

**Licensing
Inspection Instrument**

For Family Living Homes

For Individuals with

Mental Retardation Regulations

CHAPTER 6500

**OFFICE OF DEVELOPMENTAL PROGRAMS
DEPARTMENT OF PUBLIC WELFARE
COMMONWEALTH OF PENNSYLVANIA**

(Last Modified July 12, 2011)

This Licensing Inspection Instrument (LII) is a series of Questions designed to measure compliance with Pennsylvania's Family Living Homes for Individuals with Mental Retardation Licensing Regulations (Title 55, Chapter 6500).

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 home. 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 if practical.

RECORDING

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

1. If the home is in compliance with the instrument item, circle the “C” on the scoresheet next to the corresponding instrument item in blue or black ink.
2. If the home is not in compliance with the instrument item, circle the number on the scoresheet next to the corresponding item in blue or black ink.
3. If the instrument item is not applicable to the home being inspected (e.g. number 109, no fireplace), draw a line through the entire item on the 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 by 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 item number items.

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

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. 73 (a) – 2 handrails; 107(a) – 2 smoke detectors missing), 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. 121 and 182 – physical exam), the non-compliance area should be cited only once on the scoresheet and L.I.S. The most appropriate citation should be selected. It is possible that more than one non-compliance may be cited.

9. Mark any 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 recommendation.

NEW HOME

If the home 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.

PROVISIONAL INSPECTION

Record the results of a Provisional inspection on a new scoresheet. If a partial inspection is done, record only those items measured.

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. 103, 105 (b), 106 (b), etc.), 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.

“Semi-annually” as used in 122 (a) means once every 6 months. Compliance should be determined according to the preceding instructions, allowing an automatic 15 day flex or grace period.

A 15 day flex or grace period will automatically allowed for 156 (a) relating to 3 month ISP reviews and (132) relating to staff physical examination.

These special instructions are not applicable to 46 regarding staff training.

LICENSING EXEMPTIONS

In accordance with 55 Pa. Code Ch 6500, 6500.3(f), the Family Living Homes regulations do not apply to the following:

- (1) Private homes of persons providing care to a relative with mental retardation.
- (2) A community home for individuals with mental retardation licensed by the Department in accordance with Chapter 6400 (relating to community homes for individuals with mental retardation).
- (3) Foster family care homes licensed by the Office of Children, Youth and Families of the Department that serve only foster care children.
- (4) A home serving exclusively personal care home, drug and alcohol, mental health or domiciliary care residents.
- (5) A home providing room and board for one or more people with mental retardation who are 18 years of age or older and who need a yearly average of 30 hours or less direct training and assistance per week per home, from the agency, the county mental retardation program or the family.

Explanation: For purposes of clarifying 6500.3 (f) (5), “direct staff training and assistance” includes any training, assistance, or supervision provided by any family member or agency staff. The 30 hours is counted as clock hours and not person hours. (For example; if 2 individuals receive training together for 30 minutes, this counts as 30 minutes and not 1 hour..

“Direct training and assistance” includes the following:

- All sleeping and awake hours the individual is in the home during which time the individual cannot evacuate without physical/verbal prompts or assistance during a fire drill. If an individual needs verbal/physical prompts or assistance only while sleeping, only the sleeping hours count as hours of “direct training and assistance” (Although this would also most likely be at least 42 hours- e.g., 6 hours x 7 nights). Therefore if any one individual is not able to evacuate the home during a fire drill without physical/verbal assistance, the home must be licensed.

- All hours the individual is present in the home during which the individual needs supervision and cannot be left alone in the home for safety and protection reasons. Therefore, if an individual cannot ever be left alone in the home or if 24 hour or overnight supervision is required, the home must be licensed.

- All hours of assistance provided to an individual in daily activities such as bathing, dressing, dental, hygiene, eating, etc. where such assistance is required because of his/her mental retardation. (NOTE: Hours spent providing personal care where personal care is required for individuals because of physical disability, and not staff supervision is necessary, are not included.)

- All hours of planned training and teaching of individuals by the home, agency, and county MR program staff.

“Direct training and assistance” does not include the following:

- Companionship time or family activities during which there is no planned training for the individual, during which time no supervision is needed.
- Hours of training or teaching an individual how to use public transportation.
- Time involved for the family or agency to provide transportation to and from activities.
- Special therapy provided by outside consultants, whether provided in or outside the home.

Assessment process:

- (a) Ask providers to make a self- assessment of any homes they believe are exempt.
- (b) Ask provider for detailed written verification/documentation of the reason for the exemption for each home.
- (c) If a provider submits exemption documentation, ask follow-up questions about: the amount of supervision each individual needs and receives, whether each individual understands emergency procedures, whether each individual has basic safety skills in the home, whether each individual evacuates in all fire drills with or without verbal/physical assistance from others, and the individual’s need for assistance in daily activities.
- (d) For new homes, if 30 hours or less is reasonably anticipated as an average during the upcoming year, a license is not required.
- (e) For existing homes, review information from the previous 12 months to assess the exemption. If individuals in the home have changed during the previous 12 months, review data based only on the amount of time the current individuals have lived in the home to assess for the exemption (e.g., if only 1 month , look at data for 1 month to assess 30 hours or less per week on average over 1 month period.

The criteria for what is included as “direct training and assistance”, listed under (5) on page 4, apply only if the yearly average of 30 hours is exceeded.

- (f) Each year upon license, renewal, homes should be reassessed based upon these criteria. Homes should also be reassessed based upon these criteria at any time during the license period as questions arise.

(6) A home providing 90 or fewer calendar days of respite care per calendar year.

Explanation: Calendar year means January 1st to December 31st. Days include calendar days and not “person” days (e.g. if 2 individuals are receiving respite care on the same calendar day, this counts as 1 day).

This exemption applies if only respite care is provided. This exemption is based upon the family’s intent to provider 90 days or fewer of respite care. If the family intends to provide more than 90 days per calendar year, the regulations apply prior to providing services. If the family does not intend to provide more than 90 days but the 90 day limit is exceeded in one calendar year, the regulations apply as soon as the limit is exceeded.

After a home provides 90 days of respite care, the home must be licensed prior to continuing to provide respite care. Notice should be given to the Regional Licensing Administrator from the provider at least 2 months prior to the expectation that the 90 day limit will be exceeded (e.g. after 75 days respite provided and use of home for respite is expected to continue).

All respite care provided to individuals with mental retardation is counted, including independent arrangements as well as care provided through an agency. Respite care provided to older Pennsylvanians, foster children, and individuals with mental illness is not counted.

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**FAMILY LIVING HOMES
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
11	Site Records	<p>Is the home in violation with any requirements specified in CH.20?</p> <p>Explanation: Ch 20 regulations are the Department’s Licensure and Approval of Facilities and Agencies regulations. Record as non-compliance 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>
14	Site Records	<p>Has the home exceeded its maximum licensed capacity as specified on the certificate of compliance since the previous annual licensing inspection?</p>
16	Records	<p>Does the home have a valid fire safety occupancy permit from the Department of Labor and Industry, the Department of Health, the local Department of Public Safety in Pittsburgh, the local Department of Licensing and Inspection in Philadelphia, or the Department of Community Development in Scranton?</p> <p>Explanation: <u>All homes except those located in Scranton, Pittsburgh, or Philadelphia:</u></p> <ol style="list-style-type: none"> 1. If the home is located in a multiple family dwelling there must be a C-2 or C-4 Certificate of Occupancy applicable for the entire building. 2. If the home is located above or below another business (e.g. garage, bakery, retail store), but the home is owned and occupied by the family living home, no Certificate of Occupancy is required for the family living home. 3. The type of occupancy required by the Department of Labor and Industry is defined by use and not by structure. If a portion of a building is unoccupied (e.g. one story of a two story multiple family dwelling) the unoccupied portion does not fall under the jurisdiction of Labor and Industry.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
16	(Cont'd)	<p>Therefore, if one story of a two story apartment building is unoccupied, no C-2 Certificate of Occupancy is required. However, a C-2 is required <u>prior to</u> occupancy of the other story.</p> <p>4. If a family living home is located in a multiple family dwelling in which the family the entire building, no certificate of occupancy required for the family living home itself. If there are vertically stacked apartments in the building that the family rents out, or another business such as a store in the building, C-2 or D-O occupancy certificates are required for those other portions of the building. However, Labor and Industry has no jurisdiction in the owner occupied private home. Therefore, for purposes of DPW licensing, a C-2 is not required for the owner occupied private homes, even though other parts of the building may require certificates of occupancy.</p> <p>5. C-2 and C-4 occupancies are inspected and approved by the Department of Labor and Industry.</p> <p>6. If the home is not located in a multiple family dwelling, no Certificate of Occupancy is required.</p> <p>7. Only the actual Fire Safety Occupancy Permit is acceptable. A letter of final approval from the Department of Labor and Industry is acceptable instead of an occupancy permit it issued prior to 1980. Inspection reports are not acceptable.</p> <p>MULTIPLE FAMILY DWELLING: a building in which 2 or more living units are vertically stacked. A horizontal row of row houses, townhouses, or single-story apartments is not considered a multiple family dwelling. A duplex in which the living units are located side by side is not considered a multiple family dwelling, unless the living units have a common basement with no separation between the two living units. If there are only 2 vertically stacked living units and one is occupied by the owner as the owner's</p>

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16	(Cont'd)	principal residence, the building is not considered a multiple family dwelling.
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**ACCEPTABLE DOCUMENTATION OF
FIRE SAFETY OCCUPANCY PERMIT:**

- C-2 AND C-4 OCCUPANCIES

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.

- C-2 and C-4 occupancy permits are signed and issued by the Department of Labor and Industry, Bureau of Occupational and Industrial Safety field inspector at the time of or shortly following the final inspection.

**HOMES 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 building.

- 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

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16	(Cont'd)	<p>city of Scranton are responsible for fire safety inspections and requirements in these 3 cities.</p> <p>- The Regional OMI 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.</p> <p>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, Health or local fire safety' departments in Scranton, Pittsburgh, and Philadelphia) in writing of the suspected problem or concern.</p>
17(a)	Records	If an agency is the legal entity for the home, did the agency complete a self-assessment of each home the agency is licensed to operate within 3 to 6 months prior to the expiration date of the agency's certificate of compliance, to measure and record compliance with these regulations?
17(b)	Records	Did the agency use the Departments licensing inspection instrument for the family living homes regulations to measure and record compliance?
17(c)	Records	Is a copy of the agency's self-assessment results and a written summary of corrections made kept for at least 1 year after the self assessment was completed?
18	Site Records Interview	<p>Has there been any abuse of any individual since the previous annual licensing inspection, for which appropriate corrective action was not taken?</p> <p>Explanation: Abuse is any act or omission of an act that willfully deprives an individual of rights or human</p>

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18	(Cont'd)	<p>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 family member or agency staff person and an individual.</p> <p>- Restraining an individual without following the requirements in these regulations; financial exploitation of an individual; humiliating an individual; or withholding regularly scheduled meals.</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, including an RN or LPN, are considered abuse.</p> <p>If the abuse is widespread throughout the agency or home, if there are many cases of abuse, or if the abuse is very serious 18 should be cited. If there is a one time, less serious, isolated incident of abuse, 33(a) should be cited.</p> <p>If an agency requires an individual to pay for items covered as part of room and board charges under CH. 62.00, titled "Room 'and Board Charges", or covered by a county contract, a private contract, or an out-of-state contract, this is a violation of 18/33(a). This is abuse under the definition of abuse as financial exploitation of an individual".</p> <p>If an individual is not covered by the Room and Board regulations (e.g. out-of-state, private pay) the agency is free to make whatever payment contract both parties agree to. However, the agency must adhere to the contract.</p> <p>"Financial exploitation" includes any situation in which the individual is required to pay for</p>

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18	(Cont'd)	<p>the same item/service twice.</p> <p>Examples of items covered as part of Room and Board Charges under CH. 6200:</p> <ul style="list-style-type: none"> - Utility costs, including trash removal - Furniture - Linens (blankets, towels, washcloths, sheets, pillowcases) - Lawn and housekeeping service, including snow removal - Cleaning, laundry, and other household supplies, including laundry of linens and laundry supplies for laundry of linens - Basic telephone services - Special telephone services such as call waiting if installed for benefit of the family - Food choice items (within reasonable household budget limits) - Special dietary supplements necessary for the individual's basic health and nutrition - Going out to dinner at family's request or for convenience <p>Note: The items listed as examples covered by room and board charges are also eligible for reimbursement under CH. 4300, titled "County Mental Health and Mental Retardation Fiscal Manual".</p> <p>Other expenses such as pharmaceutical items, laundry supplies and services for individual's personal clothing, diapers, adult bladder control protection, summer camp, etc. are not covered by room and board charges but may be eligible for reimbursement under CH. 4300.</p> <p>If an individual is required to purchase an item used for the benefit of the household, this is financial exploitation. An individual may voluntarily make purchases separately or jointly with other persons for items which benefit the household. Ownership or partial ownership of the items purchased by an individual remains with the individual.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
18	(Cont'd)	<p>Providers are not required to pay the individual's co-payment amounts for prescription drugs and medical/dental services. Individuals are responsible for co-payment amounts unless the provider chooses to pay the co-payment or the pharmacy/hospital waives the co-payment. If the provider charges the individual a handling fee for handling individual accounts, it is a violation of 18.</p> <p>If the provider does not help the individual apply for a Medical Assistance card and then individual must pay his/her own medical expenses, this is financial exploitation under 18.</p> <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 scoresheet and later withdraw the non-compliance if abuse is either unfounded or if appropriate corrective action was taken.</p>
19	Site Records Interview	Does the home or agency immediately report any abuse or suspected abuse of an individual 17 years of age or younger to Child Line?
20(b)	Records	<p>Are written policies and procedures on the prevention, reporting, investigation and management of unusual incidents kept?</p> <p>Explanation: An unusual incident is abuse or suspected abuse of an individual; injury,</p>

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20(b)	(Cont'd)	<p>trauma or illness of an individual requiring inpatient hospitalization; suicide attempt by an individual; violation or alleged violation of an individual's rights; an individual who is missing for more than 24 hours or who could be in jeopardy if missing at all; alleged misuse or, misuse of individual funds or property; outbreak of a Pa. Code 527.2 (relating to reportable diseases); and an incident requiring the services of a fire department or law enforcement agency.</p> <p>"Requiring inpatient hospitalization" applies to injury, trauma, and 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. Outbreak means more individuals at the home have contracted the same disease since moving into the home. Identification of individuals by name is not required.</p> <p>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).</p>

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

AIDS (Acquired Immune Deficiency Syndrome).	Hepatitis, viral, including Type A and Type B.	Rabies.
Amebiasis.	Histoplasmosis.	Reye's syndrome.
Animal bite.	Kawasaki disease	Rickettsial diseases
Anthrax.	Legionnaires' disease	Rocky Mountain Spotted Fever.
Botulism.	Leptospirosis	Rubella (German Measles) and congenital rubella syndrome.
Brucellosis	Lyme disease	Salmonellosis
Campylobacteriosis.	Lymphogranuloma venereum.	Shigellosis.
Cancer.	Malaria.	Syphilis--all stages.
Cholera.	Measles.	Tetanus
Diphtheria.	Meningitis--all types	Toxic shock syndrome
Encephalitis.	Meningococcal disease	Toxoplasmosis
Food poisoning	Mumps	Trichinosis
Giardiasis.	Pertussis	Tuberculosis--all forms
Gonococcal infections	(whooping cough).	Tularemia
Guillain-Barre syndrome	Plague	Typhoid.
Haemophilus influenzae type b/disease	Poliomyelitis	Yellow Fever.
Hepatitis non-A non-B.	Psittacosis (Ornithosis)	

20(c)	Records	Does the home or agency orally notify the county Mental retardation program of the county in which the home is located, the funding agency, if applicable, and the appropriate Regional Office of Mental Retardation, 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?
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Explanation: Notification by FAX is acceptable in place of oral notification.

