



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Bureau of
Human
Services
Licensing**

REGULATORY **C**OMPLIANCE **G**UIDE

A Tool for **Personal
Care Home** Regulators,
Operators, and
Stakeholders

55 Pa. Code Chapter 2600

April 1, 2013 Edition, Revised August 1, 2021

Introduction

What is this guide, and why do I need it?

On October 25, 2005, 55 Pa.Code Ch. 2600 (relating to personal care homes) became effective. These regulations govern the operation of personal care homes in the Commonwealth of Pennsylvania. In most cases, the regulations speak for themselves. There are, however, some regulations that require additional clarification. Even when the meaning of a regulation is very clear, the purpose and intent of the regulation may not be. There are also different ways to measure regulatory compliance, and both operators and inspectors need to know how compliance will be determined. This guide is meant to help operators and inspectors better understand the regulations.

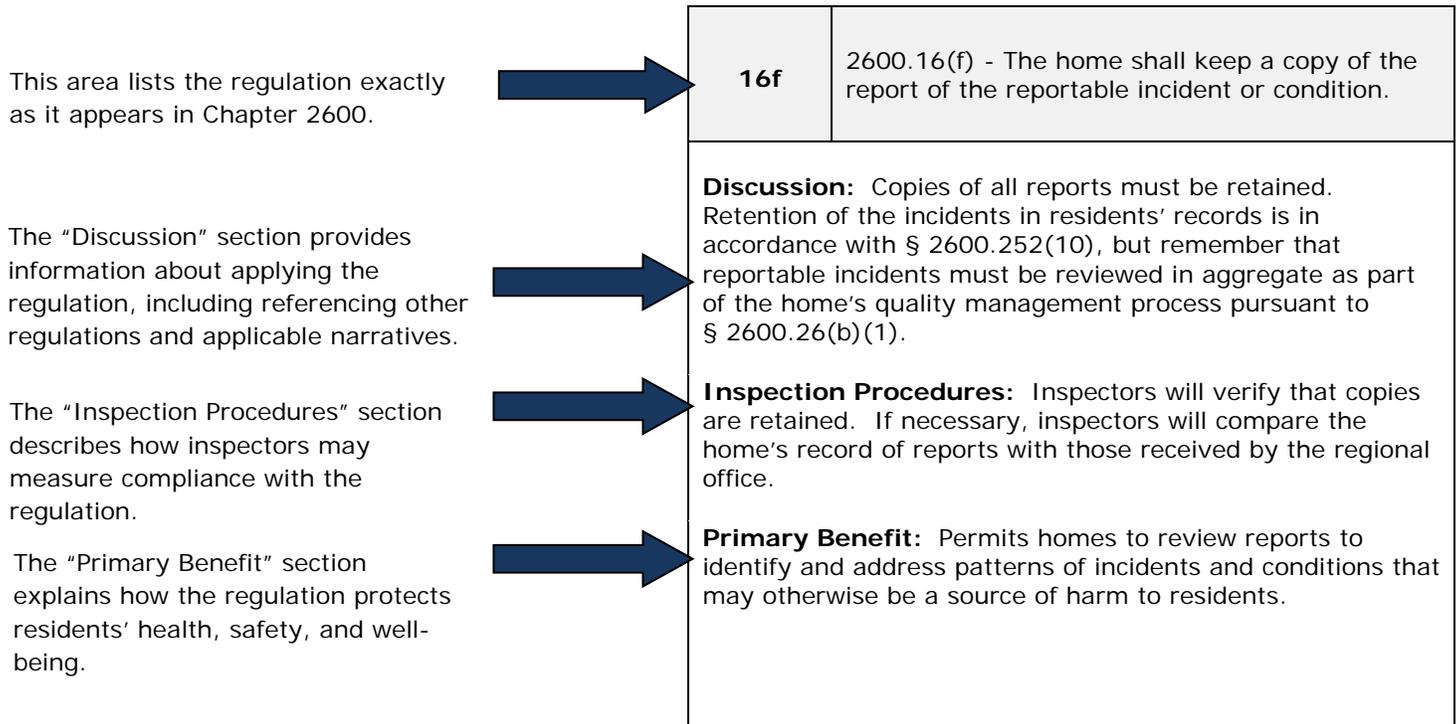
This guide is a companion piece to 55 Pa.Code Ch. 2600; it should be used along with the regulations, not instead of them. The explanatory material in this guide is not meant to be “new regulations” or to extend meaning of the regulations beyond their original intent.

Between October 2005 and October 2010, the Department of Human Services (Department) issued a document known as the Licensing Measurement Instrument, or LMI. The LMI provided explanations of the regulations, application instructions for Departmental licensing staff, background information and intent of the regulations, and selected recommendations to encourage the adoption of higher standards. Over that five-year period, much has been learned about the application of the regulations in personal care homes. That understanding has led to the creation of this guide. This guide replaces the August 28, 2008 LMI, and any regulatory clarifications issued between August 2008 and December 31, 2010.

This guide has been developed to provide clearer explanations of the regulatory requirements of 55 Pa. Code Chapter 2600 to help personal care home operators provide safe environments and effective services to residents through regulatory compliance, and to help regulators protect residents by conducting consistent and comprehensive inspections. It provides a detailed explanation of each regulatory requirement, including expectations for compliance, guidelines for measuring compliance, and the primary purpose for the requirement. In addition, this guide includes general regulatory requirements and procedures, a glossary of regulatory terms, overviews of complex regulatory issues to provide a more global understanding of the chapter and its purpose.

How to Use the Regulatory Compliance Guide

Each regulation that can be measured during an inspection is included in the RCG and is accompanied by clarifying information. The illustration below shows how regulations are presented, and how inspectors and homes can effectively use the RCG.



"Recommended"

Throughout the RCG, you will repeatedly see the words "recommended" or "strongly recommended." These words indicate that the what you are reading is a suggestion based on best practices, not a regulatory requirement. Failure to follow a recommendation will not result in a regulatory violation.

Transitioning from LMI to RCG

Adult Residential Licensing understands that there will be a "transition period" as homes convert from the application of LMI to RCG. Given the less-proscriptive nature of the RCG, it is not anticipated that the conversion will be an undue hardship. Nevertheless, inspectors will consider transition-related areas of noncompliance when applying the RCG for the first six months of implementation such that homes are not subjected to unreasonable expectations. As the first edition of the RCG was dated January 1, 2012, the "transition period" from the application of the LMI to the RCG will conclude on June 30, 2012.

