that works with the individual?</p> <p><b>Explanation:</b> Every effort should be made for the identified Direct Service Workers who work with the individual to attend and participate in the ISP, ISP Annual Update, ISP revision meetings.</p>
184(a)(1)(iv)	Records	<p>Does the Plan Team include any other person the individual chooses to invite?</p> <p><b>Explanation:</b> Every effort should be made for any other person the individual chooses to invite to attend and participate in the ISP, ISP Annual Update, ISP revision meetings.</p>
184(2)(i)	Records Interview	<p>If the following people have a role in the individual's life, are they included as team members, as applicable?</p> <ul style="list-style-type: none"> <li>• Medical, nursing, behavior management, speech, occupational or physical therapy specialist.</li> <li>• Additional direct support workers who work with the individual from each provider delivering services to the individual.</li> </ul>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
184(2)(i)	(Cont'd)	<ul style="list-style-type: none"> <li>• The individual's parent, guardian, or advocate.</li> </ul> <p><b>Explanation:</b> While these roles are not required to participate in the team meetings, every effort should be made by the team to include and incorporate the knowledge and contributions these people have in supporting the individual and in the development of the ISP, ISP Annual Update &amp; ISP Revisions.</p>
184(b)	Records Interview	<p>Are at least 3 ISP team members, in addition to if the individual chooses to attend, present for the ISP, ISP Annual Update and ISP revision meetings?</p> <p><b>Explanation:</b> The Program Specialist for the program licensed under this chapter (as well as any Program Specialist from other programs the individual participates in that are licensed under Chapters 2380, 2390, 6400, &amp; 6500 should attend the ISP meetings. The individual can choose to invite others to attend the meeting. The individual may choose not to attend their ISP meetings.</p>
184(c)	Records	<p>Do the ISP team members who attend the ISP, ISP Annual Update and ISP Revision meetings sign and date the ISP signature sheet?</p> <p><b>Explanation:</b> Signature indicates attendance.</p>
185(a)	Records Interview	<p>Is there supporting documentation that the services identified in the ISP were implemented by the ISP's start date?</p> <p><b>Explanation:</b> The ISP may indicate that some services may not start until sometime after the ISP Start Date. In these cases, documentation should support that the service(s) were implemented by the start date of that specific service.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
185(b)	Records Interview	<p>Is the ISP implemented as written?</p> <p><b>Explanation:</b> Does the provider's documentation support that the services/ supports provided are in line with the services and supports identified in the ISP and within the service limits, as identified in the ISP? The provider is responsible for designing and implementing specific strategies, programs and/ or procedures to support the Outcome/Action Steps identified in the ISP. These strategies, programs and/ or procedures are not included in the ISP but should support the Outcome and action plans that are identified in the ISP and linked to the specific service(s). This supplementary information is necessary to ensure appropriate service delivery and should reflect the assessed needs, identified measures of progress, and service limits identified in the ISP. Documentation should be kept to track the progress/ effectiveness of these procedures in supporting the Outcome and action plan. Based on progress (or lack of progress), the provider is able to adapt the procedures as necessary to meet the needs of the individual and to improve success and/or request an ISP Review if an adjustment/ revision to the ISP may be needed.</p> <p>The role of the Licensing is to review the implementation procedures and documentation of the provider to ensure implementation and demonstrated progress related to the Outcome and action steps.</p>
186(a)	Records	<p>Are the services and supports provided to the individual, relative to the ISP Outcomes linked to services provided to the individual by the program licensed under this chapter reviewed at east every 3 months by the Program Specialist? Are additional reviews held when the individual's needs change,</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
186(a)	(Cont'd)	<p>impacting the services as specified in the current ISP are identified?</p> <p><b>Explanation:</b> Meetings with the entire team are not required to be held. The three Month period starts from the date of the last review, therefore 4 reviews over the course of one year is a minimum standard. The ISP Annual Update and ISP the Revision meeting may count as a review as long as it is documented that the entire ISP is reviewed.</p>
186(b)	Records	Is the ISP 3 month review signed by the Program Specialist and the individual?
186(c)(1)	Records	<p>Does each review include the monthly documentation of the individual's participation and progress during the prior 3 months toward ISP outcomes that are supported by the services provided by the provider licensed under this chapter?</p> <p><b>Explanation:</b> If progress is not noted for a significant period of time there should be documentation supporting either a revision to the method(s) used by the program to support the outcome and / or a recommendation to the SC/ Plan Lead if a revision or new outcome is needed for the ISP.</p>
186(c)(2)	Records	Does each review include a review of each section of the ISP specific to the facility licensed under this chapter?
186(c)(3)	Records	Is there documentation of change in need, if applicable?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
186(c)(4)(i)	(Cont'd)	Is there supporting documentation that the Program Specialist made recommendations to the Supports Coordinator/ Plan Lead regarding the deletion of an Outcome or service, when needed?
186(c)(4)(ii)	Records	Is there supporting documentation that the Program Specialist made recommendations to the Supports Coordinator/ Plan Lead regarding the addition of an Outcome or service, when needed?
186(c)(4)(iii)	Records	Is there supporting documentation that the Program Specialist made recommendations to the Supports Coordinator/ Plan Lead regarding the modification of an Outcome or service, when needed?
186(c)(5)	Records	Is there documentation to support that when the Program Specialist recommends a revision of a service or outcome that a revised assessment was completed?  <b>Explanation:</b> This is not a requirement to complete an entire new assessment, but to review and revise (as appropriate) the existing assessments as required under 2380.181(b).
186(d)	Records	Is there documentation to support that the Program Specialist provided the ISP Review documentation and recommendations, if applicable to the SC/Plan Lead and Plan Team members within 30 days of the ISP Review meeting?  <b>Explanation:</b> The documentation provided