Allegations of abuse or other unusual incidents received by a licensed facility must be reported in accordance with the procedures in the regulations, regardless of the location of the

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
20(c)	(Cont'd)	<p>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.). 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>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 incidents be recorded' immediately and forwarded to appropriate authorities for investigation.</p> <p>It is recommended, but not required, that the home receiving the initial allegation:</p> <ol style="list-style-type: none"> 1. If appropriate, report the allegation to the licensed facility where the alleged abuse/unusual incident occurred. 2. Follow-up with the County Office or Regional Office to be certain the alleged abuse/unusual incident was received and properly investigated.
20(d)	Records Interview	<p>Does the home or agency initiate an investigation of the unusual incident and complete and send copies of an unusual incident report on a form specified by the Department to the county mental retardation program of the county in which the home is located, the funding agency if applicable, and the appropriate Regional Office of Mental Retardation, within 72 hours after an unusual incident occurs?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
20(d)	(Cont'd)	<p>Explanation: This written report is required for all unusual incidents, including those reported orally in 20 (c). DPW Form MR 8-7/88 must be used to report unusual incidents. No other form is acceptable. The home or agency may use a computerized replica of DPW Form 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> <p>If an individual is admitted to a hospital for surgery, and is readmitted a few day later due to medical complications related to the surgery, one unusual incident report with an amendment or addendum can be completed.</p> <p>If a report of abuse involves a child, and child line is notified, the provider must still conduct an investigation. Any investigation procedures specified by child line should be followed.</p>
20 (e)	Records Interview	<p>Does the home or agency send a copy of the final unusual incident report to the county mental retardation program of the county in which the home is located, the funding agency and the appropriate Regional Office of Mental Retardation, at the conclusion of the investigation?</p> <p>Explanation: The final report is not required if the written report specified in 20(d) is marked "final report".</p> <p>The final report must be on DPW Form Hi 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.</p>

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20 (f)	Records	<p>Is a copy of each unusual incident report relating to an individual kept in the individual's record?</p> <p>Explanation: 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 182(c)(2). If there is noncompliance, cite 20(f), not 182(c)(2).</p>
20(g)	Records	<p>Are copies of unusual incident reports relating to the home itself, such as those requiring the services of a fire department, kept?</p>
20(h)	Records Interview	<p>Is the individual's family or guardian immediately notified in the event of an unusual incident relating to the individual, if appropriate?</p> <p>Explanation: Oral or written notification is acceptable.</p>
21(a)	Records Interview	<p>Does the home or agency complete and send copies of a death report on form specified by the Department to the county mental retardation program of the county in which the home is located, the funding agency, and the Regional Office of Mental Retardation, within 24 hour after a death of an individual occurs?</p> <p>Explanation: DPW Form MR 8A-7/88 must be used to report deaths. No other form is acceptable. The home or agency may use a computerized replica of DPW Form MR 8A-7/88 if it is an exact duplication (same data content, location of data, headings, spacing, etc.). An attachment to the form or back of the form may be used for additional information.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
21(b)	Records	<p>Does the home or agency investigate and orally notify the county mental retardation program of the county in which the home is located, the funding agency and the appropriate Regional Office of Mental Retardation, within 24 hours after an unusual or unexpected death occurs?</p> <p>Explanation: For purposes of 21 (b), an unusual or unexpected death is one that does not have a progressive degenerative terminal nature. Notification by FAX is acceptable in place of oral notification</p>
21(c)	Records	Is a copy of 'the death report kept?
21(d)	Records Interview	Is the individual's family or guardian immediately notified in the event of a death of an individual?
22	Records	<p>Does the home maintain a record of individual illnesses, seizures, acute emotional traumas and accidents requiring medical attention but not inpatient hospitalization, that occur at the home?</p> <p>Explanation: "Requiring medical attention but not inpatient hospitalization" applies only to accidents Individual incident reports or ongoing incident logs or records are acceptable. Separate records for each individual are not required.</p>
23(a)	Records	<p>Is an application for a Pennsylvania criminal history record check submitted to the State Police for persons 18 years of age or older who reside in the home, prior to an individual living or receiving respite care in the home?</p> <p>EXPLANATION: This is applicable for persons who begin residing in the home after November 8, 1991.</p> <p>Family members who were living in a licensed family living home prior to November 8, 1991 do not need criminal history checks.</p>

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23(a)	(Cont'd)	<p>This does apply to college students even if they are only home during the summer.</p> <p>This requirement also applies for any person over 17 years of age who moves into the home and any person who reaches the age of 18 years, after the individual lives in the home.</p> <p>An FBI check may not be substituted for a State Police check.</p> <p>The home or agency should keep a record of the dates applications were submitted, in order to verify compliance.</p> <p>For additional guidance, see OMR Bulletin #00-88-07, issued 6/24/88, titled "Obtaining Criminal Clearances on Prospective Employees".</p>
23(b)	Records	<p>If a person 18 years of age or older who resides in the home is not a Pennsylvania resident, is an application for a Federal Bureau of Investigation (FBI) criminal history record check submitted to the FBI in addition to the Pennsylvania criminal history record check prior to an individual living or receiving respite care in the home?</p> <p>Explanation: This is applicable for persons who begin living in the home after November 8, 1991.</p> <p>This applies only if the home is not the person's primary residence and their primary living address are out-of-state.</p> <p>This requirement also applies for any person over 17 years of age who moves into the home and any person who reaches the age of 18 years, after the individual lives in the home.</p> <p>The home or agency should keep a record of the dates applications were submitted, in order to verify compliance.</p>

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23(d)	Records	Were the Pennsylvania and FBI criminal history record checks completed no more than 1 year prior to an individual living or receiving respite care in the home?
23(e)	Records	Are copies of the final reports received from the State Police and the FBI, if applicable, kept?
23(f)	Records	<p>If the home serves primarily individuals who are 17 years of age or younger, is the home in compliance with The Child Protective Services Law (11 P.s. §§2201-2224)?</p> <p>Explanation: The Child Protective Services Law applies if more than 50% of the individuals living in the home are 17 years of age or younger. For specific requirements regarding The Child Protective Services Law (Act 33 of 1985 and Act 80 of 1987) refers to the Licensing Policy and Procedure Manual, p. 45 and OHI Bulletin #600088-02 titled "Mandatory Child Abuse and Criminal History Clearances" issued on May 31, 1988</p>
24(a)	Records	<p>Is there a written policy that establishes procedures for the protection and adequate accounting of individual funds and property and for advising the individual concerning the use of funds and property?</p> <p>Explanation: As a guideline, refer to OHR Bulletin #6000-88-08 titled "Administration and Management of Client Funds issued October 5, 1988.</p>
24(b)	Records	Does the policy prohibit or interfere with the individual's right to manage his or her own finances?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
24(c)	Records Interview	<p>Are the individual's funds and property used solely for the individual's benefit?</p> <p>Explanation: If the individual's money is kept in an account with other individual's monies, and the account is interest bearing, the amount of interest earned must be prorated according to each individual's balance.</p> <p>An item, (television, VCR, exercise equipment, etc.) purchased by an individual may be used jointly by other individuals or family members if the individual chooses to share. However, if there is reason to suspect that the individual was asked to purchase the item for everyone or if the individual purchased the item for his/her own use but it is shared without consent of the individual, this may be a violation of 22c. Each situation must be evaluated individually based on the individual's choice.</p>
24(d)(1)	Records	<p>Is there an up to date financial and property record for each individual that includes personal possessions and funds received by or deposited with the family or agency?</p> <p>Explanation: Only the record of receipt of individual personal possessions exceeding \$15 that the agency or family receives or purchases on behalf of the individual must be kept. Record of funds of any amount on behalf of an individual must be kept. No inventory of possessions is required. Only the receipt of possessions and funds must be recorded. Homes do not need to keep ongoing personal property inventories. Only a record as things are received is required.</p> <p>This applies whenever the agency or family receives funds or property on behalf of the individual. It does not apply if an item/cash is given directly to the individual or purchased by the individual.</p> <p>Up-to-date means kept current; as possessions and funds are received, the record must be amended.</p>

**FAMILY LIVING HOMES
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
24(d)(1)	(Cont'd)	Records should be amended the same day of, or next weekday following, receipt.
24(d)(2)	Records	<p>Is there an up-to-date financial and property record for each individual that includes disbursements made to or for the individual?</p> <p>Explanation: This includes disbursements of any amount. Cash of any amount given to an individual or used to purchase items for the individual must be recorded.</p>
24(e)(1)	Records	If the agency or family assumes the responsibility for maintaining an individual's financial resources, there a separate record of financial resources including the dates and amounts of deposits and withdrawals?
24(e)(2)	Records	<p>Explanation: The agency or home must also keep a separate record of balances and interest earned. If the agency or family assumes the responsibility for maintaining an individual's financial resources and money is given directly to an individual from a withdrawal, is there a record indicating that funds were given directly to the individual?</p>
24(e)(3)	Records	If the agency or family assumes the responsibility for maintaining an individual's financial resources, is there documentation, by actual receipt or expense record of each single purchase exceeding \$15.00 made on behalf of the individual carried out by family members or agency staff?
24(f)	Records	<p>Is there any co-mingling of the individual's personal funds with agency or household funds?</p> <p>Explanation: The individual's funds may not be kept in a bank account with agency or family funds. The regulation however does not require separate bank accounts for each individual. If one account</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
24(f)	(Cont'd)	for all individuals is maintained, separate records of deposits, withdrawals, and interest earned must be kept.
24(g)	Records Interview	Is there any borrowing of the individual's personal funds by family members or agency staff?

INDIVIDUAL RIGHTS

31(a)	Interview	Is each individual, or the individual's parent guardian or advocate, if appropriate, informed of the individual's rights upon admission and annually thereafter?
31(b)	Records	<p>Are there statements signed and dated by the individual, or he individual's parent, guardian or advocate if appropriate, acknowledging receipt of the information on rights upon admission and annually thereafter?</p> <p>Explanation: Any refusals to sign should be documented. If there is documented refusal, this is not non-compliance.</p>
31(c)	Interview Records	<p>Is each individual encouraged to exercise his or her rights?</p> <p>Explanation: The home must actively encourage the exercise of an individual's rights. The specific right or rights that are not actively encouraged should be specified on the LIS as explanation of the non-compliance with 31(c).</p>
32	Interview Records Site	Is any individual ever deprived of his or her rights?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
32	(Cont'd)	<p>Explanation: Record as non-compliance if you observe a violation of any rights for any individual. Comment in detail on your observation and note which right has been violated on the comment page of the scoresheet.</p>
33(a)	Interview Records Site	<p>Is any individual ever neglected, abused mistreated abused or subjected to corporal punishment?</p> <p>Explanation: Refer to 18 for the definition of abuse. If the abuse is widespread throughout the home or agency, if there are many cases of abuse, or if the abuse is very serious, 18 should be cited. If there is a one time, less serious, isolated incident of abuse, 33(a) should be cited.</p> <p>If an agency requires an individual to pay for items covered as part of room and board charges under CU 6200 or covered by a private contract or an out-of-state contract, this is a violation of 18/33(a). This is abuse under the definition of abuse as "financial exploitation of an individual". If an individual is not covered by the Room & Board regulations (e.g. out of state, private pay) the agency is free to make whatever payment contract both parties agree to.</p> <p>However, the agency must adhere to the contract. Financial exploitation" includes any situation in which the individual is required to pay for the same item/service twice. Refer to 18 for specific examples of items covered as part of Room and Board charges under CD. 6200.</p> <p>Providers are not required to pay the individual's co-payment amounts for prescription drugs and medical/dental services individuals are responsible for co-payment amounts unless the provider chooses to pay the co-payment or the pharmacy/hospital waives the co payment.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
33(a)	(Cont'd)	If the provider charges the individual a handling fee for handling individual accounts, it is a violation of 33a. If the provider does not help the individual apply for a Medical Assistance card and then individual must pay his/her own medical expenses, this is financial exploitation under 33a.
33(b)	Interview Records Site	Is any individual ever required to participate in research projects?
33(c)	Interview Records Site	<p>Is each individual given the right to manage his or her personal financial affairs?</p> <p>Explanation: This regulation does not apply if the courts have appointed a guardian to manage the individual's finances. However, the provider should be encouraged to advocate for the best interests.</p> <p>The right to manage funds cannot be restricted even in accordance with a restrictive procedure plan. Agencies-homes have greater leeway to set limits for children vs. adults (e.g. limit setting, curfew, telephone hours, visitors, etc.), as long as they are age appropriate and "normal limit setting rules (e.g. homework before talking on telephone; bedtime of 10 :00 for 12 year old, etc.). No restrictive procedure plan is required.</p> <p><u>The rules must be appropriate to the age and individual needs of each child.</u></p>
33(d)	Interview Records Site	Is each individual given the right to participate in program planning that affects himself or herself?
33(e)	Interview Site	Does each individual have privacy in bedrooms, bathrooms and during personal care?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
33(e)	(Cont'd)	<p>Explanation: Privacy includes honoring male or female preferences for assistance during personal care, if the individual has communicated a preference for purposes of privacy and dignity.</p> <p>This does not apply to medical care provided by licensed or certified medical personnel.</p> <p>This does not address preferences of the individual's family.</p>

33(f)	Interview Records Site	<p>Is each individual given the right to receive, purchase, have, and use personal property?</p> <p>Explanation: If agencies prohibit adults from drinking alcohol or having pets these are violations of the individual's property right, unless there is documentation that the individual is not responsible for alcohol consumption or is unable to care for pet. Agency-wide prohibitions are a violation of 33(f). Apartment-wide landlord prohibitions against pets are not a violation of 33(f).</p> <p>Agencies or families may prohibit smoking in the home, as long as smoking outside of the home is permitted.</p> <p>Agencies/homes have greater leeway to set limits for children vs. adults (e.g. limit setting, curfew, telephone hours, visitors, etc.), as long as they are age appropriate and "normal" limit setting rules (e.g. homework before talking on telephone; bedtime of 10:00 for 12 year old, etc.). No restrictive procedure plan is required.</p>
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The rules must be appropriate to the age and individual needs of each child.

33(g)	Interview Site	Is each individual given the right to receive scheduled and unscheduled visitors, communicate, associate and meet privately with their families and persons of their choice?
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
33(g)	(Cont'd)	<p>In circumstances in which the individual's health or safety may be at risk, association may be monitored or denied if done in accordance with 162-176.</p> <p>Agencies/homes have greater leeway to set limits for children vs. adults (e.g. limit setting, curfew, telephone hours, visitors, etc.), as long as they are <u>age appropriate</u> and "normal" limit setting rules (e.g. homework before talking on telephone; bedtime of 10:00 for 12 year old, etc.). No restrictive procedure plan is required.</p>

The rules must be appropriate to the age and individual needs of each child.