“Admission Date” Versus “Move-In Date”

Multiple regulations (including but not limited to regulations relating to resident-home contracts, medical evaluations, assessments, and support plans) require certain events to occur before, after, or on the date of admission. Homes occasionally use the term “admission” to refer the date a contract is signed, the date an admission fee is paid, or the date a resident moves personal items such as furniture into the home. The Department interprets “admission date” to mean the first day the resident resides in the home. As such, the date the resident begins to live at the home is the date from which regulatory timeframes relating to admission should be met.

If a legal setting has more than one licensed personal care home on a campus setting, paperwork is required when a resident moves from one licensed home to another licensed home on the campus. For the resident-home contract, if all terms of the contract (including rate for room and board; etc.) remain the same, then an addendum statement can be added to the current resident-home contract indicating the date of admission to the new home and stating that the terms of the previously signed contract remain the same. If the terms of the resident-home contract have changed, then a new resident-home contract must be completed. A new preadmission screening must be completed for admission to the new home. Homes should consider the new physical site structure, and whether the resident’s needs can be met at the new home. If the medical evaluation was completed in the past year, a new medical evaluation would not need to be completed unless there was a significant change. Finally, for the assessment, and support plan, new documentation would not need to be completed unless there was a significant change. However, the home should add an addendum statement indicating the date that the resident moved to the new home. (Q/A April 2016-General)

Grace Periods

“Annually” as used throughout this instrument means at least once every 12 months. A 15-day flex or grace period is allowed for any item that has a time requirement of one year or more. This includes, but is not limited to:

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

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

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

The grace period on timelines does NOT apply to the following regulations: (Q/A April 2016-General)

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

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

Indicator System

In some cases, a personal care home will receive a shorter inspection in place of the full inspection. The Licensing Indicator System is a shortened version of the inspection process that measures compliance with a small number of regulations that predicts compliance with all the regulations. If a home is in complete compliance with all the regulations measured in the Licensing Indicator System, high compliance with all the regulations is predicted.

The purpose of the Licensing Indicator System is to refocus the emphasis of the licensing process. Through the use of the Licensing Indicator System, less time is spent conducting full inspections in homes with a history of high regulatory compliance and more time is spent a) providing technical assistance to homes with a history of low regulatory compliance and b) conducting more in-depth inspections in homes with a history of low regulatory compliance.

Use of this new system does not mean that a home no longer needs to meet all the regulations (55 Pa.Code Ch. 2600 relating to personal care homes). Full compliance with all regulations continues to be required. It is critical that a home does not focus on compliance with only the indicator regulations, but rather continue to develop comprehensive operational, staffing, and management systems to comply with all regulations in a systemic and interrelated manner.

A full inspection must be conducted every three years. Use of the indicator system will not be announced to the operator in advance of the inspection.

Inspection Procedures

Please note that the "inspection procedures" are guidelines, and the specific means of measuring compliance with a regulation may differ depending on circumstances specific to the home and the nature of the regulatory violation.

PART 1:

Regulations, Discussion, and Inspection Procedures

INDEX OF REGULATIONS BY TOPIC

To learn more about a particular topic, please review the applicable regulations. Regulations and regulatory clarifications are listed on the following pages in numerical order as they appear in 55 Pa.Code Ch. 2600.

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GENERAL PROVISIONS

Inspections and Licenses

3c

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Discussion: A "licensing inspection summary" is the Violation Report (VR) with a plan of correction approved by the Department. The Department interprets 'most current version' to mean:

- The VR that was issued with the most current license, and
- Any additional VRs issued between the most current license and the receipt of the next license.

If there is no VR since there are no violations, the VR does not need to be posted. A "copy of this chapter" means the "pink book," 55 Pa.Code § 2600.

These items must be displayed in a public area of the home, such as a public bulletin board in the home's entryway, in a manner easily visible and accessible to all residents and visitors.

Inspection Procedures: Inspectors will view the area where the required items are posted to determine if they are accessible to all residents and guests without assistance from staff.

Primary Benefit: Permits residents, families, and visitors to learn about applicable regulations and the regulatory compliance status of the home and the home's plan to correct any violations found.

Access

5a1

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

Discussion: An agent of the Department is any individual authorized by the Department to enter, visit, inspect, or investigate regulatory issues in personal care homes. In the case of access to residents who are not currently at the home, access should be granted as soon the resident can return to the home. Access must be provided to all areas of any building accessible to residents and to areas where harmful materials may be stored.

Resident records must be kept on site; other records may be kept off-site as long as such storage permits immediate access regardless of the day or time of the request.

Inspection Procedures: "Immediate" means a reasonable period of time depending on the request. For example, it's reasonable to expect a home to produce a resident's support plan within 10 minutes during regular business hours, but unreasonable to expect off-site staff records to be delivered within 10 minutes at 2:00 AM.

Primary Benefit: Allows the Department to measure compliance with all regulations.

5a2

2600.5(a)(2) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Representatives of the area agency on aging.

Discussion: A representative of the area agency on aging is any individual authorized by the area agency on aging to enter, investigate, or provide services in personal care homes. In the case of access to residents who are not currently at the home, access should be granted as soon the resident can return to the home. Access must be provided to all areas of any building accessible to residents and to areas where harmful materials may be stored.

Resident records must be kept on site; other records may be kept off-site as long as such storage permits immediate access regardless of the day or time of the request.

Inspection Procedures: "Immediate" means a reasonable period of time depending on the request. For example, it's reasonable to expect a home to produce a resident's support plan within 10 minutes during regular business hours, but unreasonable to expect off-site staff records to be delivered within 10 minutes at 2:00 AM.

Primary Benefit: Allows area agency on aging the ability to fulfill their legal mandate to protect older adults