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
186(d)	(cont'd)	can be a summary of the data and information reviewed. If a recommendation to revise a service or outcome is made, the review information should support the recommendation.
186(e)	Records	<p>Is there documentation to support that the Program Specialist notified the Plan Team members of the option to decline the ISP Review documentation?</p> <p><b>Explanation:</b> The Supports Coordinator/ Plan Lead cannot decline the ISP Review Documentation. A documented declination of The ISP Review Documentation remains in effect until/ unless the team member subsequently requests the ISP Review Documentation.</p>
186(f)	Records	<p>Is the Program Specialist acting as the Plan Lead? Was there a recommendation to revise a service or outcome in the ISP made? If yes to both, did the Program Specialist, acting as the Plan Lead send an invitation for an ISP Revision Meeting to the Plan team, within 30 days of receipt of that recommendation?</p> <p><b>Explanation:</b> The requirement only applies when the Program Specialist is acting as the Plan Lead as defined in § 2380.182(B) AND (C), 2390.152(B) AND (C), 6400.182(B) AND (C), 6500.152(B) AND (C).</p>
186(g)	Records	Does the documentation support that the revised service or outcome in the ISP was implemented by the Outcome start date and as written?
187	Records	Is the Program Specialist acting as the Plan Lead? Is there documentation to support that

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
187	(Cont'd)	<p>the Program Specialist, acting as the Plan Lead, provided a copy of the ISP, including signature sheet, to the team members within 30 days after the ISP, ISP Annual Update and ISP Revision meetings?</p> <p><b>Explanation:</b> The requirement applies when the Program Specialist is acting as the Plan Lead as defined in §§ 2380.182(B) AND (C) 2390.152(B) AND (C), 6400.182(B) AND (C), 6500.152(B) AND (C). If the Program Specialist is not the Plan Lead and the ISP was not distributed within the 30 calendar days, documentation supporting the attempts of the Program Specialist to obtain a copy from the Plan Lead/SC should be reviewed.</p>
188(a)	Records	<p>Does documentation support that the facility provides opportunities and support to the individual for the acquisition, maintenance or improvement of functions skills, personal needs, communication and personal adjustment?</p>
188(b)	Records	<p>Does documentation support that the facility provides opportunities and support to the individual for participation in community life, including volunteer or civic-minded opportunities and membership in national or local organizations?</p> <p><b>Explanation:</b> The provider under this chapter would be expected to provide and document how they support and encourage the individual to participate and interact as part of the community, not just attend a community activity. Use of community volunteers and family participation as supports is encouraged. Activities need not specify a precise schedule or frequency. This is not intended to be a requirement for a specific outcome targeted to</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
188(b)	(Cont'd)	community integration, and should not be a substitute for activities facilitated by the adult training facility, but that the supports and services provided through the ISP by all ODP programs include and incorporate support and encouragement for the individual to more fully participate in their community.
188(c)	Records	<p>Does the facility provide services as specified in the ISP?</p> <p><b>Explanation:</b> Does the provider's documentation support that the services/supports provided are in line with the services/supports identified in the ISP and within the service limits, as identified in the ISP?</p> <p>The provider is responsible for designing and implementing specific strategies, programs and/or procedures to support the Outcome/Action Steps identified in the ISP. These strategies, programs and/or procedures are not included in the ISP but should support the Outcome and action steps that are identified in the ISP and linked to the specific service(s). This supplementary information is necessary to ensure appropriate service delivery and should reflect the assessed needs, identified measures of progress, and service limits identified in the ISP. Documentation should be kept to track the progress/ effectiveness of these procedures in supporting the Outcome and action steps. Based on progress (or lack of progress), the provider is able to adapt the procedures as necessary to meet the needs of the individual and to improve success and/or request an ISP Review if an adjustment/ revision to the ISP may be needed. A non-compliance in this area should be recorded in 2380.185(B).</p>

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<b>REGULATION NUMBER</b>	<b>INSPECTION SOURCE</b>	<b>REGULATION</b>
188(d)	Records	Does the adult training facility provide services that are age and functionally appropriate to individual?

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