33(h)	Interview Site	<p>Is each individual given the right to reasonable access to a telephone and the opportunity to receive and make private calls, with assistance when necessary?</p> <p>Explanation: Access to long-distance calls may not be restricted unless it is done as part of a restrictive procedure plan in accordance with 195. Access to "900" calls is not required as a "right" in accordance with 33(h).</p> <p>Calling cards for all individuals are not acceptable in place of regular long distance phone service.</p> <p>Agencies/homes have greater leeway to set limits for children vs. adults (e.g. limit setting, curfew, telephone hours, visitors, etc.), as long as they are <u>age appropriate</u> and "normal" limit setting rules (e.g. homework before talking on telephone; bedtime of 10:00 for 12 year old, etc.). No restrictive procedure plan is required.</p>
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The rules must be appropriate to the age and individual needs of each child.

33(i)	Interview Site	Is each individual given the right to unrestricted mailing privileges?
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
33(j)	Interview Records Site	Is each individual of voting age informed of his or her rights to vote and if necessary assisted to register and vote in elections?
33(k)	Interview	Is each individual give the right to practice the religion or faith of his or her choice? Explanation: The right not to practice religion must also be provided.
33(l)	Interview Records Site	Is each individual given the right to be free from excessive medication?
33(m)	Interview Records Site	Is any individual ever required to work at the home except for the upkeep of his or her bedroom and share in the upkeep of family areas and yards?
34(a)	Interview Records Site	Is any individual ever discriminated against because of race color, religious creed, disability, handicap, ancestry, national origin, age, or sex? Explanation: 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. 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.
34(b)	Records Interview Site	Does the home or agency have and implement civil rights policies and procedures?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
34(b)(1)	Records	<p>Do the civil rights policies and procedures include non-discrimination in the provision of services, admissions, placement, use of the home, referrals and communication with non-English speaking and non-verbal individuals?</p> <p>Explanation: If the home 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 34(b)(1).</p> <p>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>
34(b)(2)	Records	Do the civil rights policies and procedures include physical accessibility and accommodations for individuals with physical disabilities?
34(b)(3)	Records	Do the civil rights policies and procedures include the opportunity to lodge civil rights complaints?
34(b)(4)	Records	Do the civil rights policies and procedures include the policy to inform individuals of their right to register civil rights complaints?
STAFFING		
42(a)	Records Interview	If an agency is the legal entity administering the home is there a chief executive officer responsible for the family living program or agency?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
42(a)	(Cont'd)	Explanation: A written job description is not required for licensing purposes. If a job description is available it should be reviewed.
42(b)	Records Interview Site	Is the chief executive officer responsible for the administration and general management of the agency?
42(b)(1)	Records Site Interview	Is the chief executive officer responsible for the implementation of policies and procedures?
42(b)(2)	Records Interview Site	Is the chief executive officer responsible for the admission and discharge of individuals?
42(b)(3)	Record Interview Site	Is the chief executive officer responsible for the safety and protection of individuals?
42(b)(4)	Records Interview Site	Is the chief executive officer responsible for the compliance with these regulations?
42(c)	Records	<p>Does the chief executive officer have either of the following groups of qualifications?</p> <ul style="list-style-type: none"> -A master's degree or above from an accredited college or university and 2 years work experience in administration or the human services field. - A bachelor's degree from an accredited college or university and 4 years work experience in administration of the human services field

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
42(c)	(Cont'd)	<p>Explanation: This applies to chief executive officers hired or promoted after November 8, 1991. Subsection 6400.43 (c) (relating to qualifications for chief executive officer) as published in this chapter on January 23, 1982 applies to chief executive officers hired or promoted prior to November 8, 1991.</p> <p>This grandparent clause for staff persons who were hired or promoted prior to November 8, 1991 applies only to the agency for which the person was employed as of November 8, 1991.</p> <p>The grandparent clause may not be used for staff person to transfer to a new community home agency. If a staff person wishes to begin employment with a new agency, the qualifications for Chief Executive officer 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 home. 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. Volunteer work experience and intern work experience do count as work experience. Compliance with this requirement must be verified by reviewing actual college degrees or transcripts. Resumes are not acceptable documentation.</p>
43(a)	Records Interview	Is there a family living specialist for each individual?
43(b)	Records Interview	Is a family living specialist assigned to more than 8 family living homes?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
43(b)	(Cont'd)	<p>Explanation: A family living specialist shall be responsible for a maximum of 8 homes, including community homes, non-licensed family homes, ICFs/MR, and other types of residential living programs.</p> <p>Homes that do not have any individuals living in them are not counted in the maximum of 8 homes.</p>
43(c)	Records Interview	<p>Is there a minimum of one family living specialist responsible for every 16 individuals?</p> <p>Explanation: A family living specialist shall be responsible for a maximum of 16 people, including people served in other types of services. One family living specialist is required for every 16 people served; the 1:16 ratio is based upon the caseload of the family living specialist not upon the licensed capacity of the home. The 1:16 ratio is the maximum total caseload including those people in the caseload served in or by all licensed and non-licensed day and residential programs.</p> <p>When counting individuals in the 1:16 ratio, an individual receiving part-time services counts as 1 individual (part-time services are not prorated).</p> <p>If a family living specialist is responsible for "the same individual in both day programs and the home, the individual should be counted only once for purposes of the family living specialist's caseload.</p>
43(d)		<p>Explanation: Compliance with 43(d) can be measured by reviewing an agency policy or a signed job description, or a training record that includes this responsibility. (This explanation is to cover 6500.43(d) (1-19). If more than one item between 43(d)(1-19) is cited use 43(d)(2) only.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
43(d)(1)	Records Interview Site	<p>Is each family living specialist counted in the ratios in 43(a) responsible for coordination and completion of assessments?</p> <p>Explanation: If an assessment is not completed cite 6500.151(a). Cite this regulation if the Family Living Specialist was not informed of the responsibility.</p>
43(d)(2)	Records Interview	<p>Is each family living specialist counted in the ratios in 43(b) and 43(c) responsible for providing the assessment for the development of the ISP, annual ISP and all ISP revisions under 6500.181?</p> <p>Explanation: Cite this regulation if the Family living Specialist was not informed of the responsibility.</p>
43(d)(3)	Records Interview Site	<p>Is each family living specialist counted in the ratios in 43(b) responsible for participating in the development, review, update and revision of individual support plan?</p> <p>Explanation: Cite this regulation if the Family living Specialist was not informed of the responsibility.</p>
43(d)(4)	Records Interview	<p>Is each family living specialist counted in the ratio in 43(a) responsible for attending the ISP, ISP Annual Update and all ISP revisions?</p> <p>Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility.</p>
43(d)(5)	Records Interview	<p>Is each family living specialist counted in the the ratio in 44 (a) responsible for fulfilling the role as Plan Lead as applicable under 6500.152, 6400.156 (f) and (g)?</p> <p>Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
43(d)(6)	Records Interview	<p>Is each Family Living Specialist ratio in 43 (b) and 43 (c) responsible for reviewing the ISP, ISP annual update and all ISP revisions?</p> <p>Explanation: Cite this regulation if the Family living Specialist was not informed of the responsibility</p>
43(d)(7)	Records Interview	<p>Is each Family Living Specialist counted in the ratio in 43 (b) responsible for reporting content discrepancies to the Supports Coordinator as applicable and ISP Team members?</p> <p>Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility and/or if the Family Living Specialist did not report content discrepancies to the Supports Coordinator</p>
43(d)(8)	Records Interview	<p>Is each Family Living Specialist counted in the ratio in 43 (b) responsible for implementing the ISP as written?</p> <p>Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility</p>
43(d)(9)	Records Interview	<p>Is each Family Living Specialist counted in the ratio in 43 (b) responsible for supervising, monitoring, and evaluating services?</p> <p>Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility.</p>
43(d)(10)	Records Interview	<p>Is each Family Living Specialist counted in the ratio in 43 (b) responsible for reviewing, signing and dating the monthly documentation of an individual's participation and progress towards outcomes?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
43(d)(10)	(Cont'd)	Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility
43(d)(11)	Records Interview	<p>Is each Family Living Specialist counted in the ratio in 43 (b) and 43 (c) responsible for reporting a change related to the individual's needs to the supports coordinator as applicable, and ISP team?</p> <p>Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility and/or if the Family Living Specialist did not report need changes relative to outcomes and funding to the Supports Coordinator.</p>
43(d)(12)	Records Interview	<p>Is each Family Living Specialist counted in the ratio in 43 (b) responsible for documenting the review of the ISP of the plan as required under §6500.156 (relating to ISP review and ISP Revision)?</p> <p>Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility</p>
43(d)(13)	Records Interview	<p>Is each Family Living Specialist counted in the ratio in 43(b) responsible for documenting the review of the ISP of the plan as required under §6500.156 (relating to ISP review and ISP Revision)?</p> <p>Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility</p>
43(d)(14)	Records Interview	<p>Is each Family Living Specialist counted in the ratio in 43 (b) and 43 (c) responsible for providing documentation of the ISP review to the supports coordinator as applicable, and ISP team members as required under §6500.15?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
43(d)(14)	(Cont'd)	Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility
43(d)(15)	Records Interview	Is each Family Living Specialist counted in the ratio in 43(b) and 43(c) responsible for informing ISP team members of the option to decline the ISP review documentation as required under §6500.156(e)? Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility
43(d)(16)	Records Interview	Is each Family Living Specialist counted in the ratio in 43(b) and 43(c) responsible for recommending a revision to a service or outcome in the ISP as required under 6500.156(c)? Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility
43(d)(17)	Records Interview	Is each Family Living Specialist counted in the ratio in 43 (b) responsible for coordinating the services provided to an individual? Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility
43(d)(18)	Records Interview	Is each Family Living Specialist counted in the ratio in 43(b) responsible for coordinating support services to the family? Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
43(d)(19)	Records Interview	<p>Is each Family Living Specialist counted in the ratio in 43(b) responsible for coordinating the training of the family and direct service workers (if applicable) in the content of Health and Safety needs relevant to each individual?</p> <p>Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility</p>
43(d)(20)	Records Interview	<p>Is each Family Living Specialist counted in the ratio in 43 (b) responsible for developing and implementing provider services as required under §6500.158 (relating to Provider Services)?</p> <p>Explanation: Cite this regulation if the Family Living Specialist was not informed of the responsibility</p>
43(e)	Records	<p>Does each family living specialist counted in the ratios in 43(b) have one of the following groups of qualifications?</p> <p>A masters degree or above from an accredited college or university and 1year work experience working directly with persons with mental retardation.</p> <p>-A bachelor's degree from an accredited college or university and 2 years work experience working directly with persons with mental retardation.</p> <p>-An associate's degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with persons with mental retardation.</p> <p>-A high school diploma or general education development certificate and 6 years work experience working directly with persons with mental retardation.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
43(e)	(Cont'd)	<p>Explanation: This applies to family living specialists hired or promoted after November 8, 1991. Subsection 6400.44(c) (relating to qualifications for Program Specialist) as published in this chapter on January 23, 1982 applies to family living specialists hired or promoted prior to November 8, 1991.</p> <p>This grandparent clause for staff persons who were hired or promoted prior to November 8, 1991 applies only to the agency for which the person was employed as of November 8, 1991. Staff may transfer to other homes 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 community home agency. If a staff person wishes to begin employment with a new agency, the qualifications for Family Living Specialist must be met.</p> <p>The grandparent clause applies for the position of family living specialist. If a family living specialist is promoted to a CEO after November 8, 1991, the qualifications for CEO in 42(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 to work at the home. There is no time limitation on the length of the break in employment.</p> <p>If person is currently Program Specialist under CH. 6400, he/she can be grand-parented as Family Living Specialist.</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>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
43(e)	(Cont'd)	<p>Compliance with this requirement must be verified by reviewing actual diplomas, degrees or transcripts. Resumes are not acceptable documentation.</p> <p>Record as non-compliance if one or more of the Family Living Specialists required to meet the 1:16 individuals or 1:8 homes ratios do not meet these qualifications. Specify the individual who is not qualified on the comment page.</p>
44(a)	Record Interview Site	<p>If the individual is left unsupervised, does the ISP support the individual being left unsupervised?</p> <p>Explanation: 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 the convenience of the family.</p>
44(b)	Record Interview	<p>Is an individual always supervised by a person who is 18 years of age or older, unless the absence of direct supervision is consistent with the individual's assessment?</p> <p>Explanation: The person must be physically present at the home. This staff person may not be cross the street, or next door.</p> <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 semi-independence.</p>
44(c)	Site	<p>Is there a family living specialist or designee accessible when the individual is at home?</p>
44(d)	Records Interview Site	<p>Does the individual's ISP require greater supervision than identified in subsections (A) and (B) and (C) ?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
44(d)	(Cont'd)	<p>Explanation: 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.</p>
44(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>Explanation: A review of the individual's ISP should be made to identify any specific credentials (experience, degree, or training) needed.</p>
44(f)	Records Interview Site	<p>Is an individual ever left unsupervised solely for the convenience of the home or staff person?</p>
45(a)	Records	<p>Does the primary care giver have at least 24 hours of training related to mental retardation, family dynamics, community participation, individual service planning and delivery, relationship building and the requirements specified in these regulations, prior to an individual living in the home?</p> <p>Explanation: The primary caregiver is the adult family member who will have primary responsibility for caring for and providing services to the individual(s).</p> <p>Training must include each of the areas specified, however, there are no minimum number of hours per area as long as there are at least 24 hours total.</p>
45(b)	Records Interview Site	<p>Is the primary caregiver trained by an individual certified as a trainer by a hospital or other recognized health care organization, in first aid and Heimlich techniques prior to an individual living in the home and annually thereafter?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
45(b)	(Cont'd)	<p>Explanation: Video tape training is not acceptable unless it is accompanied by on-site instructor training by a certified trainer.</p> <p>This requirement does not require formal certification; it only requires training. However, if a person has formal certification from a hospital or other recognized health care organization that is valid for more than 1 year, the length of time on the certification will be acceptable and annual training is not required.</p> <p>This training is required even if a person is medically or physically unable to pass a test. Passing of a test is not required.</p> <p>This does not apply for nurses, doctors or physician's assistants.</p>
45(c)	Records	<p>Is the primary caregiver trained and certified by an individual certified as a trainer by a hospital or other recognized health care organization, cardiopulmonary resuscitation, if indicated by medical needs of the individual, prior to the individual living in the home and annually thereafter?</p> <p>Explanation: Formal CPR certification is required for 45(c). If the CPR certification is valid for more than 1 year, the length of time on the certification will be acceptable and annual training is not required.</p>
46(a)	Records	<p>Does the primary caregiver have at least 24 hours of training in the human services field annually?</p> <p>Explanation: The annual training year shall be established in writing by the agency (or home if this is an independent home). The agency shall notify the appropriate Regional Office in writing of the dates the agency chooses to use as their training year. This must be a 12 month period. Once</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
46(a)	(Cont'd)	<p>established, the training year cannot be altered. If the agency does not notify the appropriate Regional Office, the licensing inspector will inspect the home using 12 months prior to the regular license "inspection date" as the training year.</p> <p>Primary caregivers in new family living homes must have received 24 hours of training by the end of the first full training year after the home opens.</p>
46(b)	Records	<p>Did each family living specialist who is employed by an agency for more than 40 hours per month have at least 24 hours of training related to mental retardation requirements specified in these regulations annually?</p> <p>Explanation: College courses can be counted towards the 24 hours of training if the course work is relevant to working in community programs and 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. Part-time and short-term staff, including summer college students, who work 40 or more hours in any one 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 the training requirement.</p> <p>New family living specialists must have received 24 hours of training by the end of the first full training year after hire.</p> <p>A formal 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>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
46(b)	(Cont'd)	Meetings do not count as training, unless the training provided at the meeting is clearly documented.
47	Records	Are records of pre-service and annual training, including the training source, content, dates, length of training, copies of certificates received and persons attending kept?