5a3	2600.5(a)(3) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Representatives of the Long-Term Care Ombudsman Program.
<p>Discussion: A representative of the Long-Term Care Ombudsman Program is any individual authorized by the Long-Term Care Ombudsman Program to enter, investigate, or provide services in personal care homes. In the case of access to residents who are not currently at the home, access should be granted as soon the resident can return to the home. Access must be provided to all areas of any building accessible to residents and to areas where harmful materials may be stored.</p> <p>Resident records must be kept on site; other records may be kept off-site as long as such storage permits immediate access regardless of the day or time of the request.</p> <p>Inspection Procedures: "Immediate" means a reasonable period of time depending on the request. For example, it's reasonable to expect a home to produce a resident's support plan within 10 minutes during regular business hours, but unreasonable to expect off-site staff records to be delivered within 10 minutes at 2:00 AM.</p> <p>Primary Benefit: Provides ombudsmen with the access necessary to promote and protect resident rights.</p>	
5a4	2600.5(a)(4) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Representatives of the protection and advocacy system for individuals with disabilities designated under the Protection and Advocacy for Individual Rights Program of the Vocational Rehabilitation and Rehabilitation Services Act (29 U.S.C.A. § 794e), the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C.A. § 10801-10851), and the Developmental Disabilities Assistance and Bill of rights Act (42 U.S.C.A. § 15041-15043).
<p>Discussion: An agent of the Department is any individual authorized by the Department to enter, visit, inspect, or investigate regulatory issues in personal care homes. A representative of the area agency on aging is any individual authorized by the area agency on aging to enter, investigate, or provide services in personal care homes. A representative of the Long-Term Care Ombudsman Program is any individual authorized by the Long-Term Care Ombudsman Program to enter, investigate, or provide services in personal care hoes. A representative of the protection and advocacy system for individuals with disabilities program is any individual authorized by the program to enter, investigate, or provide services in personal care homes. In Pennsylvania, this system is currently administered by the Disability Rights Pennsylvania, 301 Chestnut Street, Suite 300, Harrisburg, Pennsylvania 17101, telephone number 1-800-692-7443.</p> <p>In the case of access to residents who are not currently at the home access should be granted as soon the resident can return to the home. Access must be provided to all areas of any building accessible to residents and to areas where harmful materials may be stored.</p> <p>Resident records must be kept on site; other records may be kept off-site as long as such storage permits immediate access regardless of the day or time of the request.</p> <p>Inspection Procedures: "Immediate" means a reasonable period of time depending on the request. For example, it's reasonable to expect a home to produce a resident's support plan within 10 minutes during regular business hours, but unreasonable to expect off-site staff records to be delivered within 10 minutes at 2:00 AM.</p> <p>Primary Benefit: Allows the Department to measure compliance with all regulations. Allows area agency on aging the ability to fulfill their legal mandate to protect older adults. Provides ombudsmen with the access necessary to promote and protect resident rights. Provides advocates with the access necessary to protect the rights of residents with disabilities.</p>	
5b	2600.5(b) - The administrator or a designee shall permit community service organizations and representatives of community legal services programs to have access to the home during visitation hours or by appointment for the purpose of assisting or informing the residents of the availability of services and assistance. A resident or a resident's designated person may decline the services of the community service organization or the community legal service program.
<p>Discussion: This requirement is closely related to § 2600.222, which requires homes to encourage residents to</p>	

use social and community services available in the community.

Inspection Procedures: Inspectors will interview the administrator, staff of the home, and representatives of community service organizations who may be present at the home or who file complaints with the Department

Primary Benefit: Allows service organizations to provide information to residents who may benefit from their services, and allows the home to ensure compliance with § 2600.222..

GENERAL REQUIREMENTS

Procedural Requirements for Licensure or Approval of Personal Care Homes

11a

2600.11(a) - Except for § 20.32 (relating to announced inspections), the requirements in Chapter 20 (relating to licensure or approval of facilities and agencies) apply to personal care homes.

Discussion: Personal care homes are licensed in accordance with the licensing procedures established by 55 Pa.Code Chapter 20. Homes are strongly encouraged to review Chapter 20, which is available on the Department's website. Knowledge of Chapter 20 is required by regulation for administrators – see § 2600.53(f).

Inspection Procedures: If a violation of Chapter 20 is suspected, inspectors will cite only in consultation with the regional director and ARL headquarters.

Primary Benefit: Chapter 20 contains additional regulatory requirements, including the allowable reasons for denial, revocation, or nonrenewal of a license.

Maximum Capacity

13b

2600.13(b) - The maximum capacity specified on the license may not be exceeded.

Discussion: "Maximum capacity" means the total number of residents who require personal care services that the home is permitted to serve. The maximum capacity is different from the number of people who may reside in a home as determined by the home's certificate of occupancy. See "Certificates of Occupancy and Maximum Capacity" in the "Regulatory Issues and Frequently-Occurring Situations" section for more information. Occupants of the home who do not need personal care services (sometimes referred to as "independent" residents) are not counted when determining if the home's maximum capacity has been exceeded. However, because maximum capacity is determined in part by square footage and by the number of sinks, toilets, and showers in the home, the total number of persons living in a home must be considered when determining compliance with other regulations (such as bedroom square footage, number of toilets, and the like).

Inspection Procedures: Inspectors will verify the total number of persons who reside in the home. If the number of residents who require personal care services exceeds the maximum capacity as specified on the license, a violation exists.

Primary Benefit: Protects from overcrowding, and ensures that the number of people living in the home does not exceed toilet, bathing or hand-washing facilities necessary to maintain sanitary conditions.

Fire Safety Approval

14a

2600.14(a) - Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Construction Code Act (35 P.S. § 7210.101 – 7210.1103) is required.

Discussion: Please see "Certificates of Occupancy and Maximum Capacity" in the "Regulatory Issues and Frequently-Occurring Situations" section for more information.

Inspection Procedures: Inspectors will review and obtain a copy of the home's certificate of occupancy during the inspection.

Primary Benefit: Ensures that the home is appropriately constructed to serve individuals in a residential setting.

14b	2600.14(b) - If the fire safety approval is withdrawn or restricted, the home shall notify the Department orally immediately, and in writing, within 48 hours of the withdrawal or restriction.
<p>Discussion: A certificate of occupancy may be withdrawn or restricted due to damage, physical site modifications not approved by the local building authority, and the like. Withdrawal or restriction will be issued in writing; this written documentation should be provided to the Department with the notification required by this regulation. In most cases, there is no mechanism to renew an existing certificate of occupancy absent a change in use or structural modifications to the residence. Since structural renovations already require a new certificate of occupancy pursuant to § 2800.14(c), the Department interprets this regulation to apply only if the use of the building has changed within the past 3 years. Change in use generally includes converting from dual to single licensure, converting a portion of the building to a medical center, or any change in use described in the Uniform Construction Code. The Department expects residences to work with the appropriate local building authority to determine if changes to a certificate of occupancy are required prior to changing the use of the building.</p> <p>Inspection Procedures: Inspectors will interview administrator and maintenance staff to determine if the home's certificate of occupancy has been withdrawn or restricted within the past year or if it is currently restricted. Inspectors will verify that the residence obtained a new or modified certificate of occupancy prior to changing the use of the building.</p> <p>Primary Benefit: Ensures that the residence is appropriately constructed to serve individuals in a residential setting. Ensures that resident health and safety is not compromised by failure to meet or maintain construction standards.</p>	
14c	2600.14(c) - If a building is structurally renovated or altered after the initial fire safety approval is issued, the home shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority. This documentation shall be submitted to the Department within 15 days of the completion of the renovation or alteration.
<p>Discussion: The Uniform Construction Code (UCC) requires a new certificate of occupancy for major structural, electrical, mechanical, and plumbing changes. In the event that a new certificate of occupancy is not required, it is recommended that a statement from the local building authority or the Department of Labor and Industry indicating that a new certificate of occupancy is not required be obtained. Please see "Certificates of Occupancy and Maximum Capacity" in the "Regulatory Issues and Frequently-Occurring Situations" section for more information about "major" and "minor" repairs.</p> <p>The United States Environmental Protection Agency does not have a general ban on asbestos, but the Clean Air Act of 1970 and the Toxic Substances Control Act of 1976 both have strict limitations on the application of asbestos in construction materials. Because of this, it is unlikely that renovations or new construction will include asbestos.</p> <p>Inspection Procedures: Minor repairs of most systems do not require new permits. However, major repairs or renovations may. Inspectors will ask for a new permit or written certification that a new permit is not needed when major repairs, renovations, or new construction has occurred. If it is known or suspected that asbestos products have been used in renovation projects, inspectors will contact the regional office immediately.</p> <p>Primary Benefit: Ensures that resident health and safety is not compromised by failure to meet or maintain construction standards. Asbestos is a known carcinogen. A residence free of this material protects residents from many health issues.</p>	
Abuse Reporting Covered by Law	
15a	2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.
<p>Discussion: Please see "Abuse and Abuse Reporting" in "Regulatory Issues and Frequently-Occurring Situations" for more information.</p>	