PHYSICAL SITE

61(a)	Site	<p>If the home serves 1 or more individuals with a physical disability, blindness, a visual impairment, deafness or a hearing impairment, are there accommodations to ensure the safety and reasonable accessibility for entrance to, movement within and exit from the home based upon each individual's needs?</p> <p>Explanation: A bedroom, a bathroom, the kitchen, the dining area, and all living/recreation areas must be accessible to all individuals. Entrance to and exit from the home must be accessible. Accessibility should be specific to the individual's current needs and should be reflected in adaptations such as: ramps, widened doors, handrails, chair lifts, etc.</p>
61(b)	Site	<p>If the home serves 1 or more individuals with a physical disability, blindness, a visual impairment, deafness or a hearing impairment is there adaptive equipment necessary for the individual to move about and function at the home?</p> <p>Explanation: Examples of adaptive equipment might include:</p> <p>-wheelchairs or walkers if needed, low shelves, cabinets, counter tops, and appliances for</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
61(b)	(Cont'd)	<p>individuals who use a wheelchair, special doorbells and telephone devices for individuals who have a hearing impairment, and tactile guides for individuals who have a visual impairment.</p> <p>Adaptations of equipment in the home (e.g. telephone adaptation for individual with blindness and/or deafness) depends on the needs and abilities of the individual.</p>
62(a)	Site	<p>Are all poisonous materials kept locked or made inaccessible to individuals?</p> <p>Explanation: Poisonous materials may be kept unlocked if all individuals living in the home are able to safely use or avoid poisonous materials. Documentation of each individual's ability to safely use or avoid poisonous materials must be in each individual's assessment.</p>
62(c)	Site	<p>Are all poisonous materials stored in their original labeled containers?</p> <p>Explanation: This requirement applies without exception even if poisons are kept unlocked because all individuals are able to safely use or avoid poisons.</p>
62(d)	Site	<p>Are poisonous materials kept separate from food, food preparation surfaces and dining surfaces?</p>
63(a)	Site	<p>Are all 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, equipped with protective guards or insulation to prevent individuals from coming in contact with the heat source?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
63(a)	(Cont'd)	<p>Explanation: 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> <p>Heat sources do not require guards or insulation if <u>all</u> individuals living in the home understand the danger of heat sources and have the ability to sense and move away from the heat source quickly. Documentation of each individual's understanding and ability must be in each individual's assessment.</p>
64(a)	Site	Are conditions in all areas of the home clean?
64(b)	Site Interview	Is there any evidence of infestation of insects or rodents in the home?
64(c)	Site Interview	<p>Is trash removed from the premises on a routine basis?</p> <p>Explanation: Premises means the home and the property on which the home is located.</p>
65	Site	<p>Are living areas, dining areas, individual bedrooms, kitchens and bathrooms ventilated by at least one operable window or by mechanical ventilation?</p> <p>Explanation: Fans are acceptable mechanical ventilation. Filtered vents are not acceptable unless they are used with mechanical fans.</p>
66	Site	Are rooms, hallways, interior stairways, outside steps, outside doorways, porches, ramps and fire escapes lighted to assure safety and to avoid accidents?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
67	Site	Are floors, walls, ceilings and other surfaces free of hazards?
68(a)	Site	Is there hot and cold running water under pressure?
68(b)	Site	<p>Do hot water temperatures in bathtubs and showers that are accessible to individuals exceed 120°F?</p> <p>Explanation: 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 the recording is inaccurate.</p> <p>Hot water temperature in bathtubs and showers may exceed 120°F if all individuals in the home understand the danger of hot water and have the ability to sense and move away from the hot water quickly. Documentation of each individual's understanding and ability must be in each individual's assessment.</p>
69(a)	Site Interview	Is indoor temperature in individual bedrooms and family living areas less than 62°F during non-sleeping hours while individuals are present in the home?
69(b)	Site Interview	Is indoor temperature in individual bedrooms and family living areas less than 55°F during sleeping hours?
69(c)	Site Interview	<p>When the indoor temperature in individual bedrooms and family living areas exceeds 85°F, is mechanical ventilation such as fans or air conditioning used?</p> <p>Explanation: If it is over 85°F and fans are in the room but not used because of the individual's</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
69(c)	(Cont'd)	preference not to use fans, this is <u>not</u> non-compliance.
69(d)	Site Records	If an individual's medical needs indicate an indoor temperature that is different from that required under 69(a)-(c), are the medical recommendations for temperature met?
70	Site	Does the home have an operable telephone that is easily accessible?
71	Site	Are telephone numbers of the nearest hospital, police department, fire department, ambulance and poison control center on or by each telephone in the home?
72(a)	Site	Are windows, including windows in doors, securely screened when windows or doors are open?
72(b)	Site	Are screens, windows and doors in good repair?
73	Site	Does each ramp, and interior stairway and outside steps exceeding two steps have a well-secured handrail? Explanation: This applies to all ramps of any length or grade. This does not apply to public use areas in apartment buildings (other federal and state laws may however apply). This does not apply for ramps, stairways, and steps that are never accessible to individuals.
74	Site	Do interior stairs and outside steps have a nonskid surface?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
74	(Cont'd)	<p>Explanation: 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 is recommended.</p>
75(a)	Site	<p>Is there a landing beyond each interior and exterior door that opens directly into a stairway?</p> <p>Explanation: If a door opens away from a stairway this requirement does not apply. If a door opens onto a porch or deck with only one or two steps, it is not considered a stairway.</p>
75(b)	Site	<p>Are all landings at least as wide as the stairs leading to the landing?</p>
76	Site	<p>Is furniture in individual bedrooms and family living areas non-hazardous, clean and sturdy?</p> <p>Explanation: This applies to furniture owned by individuals.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
77	Site	<p>Does the home have antiseptic, an assortment of adhesive bandages, sterile gauze pads, tweezers, tape, scissors and syrup of Ipecac if any individual 4 years of age or younger, or any individual likely to ingest poisons, is served?</p> <p>Explanation: Syrup of Ipecac is to be administered only upon instructions from a Poison Control Center.</p>
78(a)	Site	<p>Are outside walkways that are used by individuals free from ice, snow obstructions and other hazards?</p>
78(b)	Site	<p>Are the yard and the outside of the home well maintained and free from unsafe conditions?</p>
79(a)	Site	<p>Are individual bedrooms located in basements?</p> <p>Explanation: Any level from which there is a standard door leading from that level directly outside to grade level is not considered a basement. If there are only one or two steps down to a bedroom, this is not considered a separate level.</p> <p>A split level or bi-level home in which there is a bedroom on the lower level with a door from that level leading directly outside and up no more than 6 exterior steps is acceptable.</p> <p>Apartment units that are located partially below ground level with windows that are at least as large as most of the other windows in the building are permitted.</p> <p>If the home was in operation as a community living arrangement prior to March 15, 1982, partially below ground apartment units are acceptable as long as there are windows of any size above ground level.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
79(b)	Site	<p>Does each individual" sharing a bedroom (with any other person) have a minimum of 50 square feet of bedroom space, and does each individual occupying a single bedroom have a minimum of 60 square feet of bedroom space, measured wall to wall, including space occupied by furniture?</p> <p>Explanation: Space should be measured wall to wall including space occupied by furniture (up to 1 foot space per individual is allowable). This floor space requirement applies equally to homes with children in cribs.</p>
79(c)	Site	<p>Does each individual bedroom have at least one exterior window that permits a view of the outside?</p> <p>Explanation: Windows do not need to be operable. Windows do not need to be at eye level.</p>
79(d)	Site	<p>Do individual bedroom' windows have drapes, curtains, shades, blinds or shutters?</p>
79(e)	Site	<p>Do individual bedrooms have doors at all entrances for privacy?</p> <p>Explanation: Curtains are not acceptable for purposes of privacy.</p>
79(f)(1)	Site	<p>In individual bedrooms, does each individual have a bed of size appropriate to the needs of the individual?</p> <p>Explanation: Cots and portable beds are not permitted. Bunk beds are not permitted for individuals 18 years of age or older.</p>
79(f)(2)	Site	<p>In individual bedrooms, does each individual have a clean, comfortable mattress and solid foundation?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
79(f)(2)	(Cont'd)	Explanation: Acceptable foundations include box springs .or coils on a frame. Pallets are not acceptable foundations, unless there is a supportive inner coil mattress. Straps across a frame are not an acceptable foundation. Cots are not acceptable as mattresses or foundations. Water beds are acceptable as mattresses and foundations. Futons are acceptable if it is documented that it is the individual's choice.
79(f)(3)	Site	In individual bedrooms, does each individual have bedding including pillows, linens and blankets appropriate for the season?
79(f)(4)	Site	In individual bedrooms, does each individual have a chest of drawers? Explanation: One piece of bedroom furniture with drawers, wardrobe space, clothing racks and shelves is permissible. Drawers built into the wall or inside a closet are acceptable.
79(f)(5)	Site	In individual bedrooms, does each individual have closet or wardrobe space with clothing racks and shelves accessible to the individual?
79(g)	Site	Are beds or cribs, with solid sides over 12 inches high or with closed domes or tops, ever used?
79(h)	Site	Are individuals 10 years of .age or older ever required to share a bedroom with a person of the opposite sex?
80(a)	Site	Is there at least one toilet and one bathtub or shower in the home?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
80(b)	Site	<p>Is privacy provided for toilets, showers and bathtubs by partitions or doors?</p> <p>Explanation: Curtains may be used for privacy for a second bathroom.</p>
80(c)	Site	<p>Does at least one bathroom area have a sink, wall mirror, soap, toilet paper, individual clean paper or cloth towels and trash receptacle?</p>
80(d)	Site	<p>Is there an individual washcloth, bath towel and toothbrush for each individual?</p>
81(a)	Site	<p>Does the home have a kitchen area with a refrigerator, sink, cooking equipment and cabinets for storage?</p>
81(b)	Site	<p>Are utensils used for eating, drinking and preparation of food or drink washed and rinsed after each use?</p>
82	Site	<p>Are the individual's bed linens, towels, washcloths and clothing kept clean?</p>
83(a)	Site	<p>Are in-ground swimming pools fenced with a gate that is locked when the pool is not in use?</p> <p>Explanation: If the inspector suspects any sanitation or construction hazard the inspector must notify the Department of Environmental Resources in writing of the suspected problem.</p> <p>Swimming pools do not need to be locked or inaccessible if all individuals in the home understand water safety and can swim. Documentation of each individual's understanding and ability must be in each individual's assessment.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
83(b)	Site	<p>Are above-ground swimming pools that are under four feet in height made inaccessible to individuals when the pool is not in use?</p> <p>Explanation: If the inspector suspects any sanitation or construction hazard the inspector must notify the Department of Environmental Resources in writing of the suspected problem.</p> <p>Swimming pools do not need to be locked or inaccessible if all individuals in the home understand water safety and can swim. Documentation of each individual's understanding and ability must be in each individual's assessment.</p> <p>Pools may be made inaccessible by a fence around the pool (over 4-ft. in height) or with pool cover, or other options.</p>
84(1)	Site	<p>Are firearms kept in a locked cabinet?</p> <p>Explanation: This means that guns must be in one locked -cabinet and ammunition in a separate locked cabinet. It is not acceptable to keep ammunition in a locked compartment within the firearm cabinet.</p>
84(2)	Site	<p>Is ammunition kept in a locked cabinet that is separate from firearms?</p> <p>Explanation: Ammunition may not be in firearms. Ammunition may not be kept in the same cabinet as firearms.</p> <p>This means that guns must be in one locked cabinet and ammunition in a separate locked cabinet. It is not acceptable to keep ammunition in a locked compartment within the firearm cabinet.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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FIRE SAFETY

101	Site	<p>Are stairways, halls, doorways, and exits from rooms and from the home unobstructed?</p> <p>Explanation: This does not apply to exits from the home if all three of the following conditions are met:</p> <ul style="list-style-type: none">- the exit is never used, and,- the exit is not accessible and does <u>not</u> have the appearance of being an exit, and,- there are at least two other useable exits from that floor. <p>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 alongside lock with chain permanently bolted to wall or door) the lock.</p>
102	Site	<p>Are flammable and combustible supplies and equipment utilized safely and stored away from heat sources?</p>
103	Records	<p>Are furnaces cleaned at least annually?</p> <p>Explanation: There must be written documentation of the cleaning.</p> <p>This does not apply to apartment buildings with central furnaces.</p> <p>Cleaning is not required for gas or electric furnaces (except to change the filters).</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
104	Site	Are portable space heaters (defined as heaters that are not permanently mounted or installed) used in any room including family members bedrooms, while individuals are at home?
105(a)	Site	<p>Are wood and coal burning stoves used before being inspected and approved for safe installation by a fire safety expert?</p> <p>Explanation: There must be a receipt or other written documentation of the inspection and approval prior to use of the stove. The approval may cover only the installation of the stove itself and not necessarily the surrounding walls or general safety. Fire safety expert is defined as a local fire department, fire protection instructor, 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>
105(b)	Records Site	<p>Are wood and coal chimneys and flues, burning stoves, including cleaned at least every year (annually) if used more frequently than once per week during the winter season?</p> <p>Explanation: There must be a receipt or other written documentation of the cleaning. There is no requirement as to who must complete the cleaning.</p>
106(a)	Site	Are fireplaces securely screened or equipped with protective guards while in use?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
106(b)	Records	<p>Are fireplace chimneys and flues cleaned at least once a year (annually) if used more frequently than once per week during the winter season?</p> <p>Explanation: There must be a receipt or other written documentation of the cleaning. There is no requirement as to who must complete the cleaning.</p>
107(a)	Site	<p>Is there a minimum of one operable automatic smoke detector on each floor, including the basement and attic?</p> <p>Explanation: There must be a smoke detector on each floor of the home, even if that floor is not generally accessible to individuals or family members. A crawl space is not considered an attic. An area with pull-down steps is considered an attic.</p>
107(b)	Site	<p>Are the smoke detectors located in common areas or hallways?</p>
107(c)	Site	<p>Are smoke detectors of a type approved by the Department of Labor and Industry or listed by Underwriters Laboratories?</p>
107(d)	Records Interview	<p>Is each smoke detector tested each month to determine if the detector is operative?</p>
108(a)	Site	<p>Is there at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic?</p> <p>Explanation: If no individuals or family members ever have access to a floor (except of course to test the smoke detectors), no extinguisher is required on that floor. If people use the floor even for storage, an extinguisher is required.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
108(a)	(Cont'd)	<p>The letter rating on a fire extinguisher refers to the class of fire on which the extinguisher is effective.</p> <p style="padding-left: 40px;">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>
108(b)	Site	<p>Is there a fire extinguisher with a minimum 2A-10BC rating in each kitchen?</p> <p>Explanation: The kitchen extinguisher meets the requirements for one floor as required in 108(a).</p> <p>A Type B extinguisher "is for flammable liquids. The number preceding the B refers to square footage covered by the extinguisher. One unit = 1 square feet for a B rating, therefore 10B covers 10 square feet. Two 5B extinguishers are acceptable. An ABC extinguisher with at least a 2A rating is also acceptable.</p>
108(c)	Site	<p>Are fire extinguishers listed by Underwriters Laboratories or approved by Factory Mutual Systems?</p>
108(d)	Site	<p>Are fire extinguishers accessible?</p>
109(a)	Records	<p>Was a fire drill held at least every 3 months, if all individuals have not demonstrated the ability to evacuate within 2 1/2 minutes, or within the period of time specified in writing within the past year by a fire safety expert, without family assistance, or with family assistance (oral or physical assistance) if the individual is never alone in the home?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
109(a)	(Cont'd)	<p>Explanation: The fire drill must be held without prior notice to individuals.</p> <p>The fire safety expert may not be a family member or employee of the agency.</p> <p>Check the fire drill records for each month within the past 12 months to determine compliance.</p>
109(b)	Records	Was a fire drill held at least every 6 months, if all individuals have demonstrated the ability to evacuate as specified in 109(a)?
109(c)	Records	<p>Is documentation of each individual's ability to evacuate specified in the individual's assessment?</p> <p>Explanation: The individual's ability to evacuate the home should be closely observed and assessed over a period of several fire drills, under various conditions, at different times of the day and night, and using varied exit paths.</p>
109(d)	Records	<p>Is there a written fire drill record of the date, time, the amount of time it took for evacuation, the exit route used, problems encountered and whether the smoke detector was operative?</p> <p>Explanation: All smoke detectors whether they are interconnected or not must be tested for operability during or shortly following each drill. A record of the testing of each detector must also be kept. (Note under 109(i) only one detector must be set off during the drill.)</p>
109(e)	Records	Is a fire drill held during sleeping hours at least every 12 months (annually)?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
109(f)	Records	<p>Are alternate exit routes used during fire drills?</p> <p>Explanation: This requirement does not apply if there is only one door out of the home, such as in an apartment building.</p>
109(g)	Records	<p>Are fire drills held on different days of the week and at different times of the day and night?</p>
109(h)	Records	<p>Do all individuals evacuate to a designated meeting place outside the home during each fire drill?</p>
109(i)	Records Interview	<p>Is at least one smoke detector set off during each fire drill?</p>
110(a)	Records	<p>Is a written fire safety training plan developed for all family members and individuals including children?</p>
110(b)	Records	<p>Does the fire safety training plan include training in general fire safety, evacuation procedures, responsibilities during fire drills, the designated meeting place outside the home, smoking safety procedures if any individuals or family members smoke in the home, the use of fire extinguishers and smoke detectors and notification of the local fire department as soon as possible after a fire is discovered?</p> <p>Explanation: If any individual or family members smoke in the home, all individuals and family members must be trained in smoking safety.</p>
110(c)	Records	<p>Are all family members and individuals including children, trained within 31 calendar days of an individual living in the home and retrained annually, in accordance with the fire safety training plan.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
110(c)	(Cont'd)	Explanation: Training is required for all individuals including children, unless it is documented that the individual is medically or functionally unable to participate. There is no requirement as to the extent or source of the training as long as all component areas required in 110(b) are included.
110(d)	Records	Is there a written record of fire safety training including the content of the training and a list of the individuals attending?

HEALTH

121(a)	Records	<p>Does each individual have a physical examination within 12 months prior to living in the home and annually thereafter?</p> <p>Explanation: Trial overnight visits do not count as living in the home.</p> <p>If an individual starts a new service or moves from one licensed facility or agency to another licensed facility or agency, 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 in 121(c).</p> <p>If an individual receives respite care several times throughout a 12 month period, a physical examination is required prior to the initial use of respite care and every 12 months after the initial physical examination. A new physical examination is not required for each new use of respite care within the same 12 month period.</p> <p>The information specified in 121(c)(1)-(15) may be completed as attachments to the physical exam form, rather than be included directly on the physical exam form itself.</p>
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
121(b)	Records	<p>Are physical examinations completed, signed and dated by a licensed physician, certified nurse practitioner or registered physician's assistant?</p> <p>Explanation: 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>
121(c)(1)	Records	<p>Does each physical examination include a review of previous medical history?</p> <p>Explanation: Either a review or a summary of previous history on the physical form is acceptable.</p>
121(c)(2)	Records	<p>Does each physical examination include a general physical examination?</p>
121(c)(3)	Records	<p>Does each physical examination include immunizations for individuals 18 years of age or older as recommended by the United States Public Health Service, Centers for Disease Control, Atlanta, Georgia. 30333?</p> <p>Explanation: For individuals age 18 and older, diphtheria and tetanus immunizations must be given at least once every 10 years. Only diphtheria and tetanus immunizations are required for adults.</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>

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LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
121(c)(3)	(Cont'd)	<p>Hepatitis B immunization, or written documentation that the individual has tested negative to Hepatitis B surface antigen (HBsAg) and positive to Hepatitis B surface antibody (antiHBs), is required for all individuals (children and adults) if there is any person known to be a Hepatitis B carrier living in the home.</p> <p>Only the initial full series of Hepatitis B immunizations is required; annual immunization is not required.</p>
121(c)(4)	Records	<p>Does each physical examination include vision and hearing screening for individuals 18 years of age or older, as recommended by the physician?</p> <p>Explanation: 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 separate forms or on the general examination form.</p>
121(c)(5)	Records	<p>Does each physical examination include immunizations and screening tests for individuals 17 years of age or younger, as recommended by the Standards of Child Health Care of the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove City, Illinois 60007, Phone: (708) 869-93271?</p> <p>Explanation: Refer to the "Recommendations for Preventive Pediatric Health Care -9/87" for a list of the immunizations and screenings recommended by the AAP.</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>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
121(c)(5)	(Cont'd)	Hepatitis B immunization, or written documentation that the individual has tested negative to Hepatitis B surface antigen (HBsAg) and positive to Hepatitis B surface antibody (antiHBs), is required for all individuals (children and adults) if there is any person known to be a Hepatitis B carrier living in the home.
121(c)(6)	Records	<p>Does each physical examination include tuberculin skin testing by Mantoux method with negative results every 2 years for individuals 1 year of age or older; or, if tuberculin skin test is positive, an initial chest x-ray with results' noted?</p> <p>Explanation: 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>Method of administration must be by Mantoux method. Mantoux must be specified on the physical examination form.</p> <p>Mantoux tests can be done on children as early as 5 days after birth.</p> <p>The Mono-vac (pronged tine test) or other multiple puncture tests are not acceptable instead of the Mantoux method.</p>
121(c)(7)	Record	Does each physical examination include a gynecological examination including a breast examination and a Pap test for women 18 years of age or older, unless there is documentation from a licensed physician recommending no or less frequent gynecological examinations?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
121(c)(7)	(Cont'd)	<p>Explanation: If an individual refuses the examination, see 123(a).</p> <p>A Sonogram is not acceptable instead of a gynecological examination.</p> <p>The physical examination form must also include the results of this examination.</p> <p>This examination may be done by different physicians/health sources and at different times of the year as long as the annual interval is met. If there is thorough, written documentation from a licensed physician recommending no or less frequent gynecological exams or an alternative method of exam such as a sonogram, the physician's recommendation applies.</p>
121(c)(8)	Records	<p>Does each physical examination include a mammogram for women at least every two years for women 40 through 49 years of age and at least every year for women 50 years of age or older?</p> <p>Explanation: If an individual refuses the examination, see 123(a).</p> <p>The physical examination form must also include the results of this examination. This examination may be done by different physicians/health sources and at different times of the year as long as the annual interval is met.</p>
121(c)(9)	Records	<p>Does each physical examination include a prostate examination for men 40 years of age or older?</p> <p>Explanation: If an individual refuses the examination, see 123(a).</p> <p>The physical examination form must also include the results of this examination.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
121(c)(9)	(Cont'd)	<p>This examination may be done by different physicians/health sources and at different times of the year as long as the annual interval is met.</p> <p>The Prostate Specific Antigen (PSA) test to measure antigen in the blood is not acceptable in place of the prostate exam.</p>
121(c)(10)	Records	<p>Does each physical examination include specific precautions that must be taken if the individual has a communicable disease, to prevent spread of the disease to other individuals?</p> <p>Explanation: The physical examination form must include blanks or space for this item to be reviewed and responded to. It is recommended, although not required, that each non-applicable item on the physical exam 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. allergies not specified on physical form) this is a violation of 121(c). If physician knows a person has AIDS, he/she must report to the extent that confidentiality laws permit (P.L. 585, No. 149).</p>
121(c)(11)	Records	<p>Does each physical examination include an assessment of the individual's health maintenance needs, medication regimen and the need for blood work at recommended intervals.</p> <p>Explanation: 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>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
121(c)(12)	Records	<p>Does each physical examination include physical limitations of the individual?</p> <p>Explanation: The physical examination form must include blanks or space for this item to be reviewed and responded to.</p>
121(c)(13)	Records	<p>Does each physical examination include allergies or contraindicated medications?</p> <p>Explanation: The physical examination form must include blanks or space for this item to be reviewed and responded to.</p>
121(c)(14)	Records	<p>Does each physical examination include medical information pertinent to diagnosis and treatment in case of an emergency?</p> <p>Explanation: The physical examination form must include blanks, or space for this item to be reviewed and responded to.</p>
121(c)(15)	Records	<p>Does each physical examination include special instructions for the individual's diet?</p> <p>Explanation: The physical examination form must include blanks or space for this item to be reviewed and responded to.</p>
122(a)	Records	<p>Does each individual 17 years of age or younger have a dental examination performed by a licensed dentist semi-annually? Does each individual 18 years of age or older have a dental examination performed by a licensed dentist annually?</p> <p>Explanation: If an individual refuses the examination, see 123(a).</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
122(b)	Records	<p>The dentist is not required to sign the exam. Does each individual who is using medication known to cause dental problems have a dental examination by a licensed dentist at intervals recommended in writing by the dentist?</p> <p>Explanation: Examples of medications that commonly cause dental problems are dilantin, ferrous sulfate, stelazine, and warfarin.</p>
122(c)	Records	<p>Is there a written record of the dental examination including the date of the examination, dentist's name, procedures completed and follow-up treatment recommended?</p>
122(d)	Records	<p>Does the dental examination include teeth cleaning or checking gums and dentures?</p> <p>Explanation: If an individual refuses the examination, see 123(a).</p>
122(e)	Records	<p>Is follow-up dental work indicated by the examination, such as treatment of cavities, completed?</p> <p>Explanation: If an individual refuses the examination, see 123 (a).</p>
123(a)	Records	<p>If an individual refuses routine medical or dental examination or treatment, are the refusal and continued attempts to train the individual about the need for health care documented in the individual's record?</p> <p>Explanation: If an individual refuses medical or dental examination or treatment, and there are continued documented attempts to train the individual, LII items related to the physical and dental examination should not be recorded as non compliance. Training may include counseling, desensitization, positive approaches techniques etc.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
123(a)	(Cont'd)	A court appointed legal guardian, is permitted by law to refuse routine medical treatment for an individual. This applies for routine treatment only. When lack of treatment is serious and life-threatening, a legal guardian should be consulted and involved, but they do not have legal authority to refuse treatment.
123(b)	Records	<p>If an individual has a serious medical or dental condition, are reasonable efforts made to obtain consent from the individual or substitute consent in accordance with applicable law (see Section 417 of the MH/HR Act of 1966, 50 P.s. §4417(c))?</p> <p>Explanation: See OHI Bulletin #00-90-02, issued 1/17/90 titled "Substitute Decision Making for Medical Treatment" for guidance.</p>
124	Records	<p>Are health services, such as medical, nursing, pharmaceutical, dental, dietary and psychological services that are planned or prescribed for the individual arranged for or provided?</p> <p>Explanation: This includes prescribed equipment and procedures such as glasses, hearing aids, medications, orthopedic equipment, seizure precautions, etc.</p>
125(a)	Records	<p>Do all family members and other persons living in the home have a physical examination within 12 months prior to an individual living in the home?</p> <p>Explanation: For infants and people who move into the home after the individual lives in the home, there must be a physical examination prior to the person moving into the home or within 6 months after birth.</p>
125(b)	Records	Is each family physical examination completed, signed and dated by a licensed physician, certified

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
125(b)	(Cont'd)	<p>nurse practitioner or registered physician's assistant?</p> <p>Explanation: 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>
125(c)(1)	Records	<p>Does each family physical examination include a general physical examination?</p>
125(c)(2)	Records	<p>Does each family physical examination include tuberculin skin testing by Mantoux method with negative results within the past 2 years; or, if tuberculin skin test is positive, an initial chest x-ray with results noted?</p> <p>Explanation: Tuberculin skin testing is required as part of the initial family physical examination only. Additional tuberculin skin testing is not required unless a new family member or other person moves into the home or if a baby is born.</p> <p>If skin testing is positive, only initial chest x-ray is required. Mantoux tests can be done on children as early as 5 days after birth.</p> <p>Method of administration must be Mantoux method. Mantoux must be specified on the physical examination form.</p> <p>The Mono-vac (pronged tine test) or other multiple puncture tests are not acceptable instead of the Mantoux method.</p>
125(c)(3)	Records	<p>Does each family physical examination include a signed statement that the person is free of communicable diseases, or if the person has a communicable disease, the specific precautions to be taken that will prevent the spread of the disease to individual?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
125(c)(3)	(Cont'd)	<p>Explanation: This applies only to serious communicable diseases as defined in 28 Pa. Code 527.2 (relating to reportable diseases). A list of serious communicable diseases is specified in 20(b).</p> <p>Precautions needed to assure that a serious communicable disease is not spread to individuals depend on whether a person is likely to spread the disease to an individual in the course of normal family contact. Serious communicable diseases as defined in 28 PA. Code §27.2 (relating to reportable diseases). A list of serious communicable diseases is specified in 20(b).</p>
125(c)(4)	Records	Does each family physical examination include information of any medical problems which might interfere with the health of the individuals?
126(a)	Records	<p>If an individual or family member has a serious communicable disease or a medical problem which might interfere with the health, safety or well-being of the individuals, are there specific instructions and precautions to be taken for the protection of the individuals at the home specified in writing by a licensed physician, certified nurse practitioner, or registered physician's assistant?</p> <p>Explanation: 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 normal family contact. Serious communicable diseases as defined in 28 Pa. Code §27.2 9 relating to reportable diseases). A list of serious communicable diseases is specified in 20(b).</p>
126(b)	Site	Are the physician's written instructions and precautions followed?

**FAMILY LIVING HOMES
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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MEDICATIONS

131(a)	Site	Are prescription and non-prescription medications kept in their original containers?
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Explanation: This does not apply to medications of individuals who self-administer medications and keep the medications in personal daily or weekly dispensing containers. The definition of self-administration is the same as in §6400.169.

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 132(a).

131(b)	Site	Are prescription and potentially toxic non-prescription medications kept in an area or container that is locked?
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Explanation: This includes medications of both family members and individuals.

Prescription and potentially toxic non-prescription medications may be kept unlocked if all individuals living in the home are able to safely use or avoid toxic materials. Documentation of each individual's ability to safely use or avoid toxic materials must be in each individual's assessment.