Inspection Procedures: Inspectors will verify that the home followed all of the steps as described in the “Abuse and Abuse Reporting” section.

Primary Benefit: Ensures that abuse or suspected abuse is appropriately reported and investigated.

15b

2600.15(b) - If there is an allegation of abuse of a resident involving a home’s staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Discussion: Please see “Abuse and Abuse Reporting” in “Regulatory Issues and Frequently-Occurring Situations” for more information.

Inspection Procedures: See § 2600.15(a).

Primary Benefit: See § 2600.15(a).

15c

2600.15(c) - The home shall immediately submit to the Department’s personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Discussion: Please see “Abuse and Abuse Reporting” in “Regulatory Issues and Frequently-Occurring Situations” for more information.

Inspection Procedures: See § 2600.15(a).

Primary Benefit: See § 2600.15(a).

15d

2600.15(d) - The home shall immediately notify the resident and the resident’s designated person of a report of suspected abuse or neglect involving the resident.

Discussion: Please see “Abuse and Abuse Reporting” in “Regulatory Issues and Frequently-Occurring Situations” for more information.

Inspection Procedures: See § 2600.15(a).

Primary Benefit: See § 2600.15(a).

Reportable Incidents and Conditions

16b

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Discussion: There is no requirement for the content of these policies and procedures beyond what is explained in detail below in § 2600.16(c)-(f). However, it is recommended that homes include the following information:

- Prevention – How will the home identify and keep each type of incident from happening?
 - Prevention methods will vary by incident type (such as a utility shut-off notice versus a fire); it is recommended that prevention policies are developed for each type of incident. Prevention policies for incidents with similar prevention methods may be combined.
- Reporting - How will incidents be reported to the administrator?
- Notification - Who is responsible for notification to the Department and applicable agencies, and what is the method by which they will make the notification (fax, phone; etc.)?
- Investigation – What is the method and who is the person responsible for investigating the incident?
- Management – How will the reportable incident be recorded and stored, and how trends will be tracked?

Please see Appendix A for a list of reportable incidents and events that homes are not required to report.

Inspection Procedures: Inspectors will review the policies and procedures to verify that all of the content required by this regulation is addressed. If a violation of § 2600.16(c) is identified, inspectors will compare the violation with the home's written policies to determine whether the policy was followed and/or if a modification to the process is required.

Primary Benefit: Robust policies and procedures ensures that the home is accurately managing reportable incidents, tracking patterns of incidents, and taking steps to prevent future incidents.

16c

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Discussion: When it comes to reportable incidents, the more specific information a home can provide about the incident, including a timeline of events, actions taken by the home in response to the event, and the home's plans to prevent similar incidents in the future, demonstrates the home's commitment to regulatory compliance and may reduce the need for the Department to pursue additional information. Please see Appendix A for a list of reportable incidents.

Homes should never downplay or minimize the details in an incident report. There have been instances where incidents with scant details proved to be quite serious, which may suggest a deliberate attempt to withhold information – which is usually not the case!

Homes frequently ask whether a certain type of event or specific situation needs to be reported. It is recommended that homes follow the "when in doubt, send it out" rule: if you have to ask, you should probably send the report. There is no violation for reporting incidents or conditions beyond what is required. However, some events only need to be reported if certain conditions apply:

- **Personal care homes are required to report any act of physical violence by one resident to another resident even where the victim does not sustain an injury. Any physical assault by or against a resident is required to be reported to the Department regardless of whether or not it resulted in an injury. (Q/A April 2015-2600.16 (c))**
- Personal care home are required to report "serious bodily injury or trauma requiring treatment at a hospital or medical facility." The Department interprets "serious bodily injury or trauma" to mean any injury where the resident experienced one or more of the following:
 - Substantial risk of death
 - Extreme physical pain
 - Protracted loss or impairment of the function of a limb, organ, or other bodily member
 - Protracted unconsciousness
 - Significant or substantial internal damage (such as broken bones).

As such, **any injury requiring treatment at a hospital or medical facility that does not meet one or more of the above criteria does not need to be reported to the Department.**

- Personal care homes are required to report any "unexplained absence of a resident for 24 hours or more, or when the support plan so provides, a period of less than 24 hours, or an absence of a resident from a secured dementia care unit." Events where a resident who wanders outside without leaving the premises (property of the home) and is immediately guided back inside by staff **do not** need to be reported.
- Personal care homes are required to report any "incident requiring the services of an emergency management agency, fire department or law enforcement agency, except for false alarms." The following incidents do not need to be reported
 - Calls to an ambulance/EMS.
 - A police response to a 302 involuntary commitment proceeding.
 - Police response to an EMS call.
 - A response to a false alarm, such as a system malfunction or accidental sounding of the alarm. Minor events that trigger a fire department response (such as burned popcorn) **must** be reported.

All reportable incidents and conditions must be reported using the Department's Reportable Incident and Condition Form, available on the Department's website, and may be submitted to the regional office by fax, email or hand-delivery.

The following conditions must also be reported to the regional office by phone or via the ARL complaint hotline within 24 hours, except for the exclusions listed above:

- Unexpected death of a resident.
- Unexplained absence of a resident for more than 24 hours or more or any absence of a resident from a secured dementia care unit.
- Fire or structural damage to the home making it uninhabitable overnight.
- An emergency in which the procedures under § 2600.107 are implemented.
- An unscheduled closure of the home or relocation of the residents for any reason.
- Termination of water or electricity, or termination of heat for any reason resulting in temperatures in any area of the home falling below 70 degrees for more than two hours.