This also applies for self-administered medication. Self-administering individuals may have their own separate unlocked box to keep in their room so that only they have access. Any container, box, drawer, or cabinet that can be locked is permitted.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
131(c)	Site	<p>Are prescription and potentially toxic non-prescription medications stored in a refrigerator kept in a separate locked container?</p> <p>Explanation: This includes medications of both family members and individuals.</p> <p>Prescription and potentially toxic non-prescription medications may be kept unlocked if all individuals living in the home are able to safely use or avoid toxic materials. Documentation of each individual's ability to safely use or avoid toxic materials must be in each individual assessment. This also applies for self-administered medication.</p>
131(d)	Site	<p>Are prescription and nonprescription medications stored under proper conditions of sanitation, temperature, moisture and light?</p>
131(e)	Site	<p>Are discontinued prescription medications disposed of in a safe manner?</p> <p>Explanation: A written policy on safe disposal is not required.</p>
132(a)	Site	<p>Are the original containers for prescription medications 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>Explanation: 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 mg. /3 times daily).</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
132(b)	Site	Are nonprescription medications labeled with the original label?
133(a)	Records Interview	Are prescription medications used only by the individual for whom the medication was prescribed?
133(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 diagnoses psychiatric illness? (This protocol includes individuals whose symptoms are controlled by the medication.).</p> <p>Explanation: The role of the Plan Lead and the ISP 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 ISP appear to reflect and meet the needs of the individual as identified in the ISP?</p>
133(c)	Records	<p>If a medication is prescribed to treat symptoms of a diagnosed psychiatric illness, is there a review with documentation by a licensed physician at least every 3 months that includes the reason for prescribing the medication, the need to continue the medication and the necessary dosage?</p> <p>Explanation: The physician must either sign the documentation or write the documentation him/herself. Signature of a Certified Registered Nurse Practitioner (CRNP) is acceptable if the medication was also prescribed by the CRNP and the CRNP meets the requirements as described in OMHSAS Bulletin #10-01.</p>
134(a)	Records	Is there a medication log listing the medications prescribed, dosage, time and date that prescription medications, including insulin, were administered and the name o the person who administered the

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
134(a)	(Cont'd)	<p>prescription medication or insulin for each individual who does not self-administer medication?</p> <p>Explanation: The medication log must include all prescription medications given, including both oral and topical medications. The medication log must list the first and last name (not just initials) of the person administering the medication.</p>
134(b)	Records	Is the information specified in 134(a) logged immediately after each individual's dose of medication is administered?
134(c)	Records	Is a list of prescription medications, the prescribed dosage and the name of the prescribing physician kept for each individual who self-administers medication?
135	Records	<p>Is documentation of medication errors and follow-up action kept?</p> <p>Explanation: 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.</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>
136(1)	Interview Records	<p>If an individual has a suspected adverse reaction to a medication, does the home notify the prescribing physician immediately?</p> <p>Explanation: 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>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
136(2)	Records	Is documentation of adverse reactions to medications kept?
137(a)	Records Interview Site	<p>Are prescription medications and injections administered according to the directions specified by a licensed physician, certified nurse practitioner or licensed physician's assistant?</p> <p>Explanation: This does not apply for individuals who self-administer their own medications. For refusal of treatment, see 123(a) and 123(b). These directions must be specified on a prescription label. All changes to the prescription must be indicated on the prescription label. Oral directions from a physician are not acceptable.</p>
137(b)	Records Interview Site	Are insulin injections administered by an individual or another person always pre-measured by the individual or licensed medical personnel?
138(a)	Records Interview	<p>Did family members who administer prescription medications or insulin injections to individuals receive training by the individual's source of health care about the administration, side effects, and contraindications of the specific medication or insulin?</p> <p>Explanation: The individual's source of health care does not include a pharmacy.</p> <p>If a new medication is prescribed, family members who administer medications must receive new training for the new medication. If a new medication is prescribed, new training is needed since the training required in 6500.138(a) is specific to the medication prescribed. If the dose of a current medication changes, and the family member who administer the medication have ready received training, no additional training is required. If a primary caregiver who administers medications is absent on an anticipated basis an alternate family</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
138(a)	(Cont'd)	<p>member must be trained. It is recommended that a back up person be trained advance in the event of an unanticipated absence of the primary caregiver.</p> <p>This applies for administration of medications to individuals receiving respite care in a licensed family living home.</p> <p>Completion and passing of the Departments Medication Administration Course as required in 6400.168 may be substituted for the training required in 138(a).</p>
138(b)	Records Interview	<p>Did family members who administer insulin injections to individuals complete and pass a diabetes patient education program that meets the National Standards for Diabetes Patient Education Programs of the National Diabetes Advisory Board, 7550 Wisconsin Avenue, Bethesda, Maryland 202051.</p> <p>Explanation: A list of organizations that provide diabetes patient education programs that meet National Standards is available from the Department.</p>
138(c)	Records	Is there documentation of the training specified in 138(a) and 138(b)?
NUTRITION		
141	Site Interview	Is food protected from contamination while being stored and prepared?
142	Site Interview	Are at least three meals a day available to the individuals?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
143	Site Interview	<p>Does the quantity of food served for each individual meet minimum daily requirements as recommended by the United States Department of Agriculture, unless otherwise recommended in writing by a licensed physician?</p> <p>Explanation: Measure compliance with this Regulation only if you believe the quantity of food served appears 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>
144	Site	<p>Does at least one meal each day contain at least one item from the dairy, protein, fruits and vegetables and grain food groups, unless otherwise recommended in writing by a licensed physician for individuals?</p> <p>Explanation: Record 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: Dairy - Milk products, cheese. Protein – Meat, Cheese, poultry, eggs, peanut butter, dried beans, peas, nuts. Fruit and Vegetables - all fruits and vegetables. Grains - breads, cereals, pastas, crackers, rice.</p>

ASSESSMENT

151(a)	Records	Does each individual have a written assessment within 1 year prior to or 60 calendar days after admission to the family living home and an updated assessment annually thereafter?
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
151(a)	(Cont'd)	<p>Explanation: 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.</p> <p>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. If an individual moves from one home to another within the same agency, the assessment can be transferred with the individual. No new assessment is required.</p> <p>The Family Living Specialist under this chapter is required to ensure that assessments are completed prior to ISP meeting. (Initial, Annual, & Plan Revision). In order to meet the assessment requirements of this section, the family living specialist can use any format to provide the required information, as long as it is provided prior to the meeting and is signed and dated by the family living specialist. The family living specialist can also attach other supporting documents as needed to provide all the information required in this section.</p> <p>The Licensing representative should review the copies of the assessment information the Family Living Specialist provided to the SC/ Plan Lead to ensure that the information provided fulfills the requirements of this section. *If during the subsequent review of the ISP, the Family Living Specialist identifies errors or omissions, of this information in the completed ISP, the Family Living Specialist must document their communication with the SC/ Plan Lead to resolve these errors or omissions.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
151(b)	Records	<p>When recommendations are made to revise a service or outcome in the plan under 6500.156(c)(4), are assessments completed and/or updated? Are these assessments coordinated, by the Family Living Specialist?</p> <p>Explanation: The Family Living Specialist is not required to complete all portions of the assessment. The Family Living 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>
151(c)	Records	<p>Are the assessments based on assessment instruments, interviews, progress notes and observations?</p> <p>Explanation: The ISP is a document that is written collaboratively with the contributions and input of the ISP planning team and incorporates information provided and services and supports as agreed upon during the plan meetings.</p>
151(d)	Records	<p>Does the Family Living Specialist sign and date the assessment?</p>
151(e)	Records	<p>THE ASSESSMENT SHALL INCLUDE THE FOLLOWING INFORMATION:</p> <p>Explanation: All items in 151(e)(1)-(15) must be in the assessment.</p>
151(e)(1)	Records	<p>Does each assessment include the functional strengths, needs, and preferences of the individual?</p>
151(e)(2)	Records	<p>Does each assessment include the likes, dislikes and interest of the individual?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
151(e)(3)(i)	Records	Does each assessment include the level of performance and progress in functional skills?
151(e)(3)(ii)	Records	Does each assessment include the level of performance and progress in communication?
151(e)(3)(iii)	Records	<p>Does each assessment include the level of performance and progress in personal adjustment?</p> <p>Explanation: Personal adjustment refers to the person's ability to successfully interact with peers, within the community and with support staff.</p>
151(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>Explanation: Examples of personal needs activities include eating and personal hygiene. 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 home and in the community.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
151(e)(4)	Records	<p>Does each assessment include the individual's need for supervision?</p> <p>Explanation: 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 home and in the community.</p>
151(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>Explanation: For individuals for whom self-administration is not a foreseeable outcome, a statement explaining this is acceptable.</p>
151(e)(6)	Records	<p>Does each assessment include the individual's ability to safely use or avoid poisonous materials. This regulation applies even if poisonous materials are kept locked or made inaccessible to individuals.</p>
151(e)(7)	Records	<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>
151(e)(8)	Records	<p>Does each assessment include the individual's ability to evacuate in the event of a fire?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
151(e)(9)	Records	<p>Does each assessment include the individual's disability, including functional and medical limitations?</p> <p>Explanation: This item of the assessment does not need to include documentation of the criteria used to complete the assessment.</p>
151(e)(10)	Records	<p>Does each assessment include a lifetime medical history?</p> <p>Explanation: 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>
151(e)(11)	Records	<p>Does each assessment include the most recent psychological evaluation for the individual, if applicable?</p> <p>Explanation: If a psychological evaluation was completed since the last assessment, then the assessment should be updated to reflect the current information</p>
151(e)(12)	Records	<p>Does each assessment include recommendations for specific areas of training, programming and services?</p>
151(e)(13)(i)	Records	<p>Does the annual assessment include the individual's progress and growth in the area of health?</p>
151(e)(13)(ii)	Records	<p>Does the annual assessment include the individual's progress and growth in the areas of motor and communication skills?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
151(e)(13)(iii)	Records	Does the annual assessment include the individual's progress and growth in the area of activities of residential living?
151(e)(13)(iv)	Records	Does the annual assessment include the individual's progress and growth in the area of personal adjustment? This is a duplicate of 153(e)(3)(iii). Cite that regulation instead of this regulation.
151(e)(13)(v)	Records	Does the annual assessment include the individual's progress and growth in the area of socialization?
151(e)(13)(vi)	Records	Does the annual assessment include the individual's progress and growth in the area of recreation?
151(e)(13)(vii)	Records	Does the annual assessment include the individual's progress and growth in the area of financial independence?
151(e)(13)(viii)	Records	Does the annual assessment include the individual's ability to manage his or her own personal property
151(e)(13)(ix)	Records	Does the annual assessment include the individual's ability to become integrated into his or her community?
151(e)(14)	Records	Does the annual assessment include the individual's knowledge of water safety and ability to swim? Explanation: This applies to all individuals and includes bathing and swimming (regardless of the current access to a pool or other swimming areas). This applies to the ability to temper water, including bath water.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
151(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?

DEVELOPMENT OF THE PLAN

152(a)	Records	<p>Does each individual have only one current ISP that covers all licensed programs supporting the individual?</p> <p>Explanation: 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>
152(b)	Records	Does the individual receive services through an SCO? If yes, 6500.152 (b) (1-2), are not applicable.
152(b)(1)	Records	<p>Does the individual reside at a family living home licensed under this chapter? If yes, then is the Family Living Program Specialist identified as the the Plan Lead?</p> <p>Explanation: When an individual is not receiving services through an SCO, the Family Living Specialist shall be the Plan Lead. The Family Living Specialist, acting as the Plan Lead, will be responsible for all activities to develop, write, invite team members, and share the one ISP.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
152(b)(1)	(Cont'd)	Cite 6500.152(c) if the Family Living Specialist should be the Plan Lead, but is not fulfilling the role of Plan Lead.
152(b)(2)	Records	<p>Does the individual reside at a Family living home licensed under this chapter? Does the individual attend a facility licensed under Chapter 2380 or 2390? If yes to both of these questions, the family living specialist would be identified to fulfill the requirements of the Plan Lead.</p> <p>Explanation: When an individual is not receiving services through an SCO but resides in a family living home licensed under this chapter and attends a facility licensed under chapter 2380 or 2390, the Family Living Specialist shall be the Plan Lead. The family living specialist, acting as the Plan Lead, will be responsible for all activities to invite team members, coordinate the development and completion of the ISP and to share the completed ISP with the team members.</p> <p>Cite 6500.152(c) if the Family Living Specialist should be the Plan Lead, but is not fulfilling that role.</p>
152(c)	Records	<p>Is the family living specialist fulfilling the role as the Plan Lead?</p> <p>Explanation: The role and responsibilities of the Plan Lead are separate from the role of Family Living Specialist. The Family Living 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 6500.152 6500.156(f) and (g). The Plan Lead, acting in the role of the Family Living Specialist for the program they are licensed under;</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
152(c)	(Cont'd)	<ul style="list-style-type: none"> • <u>IS</u> responsible for ensuring the supports and services are implemented as described in the plan for the program they are licensed under. • <u>IS NOT</u> 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.
152(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 SCO, then cite 6500.44(b)(2).</p>
152(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>Explanation: 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 moves into the family living home. Trial overnight visits do not count as part of the 90 calendar days. If an individual moves from one home to another home within the same agency, the ISP may be transferred with the individual and no new ISP is required unless conditions at the new home will cause the need to substantially change the program (e.g. new home is in area where individual will begin to use public transportation; ISP</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
152(d)(2)	(Cont'd)	needs to be revised to include this new training area). If an individual who was in respite care receives family living services beyond the 31 occupancy day per calendar year respite care limit, the 31 days of respite care count as part of the 90 calendar days. Each day an individual receives respite care counts as 1 day, even if days are not consecutive days. Only respite days within the same community home agency count as part of the 90 calendar.
152(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?
152(d)(4)	Records	<p>If the Family Living Specialist is fulfilling the role of Plan Lead, copies of the invitation sent to team members should be contained in the record. If the Family Living Specialist is not the Plan Lead, a copy of the invitation received from the Plan Lead or SC should be contained in the record.</p> <p>Explanation: 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>
152(d)(5)	Records	Is there supporting documentation that copies of the plan, plan annual update and plan revision were sent as required under §6500.157 (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

153	Records	<p>Explanation: 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. The Family Living Specialist role under this chapter and section is to ensure that the information contained in the ISP is accurate and reflects the services and supports provided by the program licensed under this chapter.</p>
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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 Family Living Specialist has communicated with the SC/ Plan Lead to resolve the errors or omissions. Monitoring compliance with the implementation of these services and actions is addressed in 6500.155 (A) & (B).

153(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>
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Explanation: The outcomes should be specific to the assessed needs of the individual; appropriate services to meet the health and safety aspects of those needs and the expressed or perceived desires of the individual are identified.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
153(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>Explanation: 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>
153(3)	Records	<p>Does the ISP describe the current status of the individual, related to the outcome? Does the ISP describe how progress toward the outcome will be determined?</p> <p>Explanation: 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 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>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
153(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?</p> <p>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>Explanation: 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 in the home, on the premises of the home and in the community. Direct supervision in the home means the staff person is in the home or on the premises of the home. This could mean in another room or outside in the yard when individual is inside, or vice versa. 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.</p> <p>Individuals with enhanced supervision needs would also need a protocol and schedule targeted to reduce need for this intensive level of staffing.</p>
153(4)(ii)	Records	<p>Does the above protocol describe the current status of the individual, related to the outcome to achieve a higher level of independence?</p> <p>Does the protocol include the method of evaluation used to determine the current level of independence?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
153(4)(ii)	(Cont'd)	<p>Explanation: 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>
153(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>Explanation: 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>
153(6)	Records	<p>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?</p> <p>Explanation: 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>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
153(6)(i)	Records	<p>Does the ISP include an assessment to determine the causes or antecedents of the behavior?</p> <p>Explanation: The assessment can be part of the annual assessment as required in 6500.151 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>
153(6)(ii)	Records	<p>Does the ISP include information regarding the protocol for addressing the underlying causes or antecedents of the behavior?</p> <p>Explanation: The protocol should address all causes or antecedents identified through the assessment as required in 6500.153(6)(i).</p>
153(6)(iii)	Records	<p>Does the ISP include information regarding the method and timeline for eliminating the use of the restrictive procedure?</p>
153(6)(iv)	Records	<p>Does the ISP include information regarding the procedures for intervention or redirection without utilizing restrictive procedures?</p>
153(7)(i)	Records	<p>Does the ISP, ISP Annual Update and ISP Revision include information regarding the assessment of the individual's potential to advance in residential independence?</p>
153(7)(ii)	Records	<p>Does the ISP, ISP Annual Update and ISP Revision include information regarding the assessment of the individual's potential to advance in community involvement?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
153(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?
153(7)(iv)	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?

PARTICIPATION IN PLAN DEVELOPMENT

154(a)	Records	<p>Does documentation support that the Team Members identified in 6500.154 (A)(1)(I) and 6500.154(A)(2)(I-II) as applicable, participated in the development of the ISP, ISP Annual Update and ISP Revisions?</p> <p>Explanation: Participation includes but is not limited to:</p> <ul style="list-style-type: none"> • Supporting, collecting and sharing of information with other team members related to the development, implementation and evaluation of the supports and services identified in the ISP, ISP Annual Update and ISP Revisions. • Attendance and participation in the ISP, ISP Annual Update, and ISP Revision meetings. • 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.
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
154(a)	(Cont'd)	<ul style="list-style-type: none"> •Documentation to support this requirement could include the ISP sign-in sheet, and communications with the other team members relative to the plan meeting. •Documentation should include communication with the Plan Lead/SC identifying the absence of Plan Team members required under this section.
154(a)(1)(i)	Records	Does the documentation support that the Plan Team includes the individual?
154(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>Explanation: 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 Family Living Specialist is unable to attend a specific ISP meeting, a proxy representative can be identified. The proxy representative must have the qualifications of a Family Living Specialist as specified in 6500.44(c). To ensure effective development of the ISP, ISP Annual Update, or ISP Revision:</p> <ul style="list-style-type: none"> •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.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
154(a)(1)(iii)	Records Interview	<p>Does the Plan Team include a Direct Service Worker that works with the individual and any other person the individual invites?</p> <p>Explanation: 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>
154(a)(1)(iv)	Records	<p>Does the Plan Team include other people the individual has chosen, if applicable?</p>
154(a)(2)(i)-(iii)	Records	<p>Does the Plan Team include the following people if they have a role in the individual's life?</p> <ul style="list-style-type: none"> • Medical, nursing, behavior management, speech, occupational or physical therapy specialists • Additional direct service workers who work with the client from each provider delivering services to the client. • Client's parent, guardian, or advocate <p>Explanation: The people listed above are optional team members. This area would only be cited if they play a role in the client's life but were not offered the opportunity to be a team member. Notifications to these people could be used to indicate that these people were contacted.</p>
154(b)	Records Interview	<p>Are at least 3 ISP team members, in addition to the individual, if the individual chooses to attend, present for the ISP, ISP Annual Update and ISP revision meetings?</p> <p>Explanation: The Family Living Specialist for the</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
154(b)	(Cont'd)	<p>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, & 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>
154(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>Explanation: Signature indicates attendance.</p>
155(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>Explanation: 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>
155(b)	Records Interview	<p>Is the ISP implemented as written?</p> <p>Explanation: 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</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
155(b)	(Cont'd)	<p>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>
156(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 least every 3 months by the Family Living Specialist? Are additional reviews held when the individual's needs change, impacting the services as specified in the current ISP are identified?</p> <p>Explanation: 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>
156(b)	Records	Is the ISP 3 month review signed by the family living specialist and the individual?
156(c)(1)	Records	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?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
156(c)(1)	(Cont'd)	Explanation: 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.
156(c)(2)	Records	Does each review include a review of each section of the ISP specific to the facility licensed under this chapter?
156(c)(3)	Records	Is there documentation of change in need, if applicable?
156(c)(4)(i)	Records	Is there supporting documentation that the Family Living Specialist made recommendations to the Supports Coordinator/ Plan Lead regarding the deletion of an Outcome or service, when needed?
156(c)(4)(ii)	Records	Is there supporting documentation that the Family Living Specialist made recommendations to the Supports Coordinator/ Plan Lead regarding the addition of an Outcome or service, when needed?
156(c)(4)(iii)	Records	Is there supporting documentation that the Family Living Specialist made recommendations to the Supports Coordinator/ Plan Lead regarding the modification of an Outcome or service, when needed?
156(c)(5)	Records	Is there documentation to support that when the Family Living Specialist recommends a revision of a service or outcome that a revised assessment was completed?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
156(c)(5)	(Cont'd)	Explanation: This is not a requirement to complete an entire new assessment, but to review and revise (as appropriate) the existing assessments as required under 600.151(B)
156(d)	Records	<p>Is there documentation to support that the Family Living 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?</p> <p>Explanation: The documentation provided 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.</p>
156(e)	Records	<p>Is there documentation to support that the Family Living Specialist notified the Plan Team members of the option to decline the ISP Review documentation?</p> <p>Explanation: 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>
156(f)	Records	<p>Is the Family Living 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 Family Living 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>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
156(f)	(Cont'd)	Explanation: 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).
156(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?
157	Records	<p>Is the Family Living Specialist acting as the Plan Lead? Is there documentation to support that the Family Living 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>Explanation: The requirement applies when the Family Living 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 family living specialist is not the Plan Lead and the ISP was not distributed within the 30 calendar days, documentation supporting the attempts of the Family Living Specialist to obtain a copy from the Plan Lead/SC should be reviewed.</p>
158(a)	Records	Does documentation support that the family living home provides opportunities and support to the individual for the acquisition, maintenance or improvement of functions skills, personal needs, communication and personal adjustment?
158(b)	Records	Does documentation support that the family living home 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?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
158(b)	(Cont'd)	<p>Explanation: 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 community integration, and should not be a substitute for activities facilitated by the licensed family living home provider, 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.</p>
158(c)	Records	<p>Does the home or facility provide services as specified in the ISP?</p> <p>Explanation: 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</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
158(c)	(Cont'd)	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 6500.155(B).
158(d)	Records	Does the family living home provide services that are age and functionally appropriate to individual?
159(a)	Records	Does documentation support that day services such as competitive community-based employment, education, vocational training, volunteering, civic-minded and other meaningful opportunities are provided to the individual? Explanation: For retirees reference 6500.152(d)(2).
159(b)	Records	Are day services provided at a location other than the family living home where the individual lives? If not, one of the following two conditions must be met to be in compliance.
159(b)(1)	Records	If day services are provided in the family living home where the individual lives, is there written, annual documentation by a licensed physician that it is medically necessary to complete the day services at the family living home? Explanation: Documentation from a Certified Nurse Practitioner, working under the supervision of a physician is acceptable.
159(b)(2)	Records	If day services are provided in the family living home where the individual lives and there is no written, annual documentation by a licensed physician that it is medically necessary to complete the day services at the family living home, is there written annual documentation by the plan

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
		team that it is in the best interest of the individual to complete day services at the family living home?
159(b)(2)	(Cont'd)	Explanation: This documentation can be incorporated into the ISP or a separate document but is needs to be supported by the information contained in the ISP.
160(a)(1)	Records	<p>Does the documentation support that recreational and social activities are provided in the home?</p> <p>Explanation: 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. 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 and incorporate support and encouragement for the individual to more fully participate in their community.</p>
160(a)(2)	Records	<p>Does the documentation support that recreational and social activities, including volunteer or civic-minded opportunities and membership in national or local organization are provided away from the home?</p> <p>Explanation: 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.</p>

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Activities need not specify a precise schedule or frequency.

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160(a)(2)	(Cont'd)	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 and incorporate support and encouragement for the individual to more fully participate in their community.
160(b)	Records	Does the documentation support that time away from the family living home is not limited to time in school, work or vocational, developmental and volunteer facilities?
160(c)	Records	Is the documentation of the recreational and social activities part of the individual's record?

RESTRICTIVE PROCEDURES

162	Records	<p>Is there a written policy that defines the prohibition or the use of specific types of restrictive procedures, describe the circumstances in which restrictive procedures may be used, the persons who may authorize the use of restrictive procedure, 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 at the home?</p> <p>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</p>
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
162	(Cont'd)	<p>regulation does not specify the persons who may authorize the use of restrictive procedures (restrictive procedure committee, CEO, behavior specialist, county case manager, etc.)</p> <p>The regulation does not specify the type of mechanism required to monitor and control the use of restrictive procedures.</p> <p>This does not require authorization for each use of restrictive procedures; only for the initial authorization of the procedure.</p> <p>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.</p> <p><u>Examples of practices that are considered restrictive procedures:</u></p> <p>(1) <u>Any practice that limits an individual's movement, activity, or function</u></p> <p style="padding-left: 40px;">-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.)</p> <p>NOTE: Use of physical prompts for daily activities for which the individual does not resist or object to the physical assistance is not considered a restrictive procedure.</p> <p style="padding-left: 40px;">- 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.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
162	(Cont'd)	<ul style="list-style-type: none"> - Exclusion defined in 173(b) - Manual restraints defined in 172(b) - Mechanical restraints defined in 170(b) - Chemical restraints defined in 169(b) <p>(2) <u>Any practice that interferes with an individual's ability to acquire positive reinforcement</u></p> <ul style="list-style-type: none"> - 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. - Directing an individual to stand or sit away from the family 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.). - Use of rewards to coerce an individual to comply with a request, or, rewards that are contingent upon "appropriate" behavior, such as "if you eat your peas you may go to the movies", "if you take your shower you may watch TV", etc. (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 take your shower now, you may stay up to watch the late show" that

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162	(Cont'd)	<p>implies that the individual must take his/her shower in order to stay up and watch the late show (coercive). However, if after the individual takes his/her shower you say "it's great you finished your shower; why don't we watch the late show" that is not restrictive since coercion is not involved.)</p> <p>- If positive reinforcement is given following a single desired behavior or absence of 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 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 I will take you to the movies, etc).</p> <p>- Exclusion defined in 173(b).</p> <p>- Manual restraints defined in 172(b).</p> <p>- Mechanical restraints defined in 170(b).</p> <p>- Chemical restraints defined in 169(b).</p> <p>(3) <u>Any practice that results in the loss of reinforcers, objects or activities that an individual values</u></p> <p>- Punishment for inappropriate behavior. (Punishment is defined by the perceptions and values of the individual.)</p> <p>- Token economies that result in loss of objects or activities.</p>

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162	(Cont'd)	<ul style="list-style-type: none"> - Withholding an activity from an individual because of an "inappropriate" behavior such as "you hit Joe so you cannot go to the ball game", "you cannot watch your favorite TV show because you did not wash the dishes", etc. - Exclusion defined in 173 (b). - Manual restraints defined in 172(b). - Mechanical restraints defined in 170(b). - Chemical restraints defined in 169(b). (4) <u>Any practice that requires an individual to engage in a behavior that he or she would not engage in given freedom of choice</u> - Requiring an individual to engage in a behavior that he or she would not engage in given freedom of choice is a restrictive procedure if coercion and control is used and not training and persuasion. <p>The distinction between a restrictive procedure and positive training is the issue of control. If coercive control is exercised over the individual's life and choices, this is a restrictive procedure (Examples: requiring an individual to take a shower, to go to work, clean his or her room, etc. if control or coercion is used.)</p> <ul style="list-style-type: none"> - Requiring an individual to not only restore the damages caused in a physical outburst but also clean the entire room (sometimes called restitutorial overcorrection). . - Exclusion defined in 173 (b).

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162	(Cont'd)	<ul style="list-style-type: none"> - Manual restraints defined in 172(b). - Mechanical restraints defined in 170(b). - Chemical restraints defined in 169(b).
163(a)	Site Records Interview	Are restrictive procedures ever used as retribution, for the convenience of the family, as a substitute for program or in a way that interferes with the individual's developmental program?
163(b)(1)	Site Records Interview	<p>For each incident requiring restrictive procedures was every attempt made to anticipate and deescalate the behavior using methods of intervention less intrusive than restrictive procedures?</p> <p>Explanation: These are the use of preventive measures prior to use of any restrictive procedure.</p>
163(b)(2)	Site Records Interview	<p>For each incident requiring restrictive procedures was a restrictive procedure ever used before less restrictive techniques and resources appropriate to the behavior were tried but have failed?</p> <p>Explanation: This is a sequential process during which less restrictive techniques are 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>
164(a)	Records	<p>If restrictive procedures are used, is there a restrictive procedure review committee?</p> <p>Explanation: A County restrictive procedure review committee is acceptable. If a manual restraint or exclusion is used on an unanticipated, emergency basis, 164(a)-(d) do not apply until</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
164(a)	(Cont'd)	after the manual restraint or exclusion is used for the same individual twice in a 6 month period.
164(b)	Records	<p>Does the restrictive procedure review committee include a majority of persons who do not provide direct services to the individual?</p> <p>Explanation: 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 service persons include family members, the individual's family living specialist, the program 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 for 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>
164(c)	Records	Does the restrictive procedure review committee establish a time frame for review and revision of the restrictive procedure plan, not to exceed 6 months between reviews?
164(d)	Records	Is there a written record of the meetings and activities of the restrictive procedure review committee?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
165(a)	Records	For each individual for whom restrictive procedures may be used, is a restrictive procedure plan written prior to use of restrictive procedures?
165(a)	(Cont'd)	<p>Explanation: If a manual restraint or exclusion is used on an unanticipated, emergency basis, 165(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>
165(b)	Records	Is the restrictive procedure plan developed and revised with the participation of the family living specialist, the family, the "interdisciplinary team" as appropriate and other professionals as appropriate?
165(c)	Records	Is the restrictive procedure plan reviewed, and revised if necessary, according to the time frame established by the restrictive procedure review committee, not to exceed 6 months?
165(d)	Records	<p>Is the restrictive procedure plan reviewed, approved, signed and dated by the chairperson of the restrictive procedure review committee and the family living specialist, prior to the use of a restrictive procedure, whenever the restrictive procedure plan is revised and at least every 6 months?</p> <p>Explanation: The restrictive procedure committee review and approve the restrictive procedure plan prior to use of a restrictive procedure, whenever the plan is revised, and at least every 6 months.</p>
165(e)(1)	Records	Does each restrictive procedure plan include the specific behavior or behaviors to be addressed and the suspected antecedent or reason for the behavior?

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165(e)(2)	Records	Does each restrictive procedure single behavioral outcome plan include the desired stated in measurable terms?
165(e)(3)	Records	Does each restrictive procedure plan 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?
165(e)(3)	(Cont'd)	
165(e)(4)	Records	<p>Does each restrictive procedure plan include the types of restrictive procedures that may be used and the circumstances under which the procedures may be used?</p> <p>Explanation: 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 take a shower and refusal to go to work, etc.).</p>
165(e)(5)	Records	Does each restrictive procedure plan include a target date for achieving the outcome?
165(e)(6)	Records	Does each restrictive procedure plan include the amount of time the restrictive procedure may be applied, not to exceed the maximum time periods specified in these regulations?