Telephone reports must include all of the information required on the written report, including contact information for the home.

Inspection Procedures: Prior to the inspection, inspectors will review incident reports submitted to the Department during the previous year. A noticeably low number of incidents reported warrant a careful review of the home's policies and reporting practices. It may be that homes do not understand what must be reported, leading to under-reporting. Additionally, inspectors will look for patterns of incidents that may be indicative of causal regulatory violations. During the inspection process, inspectors will watch for any events that occurred since the last inspection that should have been reported but were not.

Primary Benefit: Reporting incidents allows the Department to respond promptly to serious situations, and offers homes the opportunity to provide information that may reduce the need for the Department to pursue additional information

16d	2600.16(d) - The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.
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Discussion: A final report is required when the incident or condition described in the initial report requires additional investigation by the home, or if the home did not have enough information to submit a comprehensive report when the incident initially occurred. The final report need not be submitted on a specific form, but must include the home's name, license number, and the date and time the initial report was submitted to the Department.

Inspection Procedures: When reviewing reportable incidents and conditions, inspectors will consider if the report is an initial report requiring further investigation.

Primary Benefit: Ensures that the home responds independently to reportable incidents and conditions.

16e	2600.16(e) - If the home's final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.
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Discussion: What constitutes "other residents who could potentially be harmed" is determined on a case by case basis. It is recommended that the home include an explanation of who was notified and why the notification was made with the copy of the reportable incident or condition required by § 2600.16(f).

A written report or documented telephone call meets this requirement. If the actual report is provided, the identities of other residents must be protected through redaction of any identifying information in accordance with § 2600.17.

Inspection Procedures: Inspectors will review documentation for any incident reports affecting specific residents. If no notifications were made, and no justification for this action appears in the home's records, inspectors will interview the administrator to determine why notifications were not made.

Primary Benefit: Ensures that residents and designated persons are informed about the home's finding related to reportable incidents and conditions, and the home's actions to prevent recurrence of future incidents (if described – see § 2600.16(c)).

16f	2600.16(f) - The home shall keep a copy of the report of the reportable incident or condition.
<p>Discussion: Copies of all reports must be retained. Retention of the incidents in residents' records is in accordance with § 2600.252(10), but remember that reportable incidents must be reviewed in aggregate as part of the home's quality management process pursuant to § 2600.26(b)(1).</p> <p>Inspection Procedures: Inspectors will verify that copies are retained. If necessary, inspectors will compare the home's record of reports with those received by the regional office.</p> <p>Primary Benefit: Permits homes to review reports to identify and address patterns of incidents and conditions that may otherwise be a source of harm to residents.</p>	
Confidentiality of Records	
17	2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.
<p>Discussion: Consultants or contractor service providers under contract with the home to provide services to residents may have access to resident records necessary to provide the contracted services. Homes should pay particular attention to unsecured medication administration records and bulletin boards showing residents' medical appointments, as these are the most common violations of this regulation.</p> <p>Inspection Procedures: Inspectors will assure that confidential information is maintained in a manner that prevents unauthorized access.</p> <p>Primary Benefit: Protects resident privacy and ensures that homes comply with other applicable laws.</p>	
Applicable Health and Safety Laws	
18	2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.
<p>Discussion: Please see Appendix C for a non-exhaustive listing of examples of applicable laws.</p> <p>Inspection Procedures: Unless directly incorporated into Chapter 2600 by reference, all suspected violations of other applicable laws, ordinances, and regulations must be referred to the appropriate enforcing authority for investigation. Violations will be recorded by inspectors if the appropriate enforcing authority issues a citation, violation report, or other applicable notice of violation.</p> <p>Primary Benefit: Ensures compliance with other applicable health, safety, and wellness requirements not incorporated by Chapter 2600.</p>	

Waivers

19f

2600.19(f) - The Department will review waivers annually to determine compliance with the conditions required by the waiver. The Department may revoke the waiver if the conditions required by the waiver are not met.

Discussion: When waivers are issued, additional conditions will apply. Please see "Requesting Waivers of Regulations" in the "Regulatory Issues and Frequently-Occurring Situations" section for information about requesting waivers.

Inspection Procedures: Prior to the inspection, inspectors will review the home's record to determine whether waivers have been granted. During the inspection, inspectors will verify that the conditions of the waiver are being met.

Primary Benefit: Waiver conditions are reviewed to ensure that homes may continue to provide services in a manner other than that required by regulations, and to ensure that residents continue to benefit from the waiver.

Financial Management

20a

2600.20(a) - A resident may manage his personal finances unless he has a guardian of his estate.

Discussion: Residents may manage their own personal finances if they choose to do so and have not been adjudicated incapacitated by a court of law.

Inspection Procedures: Inspectors will interview residents and the administrator regarding persons who wish to manage their own finances.

Primary Benefit: Protecting the residents' right to manage their own finances fosters maximum independence.

20b1

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Discussion: This includes cash deposits and cash withdrawals of any amount, and purchases of any amount made by the provider on behalf of the resident. Receipts should be retained to verify that the item(s) purchased accurately reflect the amount withdrawn from the resident's funds. Please see "Definition and Implementation of Financial Management" in the "Regulatory Issues and Frequently-Occurring Situations" section for more information.

Inspection Procedures: Inspectors will review the home's record of financial transactions to verify that all of the required information is captured for each resident who receives financial management from the home. If necessary, inspectors will audit a sample of records to compare the balance sheet with the resident's available funds.

Primary Benefit: A transaction record ensures that residents' funds are not misused, and protects the home from accusations of misuse of residents' funds.

20b2

2600.20(b)(2) - Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator or business manager regarding the home's system for disbursing resident funds. Inspectors will interview residents regarding the availability of funds managed by the home.

Primary Benefit: Ensures that resident funds managed by the home are available to residents within a reasonable timeframe.

20b3

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Discussion: Receipts must include the resident’s name, the amount of the disbursement, the date, and the time of the disbursement, and the resident’s signature or witnessed mark. Copies of receipts should be kept for one year.

Inspection Procedures: Inspectors will interview the administrator or business manager regarding the home’s system for issuing receipts for resident funds. Inspectors will interview residents regarding issuance of receipts.

Primary Benefit: Use of receipts ensures that residents’ funds are not misused, and protects the home from accusations of misuse of residents’ funds.

20b4

2600.20(b)(4) - Resident funds and property shall only be used for the resident’s benefit.

Discussion: Homes may not use resident funds or property to benefit the home.

Examples of use of resident funds that are not for the resident’s benefit include:

- Use of residents’ funds by the home to purchase or rent a shared home item such as a common television, an air conditioner in a common area, or common living room furniture.
- Use of residents’ funds by the home to rent property or items for the home, legal entity or staff.
- Staff persons accepting loans or gifts of money or property from a resident.
- Homes accepting loans or gifts of money from a resident.