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165(e)(6)	(Cont'd)	<p>Explanation: This does not apply for positive reinforcement techniques.</p> <p>Maximum time periods specified in these regulations refers to 172(d) relating to manual restraints and 173(d) and (e) relating to exclusion.</p>
165(e)(7)	Records	Does each restrictive procedure plan include physical problems that require special attention during the use of restrictive procedures?
165(e)(8)	Records	<p>Does each restrictive procedure plan include name of the person responsible for monitoring and documenting progress with the plan?</p> <p>Explanation: The person responsible for monitoring and documenting progress can be a consultant if he or she is available on a regular basis.</p>
165(f)	Site Interview	<p>Is each restrictive procedure plan implemented as written?</p> <p>Explanation: If restrictive procedures are used, the inspector should select a sample of individuals for whom restrictive procedures are used. Measurement techniques include observing interactions, interviewing family members and interviewing individuals.</p>
165(g)	Records	<p>Are copies of the restrictive procedure plan kept in the individual's record?</p> <p>Explanation: This is a duplication of 182 (c) (7). If there is noncompliance, cite 165 (g), not 182 (c) (7).</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
166(a)	Records Interview	<p>If restrictive procedures are used, is at least one person 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>Explanation: A trained person must be available at the home 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. 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 training requirements.</p>
166(b)	Records Interview	<p>Are all persons responsible for developing, implementing or managing a restrictive procedure plan trained in the use of the specific techniques or procedures that are used?</p> <p>Explanation: Training must be specific to the type or types of restrictive procedures that are used. The length and source of the training is not regulated by the Department. This training can be counted toward the annual training requirements.</p> <p>Training must be specific to the technique used and not to the individual, unless the technique varies substantially from individual to individual (e.g. special needs during a manual restraint).</p>
166(c)	Records Interview	<p>If manual restraint or exclusion is used, did all persons responsible for developing, implementing, or managing a restrictive procedure plan experience use of the specific techniques or procedures directly on themselves?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
166(c)	(Cont'd)	<p>Explanation: Anyone who uses exclusion or manual restraints must have the techniques used on themselves prior to using the technique on an individual. This training can be counted toward the annual training requirement.</p> <p>Training must be specific to the technique used and not to the individual, unless the technique varies substantially from individual to individual (e.g. special needs during a manual restraint).</p>
166(d)	Records	Is documentation of the training program provided including the person trained, dates of training, description of training and training source kept?
167	Site Records Interview	<p>Is seclusion ever used?</p> <p>Explanation: 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 person remains with the individual, if the door is locked, it is seclusion.</p>
168	Site Records Interview	<p>Is aversive conditioning ever used?</p> <p>Explanation: 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.</p>
169(b)	Records Interview	Is a chemical restraint ever administered except for the administration of drugs ordered by a licensed physician on an emergency basis?

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169(b)	(Cont'd)	<p>Explanation: A chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of an individual.</p> <p>A drug ordered by a licensed physician as part of an ongoing program of medication is not a chemical restraint.</p> <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>
169(c)(1)	Records	If a chemical restraint is administered as specified in 169(b), does a licensed physician examine the individual and give a written order to administer the drug prior to each incidence of administering a drug on an emergency basis?
169(c)(2)	Records	If a chemical restraint is administered as specified in 169(b), does a licensed physician examine the individual and order re-administration of the drug prior to each re-administration of a drug on an emergency basis?
169(d)(1)	Records Interview Site	<p>If a chemical restraint is administered as specified in 169(c) are the individual's vital signs monitored at least once each hour?</p> <p>Explanation: As a guideline, vital signs should be monitored for the length of time specified in the physician's written orders.</p>

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169(d)(2)	Records Interview Site	If a chemical restraint is administered as specified in 169(c), are physical needs of the individual met promptly?
169(d)(3)	Records Interview Site	Is a Pro Re Nata (PRN) order for controlling acute, episodic behavior ever administered?
169(i)	Records	<p>If a drug is administered (a) as ordered by a licensed physician on an emergency basis, (b) as part of an ongoing program of medication, (c) for a specific-time limited stressful event or situation to assist the individual to control his or her own behavior, or (d) as pretreatment prior to medical or dental examination or treatment, is there training for the individual aimed at eliminating or reducing the need for the drug in the future?</p> <p>Explanation: This does not apply for drugs prescribed as treatment for a psychiatric illness.</p>
169(j)	Records	Is there documentation of compliance with 169(b)-(e)?
170(b)	Site	<p>Is a mechanical restraint ever used except for use of helmets, mitts and muffs to prevent self-injury on an interim basis not to exceed 3 months after an individual is admitted to the home?</p> <p>Explanation: 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.</p> <p>Examples of mechanical restraints include anklets, wristlets, and camisoles, helmets with fasteners,</p>

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		muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices.
170(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. 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>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>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>
170(c)(1)	Site Records Interview	If a mechanical restraint is used as specified in 170(b), does use of a mechanical restraint ever exceed 2 hours, unless a licensed physician

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170(c)(1)	(Cont'd)	<p>examines the individual and gives written orders to continue use of the restraint?</p> <p>Explanation: 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>
170(c)(2)	Site Records Interview	If a mechanical restraint is used as specified in 170(b), is a licensed physician notified immediately after a mechanical restraint used?
170(c)(3)	Site Records Interview	If a mechanical restraint is used as specified in 170 (b), is the restraint checked for proper fit at least every 15 minutes?
170(c)(4)	Site Records Interview	If a mechanical restraint is used as specified in 170(b), are physical needs of the individual met promptly?
170(c)(5)	Site Records Interview	If a mechanical restraint is used as specified in 170(b), is the restraint removed completely for at least 10 minutes during every 2 hours the restraint is used, unless the individual is sleeping?
170(c)(6)	Site Records Interview	If a mechanical restraint is used as specified in 170(b), is there training for the individual aimed at eliminating or reducing the need for restrain in the future?
170(c)(7)	Records	Is there documentation of compliance with 170(b) and 170(c) (1) -(6)?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
171(a)	Site Records Interview	<p>Is an individual's personal funds or property ever used as reward or punishment?</p> <p>Explanation: This does not prohibit an individual from agreeing to use his/her own funds or property as a reward in a self- teaching program.</p>
171(b)	Site Records	<p>Is an individual's personal funds or property ever used as payment for damages, unless the individual consents to make restitution for the damages?</p> <p>Explanation: 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 family or agency 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> <p>A legal guardian may give consent for an individual. A representative payee may give consent for an 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 <u>not</u> give consent for the individual.</p> <p>Note: This regulation and explanation is consistent with recent Federal interpretation governing Intermediate Care Facilities for the Mentally Retarded and 2176 Waiver Program.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
172(b)	Site Records Interview	<p>Are manual restraints used only when necessary to protect the individual from injuring himself (herself) or others?</p> <p>Explanation: A manual restrain 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>
172(c)	Site Records Interview	<p>Are manual restraints 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>
172(d)	Site Records Interview	<p>Is an individual 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>Explanation: 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 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>
173(b)	Site Records Interview	<p>Is exclusion used only when necessary to protect the individual from injuring himself (herself) or others?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
173(b)	(Cont'd)	Explanation: 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 the individual willingly goes to another room after a positive suggestion or prompt, this is not exclusion. If a family member remains with the individual it is not exclusion; however, this is still a restrictive procedure if the individual resists or refuses.
173(c)	Site Records Interview	Is exclusion 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?
173(d)	Site Records Interview	Is an individual 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?
173(e)	Site Records Interview	Is exclusion ever used for an individual more than 4 times within any 24 hour period?
173(f)	Site Records Interview	Is an individual in exclusion monitored continually?
173(g)	Site	Does the room or area used for exclusion have at least 40 square feet of indoor floor space?
175	Records	Is there 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 person who used the

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175	(Cont'd)	<p>restrictive procedure, duration of the restrictive procedure (if applicable), the person who observed the individual -if exclusion was used and the individual's condition following the removal of the restrictive procedure in the individual's record?</p> <p>Explanation: This documentation is required for each incidence or use of a restrictive procedure.</p> <p>This is a duplication of 182(c) (8). If there is non-compliance, cite 175 not 182(c) (8).</p>
176	Records	<p>Is there documentation that the individual's day service facility was sent copies of the restrictive procedure plan and revisions of the plan?</p> <p>Explanation: For purposes of 176, day service facility means licensed adult training facilities and vocational facilities only. Prior to sending copies of the plan, consent is required in accordance with 186. If consent is not given, the plan cannot be sent, and non-compliance should not be cited.</p>
INDIVIDUAL RECORDS		
181(a)	Site	Is emergency information for individuals easily accessible at the home?
181(b)(1)	Site	Does emergency information for each individual include the name, address, telephone number and relationship of a designated person to be contacted in case of an emergency?
181(b)(2)	Site	Does emergency information for each individual include the name, address and telephone number of the individual's physician or source of health care?

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181(b)(3)	Site	Does emergency information for each individual include the name, address and telephone number of the person able to give consent for emergency medical treatment, if applicable?
181(b)(4)	Site	Does emergency information for each individual include a copy of the individual's most recent annual physical examination?
182(a)	Records	<p>Is there a separate record for each individual?</p> <p>Explanation: "Record" in section 6500.182 (1)-(14) 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>
182(b)	Records	<p>Are entries in an individual's record legible dated and signed by the person making the entry?</p> <p>Explanation: Initials by the person making the entry are acceptable; actual signature is not required.</p>
182(c)	Records	<p>Explanation: "Record" in section 6500.182 (1) – (14) 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 of information as required below is based on information contained in that record.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
182(c)(1)(i)	Records	Does each individual's record include personal information including name, sex, admission date, birth date and social security number?
182(c)(1)(ii)	Records	Does each individual's record include personal information including: race height, weight, color of hair, color of eyes and identifying marks?
182(c)(1)(iii)	Records	Does each individual's record include personal information including language or means of communication spoken or understood by individual and the primary language used in the individual's natural home, if other than English?
182(c)(1)(iv)	Records	Does each individual's record include personal information including religious affiliation?
182(c)(1)(v)	Records	Does each individual's record include personal information including next of kin?
182(c)(1)(vi)	Records	Does each individual's record include personal information including: a current, dated photograph? Explanation: 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, particularly for children, or every five years for an individual whose appearance is relatively unchanged.
182(c)(2)	Records	Does each individual's record include copies of unusual incident reports relating to the individual?
182(c)(3)	Records	Does each individual IS record include copies of physical examinations?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
182(c)(4)	Records	Does each individual's record include copies of dental examinations?
182(c)(5)	Records	Does each individual's record include copies of completed assessments as required under 6500.151?
182(c)(6)(i)	Records	Does each individual's record include copies of the invitation to the initial ISP meeting?
182(c)(6)(ii)	Records	Does each individual's record include copies of the invitation to the Annual ISP Update meeting?
182(c)(6)(iii)	Records	Does each individual's record include copies of the invitation to the ISP revision meeting?
182(c)(7)(i)	Records	Does each individual's record include signed and completed copies of the signature sheet for the initial ISP meeting?
182(c)(7)(ii)	Records	Does each individual's record include signed and completed copies of the signature sheet for the ISP annual update meeting?
182(c)(7)(iii)	Records	Does each individual's record include signed and completed copies of the signature sheet for the ISP plan revision meeting?
182(c)(8)	Records	Does each individual's record include a copy of the individual's current ISP?
182(c)(9)(i)	Records	Does each individual's record include ISP signature sheets?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
182(c)(9)(ii)	Records	<p>Does each individual's record include recommendations to revise the ISP?</p> <p>Explanation: If at any point, including during a review of the ISP the Family Living Specialist identifies a need to revise the ISP, they need to notify the Plan Lead /SC of that need. Written documentation of that communication needs to be kept in the individual's record.</p>
182(c)(9)(iii)	Records	<p>Does each individual's record include current ISP revisions?</p> <p>Explanation: 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 (8)(iii) and that a copy of the revised ISP is in the record.</p>
182(c)(9)(iv)	Records	<p>Does each individual's record include notices that the ISP team member may decline the ISP review documentation?</p>
182(c)(9)(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>Explanation: This request is not expected annually, once the request is made, it remains valid until the ISP team member indicates otherwise.</p>
182(c)(10)	Records	<p>Is there documentation that the Program Specialist notified the SC or the Plan Lead of any discrepancies with the current ISP?</p>
182(c)(11)	Records	<p>Does each individual's record include documentation of any identified discrepancy in the ISP or ISP revision?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
182(c)(11)	(Cont'd)	Explanation: If there was content discrepancy identified in the ISP, is there documentation that the discrepancy was communicated to the Plan Lead or SC.
182(c)(12)	Records	Does each individual's record include a restrictive procedure protocol, if applicable? Explanation: The protocol needs to be current to the individual as described in the ISP.
182(c)(13)	Records	Does each individual's record include documentation of recreational and social activities provided to the individual? Explanation: The recreational and social activities should include the preferred activities as identified in the ISP.
182(c)(14)	Records	Does each individual's record include copies of psychological evaluations, if applicable? Explanation: If a recommendation for a psychological evaluation is recorded on the ISP.
183	Records	Are the most current copies of record information required in 6500.182 (c)(1)-(14) kept at the family living home? Explanation: Records can be removed from the home 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.
184(a)	Records	Is the information in the individual's record kept for at least 4 years or until any audit or litigation is resolved?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
184(b)	Records	Are individual records kept for at least 4 years following the individual's departure or until any audit or litigation is resolved?
185	Interview	<p>Does the individual, and the individual's parent, guardian or advocate, have access to the records and to the information in the records?</p> <p>Explanation: 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> <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.</p> <p>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 did 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 representatives from Pennsylvania Protection and Advocacy, do not have access to records without the individual's consent. For more information about Pennsylvania Protection and Advocacy authority, 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
186	Interview Records	<p>Is written consent of the individual, or the individual's, parent or guardian if the individual is 17 years of age or younger or legally incompetent, obtained for the release of information, including photographs, to persons not otherwise authorized to receive it?</p> <p>Explanation: Advocates, with the exception of representatives from Pennsylvania Protection and Advocacy do not have access to records without the individual's consent. For more information about Pennsylvania Protection and Advocacy authority, 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> <p>New written consent is required for each separate incidence of release except for persons authorized by law or regulation to access information.</p> <p>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.</p>

EMERGENCY PLACEMENT

191(b)(1)	Records	<p>If an emergency placement of an individual occurs, is there an assessment for the individual as specified in 111 within 31 calendar days after the individual is living in the home?</p> <p>Explanation: Emergency placement is placement for which 2 weeks or less notice is given to the home.</p> <p>All other requirements in these regulations apply for emergency placements.</p>
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
191(b)(2)	Records	<p>If an emergency placement of an individual occurs, is there a physical examination for the individual as specified in 121 within 31 calendar days after placement?</p> <p>Explanation: Emergency placement is placement prior to which 2 weeks or less notice is given to the home and agency.</p> <p>All other requirements in these regulations apply for emergency placements.</p>

RESPIRE CARE

The following section of this instrument applies only if respite care is provided. This section applies in addition to all other sections of the instrument.

Respite care is temporary community home care not to exceed 31 occupancy days for an individual in a calendar year. The 31 days applies to the individual and not the home. If any individual receives care for more than 31 days per calendar year, it is no longer considered respite care, whether services are received in one home or several homes.

A calendar year is January 1st through December 31st of any year.

Emergency respite care is respite care placement prior to which 2 weeks or less notice is given to the home and agency.

If an individual receives respite care, the following sections do not apply for that individual:

- Pre-service and Annual Training -45 and 46
- Individual Bedrooms -79
- Fire Drills -109
- Assessment and ISP -111-117
- Dental Care -122
- Content of Records -182(c)(41, 182(c)(5) and 182(c)(6)