Examples of use of resident funds that are permitted under this regulation include:

- Staff persons’ accepting gifts from residents *if* the gift is a homemade craft item made from materials purchased/provided by the home.
- Voluntary contributions by residents to an anonymous “gift fund” for staff, *if* there is no way for any person employed by the home who benefits from the fund to determine whether a resident contributed to the fund, and that all staff persons who benefit from the fund receive a gift of equal value.
- Gifts from family members and friends of a resident.
- Residents making cash or other donations to a charitable, non-profit organization, such as a benevolent fund associated with the home.

What’s wrong with holiday gifts? Many homes are frustrated by the prohibition on residents purchasing holiday or birthday gifts for staff. After all, many residents have close and rewarding relationships with staff, and want to express their fondness for the caregiver. However, it is critical that a staff person never be in a position or even a perceived position over a resident of a non-professional nature that may interfere with the provision of personal care services. By staff accepting gifts or cash (even small items) from a resident, this can be perceived as a reward for special treatment/services or as necessary to receive that service for which the resident is already paying. What’s more, there have been many documented cases of staff accepting financial “gifts” that were actually extorted from residents.

Inspection Procedures: Inspectors will interview the administrator to verify that the home does not engage in any of the prohibited actions. Inspectors will interview residents and staff to verify that this requirement is understood and followed.

Primary Benefit: Safeguards resident funds and property.

20b5

2600.20(b)(5) - Commingling of resident funds and home funds is prohibited.

Discussion: Resident funds may not be deposited in the home’s business account, or in accounts owned by the legal entity or staff, for any period of time. Please see “Definition and Implementation of Financial Management” in the “Regulatory Issues and Frequently-Occurring Situations” section for more information.

Inspection Procedures: Inspectors will interview the administrator or business manager regarding the method for cashing or depositing resident funds.

Primary Benefit: Separating funds prevents the inadvertent use of resident funds for the home’s business purposes, and ensures that resident funds are available for resident use.

20b6	2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.
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Discussion: The Department strongly recommends that the administrator notify the resident and offer assistance to the resident every two months for periods in which the home continuously holds more than \$200 for the resident.

Documentation of the notice and offer must be kept. Please see "Definition and Implementation of Financial Management" in the "Regulatory Issues and Frequently-Occurring Situations" section for more information.

Important Information Regarding SSI Recipients. SSI recipients occasionally accumulate funds exceeding \$200 by saving their monthly personal needs allowances. If an SSI recipient establishes an interest-bearing account, the interest earned may affect the recipient's eligibility to receive SSI. If an interest-bearing account will affect the recipient's benefits, homes may offer the resident assistance in making a personal purchase with the funds, such as a television or other nonessential item for personal use.

Inspection Procedures: Inspectors will review monthly balances for all residents selected for record reviews. If balances exceed \$200, inspectors will review the documentation of notices and offers relating to interest-bearing accounts.

Primary Benefit: Ensures residents are aware of the opportunity to earn interest on accumulated funds.

20b7	2600.20(b)(7) - The legal entity, administrator and staff persons of the home are prohibited from being assigned power of attorney or guardianship of a resident or a resident's estate.
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Discussion: Exception – A legal entity, administrator or staff person who is the parent, stepparent, child, stepchild, sister, brother, or grandchild of the resident may be assigned power of attorney or guardianship for the resident.

Inspection Procedures: Inspectors will interview the administrator and residents, and review resident records.

Primary Benefit: Protects the home and residents from real or perceived conflicts of interest.

20b8	2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.
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Discussion: A model (not mandatory) quarterly financial summary is available on the Department's website. Accounts and documentation of the transmittal of the accounts to both the resident and designated person are required to be maintained in accordance with § 2600.253(a). This information may be managed electronically, provided that the electronic system is capable of producing a resident-specific report for the purposes of complying with § 2600.20(b)(9).

Inspection Procedures: Inspectors will review documents for each resident selected for record review.

Primary Benefit: Providing itemized accounts allows the resident to review his financial transactions and verify their accuracy.

20b9	2600.20(b)(9) - A copy of the itemized account shall be kept in the resident's record.
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Discussion: This refers to the account required in § 2600.20(b)(8).

Inspection Procedures: Inspectors will review documents for each resident selected for record review.

Primary Benefit: Permits review of required documents by residents and their designated persons.

20b10	2600.20(b)(10) - The home shall provide the resident the opportunity to review his own financial record upon request during normal business hours.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will interview the administrator and/or business manager regarding the home's policy relating to record review and established business hours. If necessary, inspectors will interview residents to ensure that they are aware of the opportunity to review their financial records.</p> <p>Primary Benefit: Permits review of required documents by residents and their designated persons.</p>	
Offsite Services	
21	2600.21- If services or activities are provided by the home at a location other than the premises, the home shall ensure that the residents' support plans are followed and that resident health and safety needs are met.
<p>Discussion: This applies only to activities arranged and provided by the home, such as shopping trips or outdoor activities. This regulation does not apply during off-site activities such as outings with family or services provided by another regulated entity (such as a partial-hospitalization program or adult training facility), unless 1) the home provides transportation to such activities, as the home is responsible for meeting health and safety needs when transporting residents, or 2) the resident transports him/herself to the activities, but requires supervision when outside the home, as the home is responsible for meeting needs identified through the Resident Assessment-Support Plan (RASP). Staff must be aware of residents' needs prior to engaging in outings and activities within the community; this shall be accomplished by reviewing resident RASPs. Please see "Preadmission Screenings, Assessments, and Support Plans" in the "Regulatory Issues and Frequently-Occurring Situations" section for more information.</p> <p>Inspection Procedures: Inspectors will interview the administrator and staff regarding the provision of off-premises activities provided by the home.</p> <p>Primary Benefit: Ensures that residents' needs are met when away from the home.</p>	
Activities	
23a	2600.23(a) - A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.
<p>Discussion: This regulation requires that the home <i>follow</i> the plan developed through the assessment-support plan process.</p> <p>Inspection Procedures: Inspectors will review a sample of residents' assessments and support plans and compare the plans to the actual services the residents receive.</p> <p>Primary Benefit: Ensures that residents' needs are met once those needs have been assessed and a plan to meet the needs has been developed.</p>	
23b	2600.23(b) - A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.
<p>Discussion: See § 2600.23(a).</p> <p>Inspection Procedures: See § 2600.23(a).</p> <p>Primary Benefit: See § 2600.23(a).</p>	

Personal Hygiene

24

2600.24 - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

- (1) Bathing.
- (2) Oral hygiene.
- (3) Hair grooming and shampooing.
- (4) Dressing, undressing and care of clothes.
- (5) Shaving.
- (6) Nail care.
- (7) Foot care.
- (8) Skin care.

Discussion: See § 2600.23(a).

Inspection Procedures: See § 2600.23(a).

Primary Benefit: See § 2600.23(a).

Resident-Home Contract

Please see "Resident-Home Contracts" in the "Regulatory Issues and Frequently-Occurring Situations" section for information on § 2600.25(a)(1) – (h).

Quality Management

26a

2600.26(a) - The home shall establish and implement a quality management plan.

Discussion: The plan must be established to address the elements specified in § 2600.26(b), and must be implemented. The plan may not consist of a reiteration of the regulatory requirements; instead, the plan should describe how the home will apply and comply with regulatory requirements. It is recommended but not required that the plan include the following elements:

- The date of the review
- The persons involved in the review
- How the review was conducted
- Findings of the review, if any
- Follow-up action planned based on the findings, if applicable.

Inspection Procedures: Inspectors will review the quality management plan to ensure that it exists, that all of the required elements are included, and that the plan is properly implemented.

Primary Benefit: Ensures that the home has a systemic tool for identifying and addressing problems with care and management of the home.

26b

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

Discussion: See § 2600.26(a).

Inspection Procedures: See § 2600.26(a).

Primary Benefit: See § 2600.26(a).

26c	2600.26(c) - The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.
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Discussion: See § 2600.26(a).

Inspection Procedures: See § 2600.26(a).

Primary Benefit: See § 2600.26(a).

SSI Recipients

27a	2600.27(a) - If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.
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Discussion: SSI, or Supplemental Security Income, is a Federal income supplement program funded by general tax revenues (not Social Security taxes) that provides cash to meet basic needs for food, clothing, and shelter for individuals who are over 65 years of age, blind, or who have a disability and who have little or no income. The "SSI Supplement" is a Commonwealth benefit program where individuals who receive SSI, reside in a personal care home, and meet financial and clinical criteria are eligible to receive additional monthly income. "SSI benefits," where used in Chapter 2600, refers to both SSI and the SSI supplement.

Homes are not required to admit residents who are SSI eligible or to retain residents who become SSI eligible after admission. However, if a home decides to serve a person who is SSI eligible, the home may charge no more than the residents' actual monthly income less the \$85 personal needs allowance. If a home decides to discharge an individual who becomes SSI eligible after admission and can no longer pay the contracted rent amount, the home must provide a 30-day notice following the first month in which the resident cannot meet the rental agreement.

The home's charges for actual rent and other services may not exceed the actual current monthly income reduced by the current personal needs allowance for the person who is SSI eligible. This is all that homes are permitted to charge for under the regulations; homes are not permitted to charge residents who receive SSI for damage – intentional or otherwise. Homes may want to include home rules prohibiting intentional acts of vandalism to the home's property. In doing this, homes may then discharge a resident who engages in destructive behavior. (Q/A October 2014-2600.27(a),(d)).

Families or others may enter into a third-party agreement with a home to supplement the rent paid by a resident who is SSI eligible. These agreements must be in writing and completely separate from the resident-home contract, and will not be reviewed by the Department. Third-party agreements must indicate that they are for "additional services" and not for "food, clothing, or shelter" so they do not negatively affect the resident's eligibility for SSI.

A home may refuse to admit a resident who is SSI eligible unless there is a third-party agreement to supplement the resident's rent, but may not require the establishment of a third-party agreement for a current resident who is SSI eligible.

Homes are not responsible for ensuring that residents receive their personal needs allowance unless the home serves as the resident's representative payee, unless there is an informal agreement between the resident and the home wherein the resident is a recipient of SSI and gives his entire check to the home.

Inspection Procedures: Inspectors will review contracts and payment methods for residents who are recipients of SSI benefits, and interview staff and residents as appropriate, to ensure that homes are in accordance with § 2600.27(a)-(e).

Primary Benefit: Ensures that low-income residents have some income available for discretionary spending.

27b	2600.27(b) - The administrator or staff persons may not include funds received as lump sum awards, gifts or inheritances, gains from the sale of property, or retroactive government benefits when calculating payment of rent for an SSI recipient or for a resident eligible for SSI benefits.
<p>Discussion: This includes one-time benefits such as special tax incentives or stimulus payments. Homes may not charge residents for assistance with preparation of applications for special benefits.</p> <p>Inspection Procedures: See § 2600.27(a).</p> <p>Primary Benefit: Permits residents with low incomes to retain one-time benefits for personal use.</p>	
27c	2600.27(c) - The administrator or staff persons may seek and accept payments from funds received as retroactive awards of SSI benefits, but only to the extent that the retroactive awards cover periods of time during which the resident actually resided in the home and for which full payment has not been received.
<p>Discussion: Homes may only collect that portion of retroactive SSI benefits paid to a resident that they would otherwise have received for time that the resident resided in the personal care home, less the resident's personal needs allowance. The portion that is the Personal Needs Allowance (PNA) must be returned to the resident. A contract must have been in place at the SSI rate, from time of admission to time of retroactive payment. Personal care homes may only recover retroactively that portion that is for rent and personal care services for which they had not received full payment. The resident shall retain the total personal needs allowance for each month (s)he resided in the home. If the provider provided the resident with some spending monies, or made purchases on behalf of the resident that was clearly documented and substantiated, then the provider should be able to retrieve any monies advanced to the resident out of retroactive rewards.</p> <p>Inspection Procedures: See § 2600.27(a).</p> <p>Primary Benefit: Protects residents from paying rent from benefits received for periods that the resident was not served in the home.</p>	
27d1	2600.27(d)(1) - The administrator shall provide each resident who is a recipient of SSI, at no charge beyond the amount determined in § 2600.27(a), necessary personal hygiene items such as a comb, toothbrush, toothpaste, soap and shampoo. Cosmetic items are not included.
<p>Discussion: Homes are not required to purchase cosmetics, or to provide specific brand-name hygiene items. "Necessary personal hygiene items" include:</p> <ul style="list-style-type: none"> • A hairbrush • Skin lotion • Deodorant • Razors <p>Inspection Procedures: See § 2600.27(a).</p> <p>Primary Benefit: Ensures that residents with low incomes have necessary personal hygiene items.</p>	
27d2	2600.27(d)(2) - The administrator shall provide each resident who is a recipient of SSI, at no charge beyond the amount determined in § 2600.27(a), necessary laundry services for personal laundry, bed linens and towels, but not including dry cleaning or other specialized services.
<p>Discussion: The home is not required to provide or pay for dry-cleaning or other special cleaning services.</p> <p>Inspection Procedures: See § 2600.27(a).</p> <p>Primary Benefit: Ensures that residents with low incomes have clean clothing, laundry, and towels.</p>	

27d3	2600.27(d)(3) - The administrator shall provide each resident who is a recipient of SSI, at no charge beyond the amount determined in § 2600.27(a), personal care services.
<p>Discussion: "Necessary personal care services" include room, board, personal care services as defined at § 2600.4, and the services identified in the resident assessment-support plan or by a medical professional. The home's charges for actual rent and other services may not exceed the actual current monthly income reduced by the current personal needs allowance for the SSI eligible resident. This is all that homes are permitted to charge residents who receive SSI for damage- intentional or otherwise. Homes may want to include home rules prohibiting intentional acts of vandalism to the home's property. In doing this, homes may then discharge a resident who engages in destructive behavior. (Q/A October 2014-2600.27(a),(d))</p> <p>Inspection Procedures: See § 2600.27(a).</p> <p>Primary Benefit: Ensures that residents with low incomes receive essential personal care services.</p>	
27e	2600.27(e) - Third-party payments made on behalf of an SSI recipient and paid directly to the home are permitted. These payments may not be used for food, clothing or shelter because to do so would reduce SSI payments.
<p>Discussion: See § 2600.27(a).</p> <p>Inspection Procedures: The Department will not review third-party agreements.</p> <p>Primary Benefit: Ensures that supplemental third-party payments do not affect SSI eligibility.</p>	
Refunds	
28a	2600.28(a) - If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination) and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30 days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.
<p>Discussion: A resident "moves out" when the resident and any of the resident's personal belongings are no longer in the home.</p> <p>The timeframes for refunding residents' funds are as follows:</p> <ul style="list-style-type: none"> • Funds kept at the home = the date the resident leaves the home. • Funds stored at another location that are managed by the home = two business days from the date the resident leaves the home. • Pro-rated rent refunds = 30 days from the date the resident leaves the home. • A resident who is hospitalized and subsequently dies at the hospital without returning to the home = 30 days from the day the bed-hold expires, i.e., the date of death. <p>Inspection Procedures: Inspectors will review records of recently discharged residents and interview staff who manage refunds.</p> <p>Primary Benefit: Ensures that resident funds are refunded promptly following discharge.</p>	
28c	2600.28(c) - If no notice is required, as set forth in § 2600.28(d), the resident shall be required to pay only for the nights spent in the home.
<p>Discussion: See § 2600.28(a).</p> <p>Inspection Procedures: See § 2600.28(a).</p>	

Primary Benefit: See § 2600.28(a).

28d

2600.28(d) - If the home does not require a written notice prior to a resident's departure, the administrator shall refund the remainder of previously paid charges to the resident within 30 days of the date the resident moved from the home.

Discussion: See § 2600.28(a).

Inspection Procedures: See § 2600.28(a).

Primary Benefit: See § 2600.28(a).

28e

2600.28(e) - In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. § 10226.101 – 10226.107). The home shall keep documentation of the refund in the resident's record.

Discussion: The refund requirements at § 2600.28(a)-(d) are in accordance with the Elder Care Payment Restitution Act. For residents under 60 years of age, the home may continue to charge until the room is cleared of the resident's personal property. For residents above 60 years of age, homes must follow the requirements of the Elder Care Payment Restitution Act. Following the death of a resident, the home will pay the personal representative or guardian of the resident the amount of the difference between any payment made and the cost of eldercare actually provided to the resident. This payment shall be made within 30 days from the date that the resident's bedroom is cleared of the resident's personal property. If the resident contract does not distinguish the costs of care from other costs such as room and board, then the Department will cite a violation unless the home refunds the total amount paid for food, shelter, and services for the period following the resident's death. No matter whether the Department cites a regulatory violation, the resident's personal representative or guardian may pursue the remedies available under the Elder Care Payment Restitution Act. See 35 P.S. § 10226.103(b). Personal Care Homes should also be aware that noncompliance with the Elder Care Payment Restitution Act could lead to criminal penalties. See 35 P.S. § 10226.107. Homes are encouraged to develop policies and practices that comply with the Elder Care Payment Restitution Act to address the conditions under which charges may continue to accrue after the death of the resident, as well as the provision of refunds. (Q/A January 2019-2600.28(e))

Inspection Procedures: See § 2600.28(a).

Primary Benefit: See § 2600.28(a).

28f1

2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

Discussion: This requirement allows homes 30 days to determine if residents owe the home money or if the home owes residents money.

If pension checks, social security checks, or SSI checks are mailed to the home after the resident has left, the home may not cash these checks, even if money is owed to the home by the resident or his estate. These checks must be returned to the issuing authority along with contact information for the resident or the guardian of his estate, if known.

Inspection Procedures: Inspectors will review records of recently discharged residents and interview staff who manage refunds.

Primary Benefit: Ensures that the resident is informed of payments or refunds due in a timely manner.

28f2	2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.
<p>Discussion: See § 2600.28(a).</p> <p>Inspection Procedures: See § 2600.28(a).</p> <p>Primary Benefit: See § 2600.28(a).</p>	
28g	2600.28(g) - Upon discharge of the resident or transfer of the resident to a higher level of care, the administrator shall return the resident's funds being managed or stored by the home to the resident within 2 business days from the date the room is cleared of the resident's personal property.
<p>Discussion: "Higher level of care" means any setting where the residents needs can be met. See § 2600.28(a).</p> <p>Inspection Procedures: See § 2600.28(a).</p> <p>Primary Benefit: See § 2600.28(a).</p>	
STATEMENTS OF POLICY (SOP)	
Rent Rebate	
25b-a Statement of Policy (SOP)	2600.25b(a) - The resident-home contract is to include whether or not the home collects a portion of a resident's rebate under § 2600.25(d) (relating to resident-home contract).
<p>Discussion: Some residents are eligible to receive rent-rebate benefits based on their incomes. It is a common practice for homes to retain 50% of a resident's rent rebate; retention of more than 50% is not permitted by regulation (see § 2600.25(b)). The home may charge any amount less than one-half of the rent rebate received. However, if a home wishes to collect any portion of the rent rebate, the home must specify their intention to do so in the resident-home contract.</p> <p>Inspection Procedures: When reviewing resident home contracts in a home that collects a portion of residents' rent rebates, inspectors will verify that the home's contract includes a statement regarding the home's policy on rent rebate retention.</p> <p>Primary Benefit: Ensures that residents are aware of the home's policy regarding collection of rent rebate monies.</p>	
25b-b1 Statement of Policy (SOP)	2600.25b(b)(1) - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the dollar amount or percentage of the rent rebate to be collected.
<p>Discussion: See § 2600.25b(a).</p> <p>Inspection Procedures: See § 2600.25b(a).</p> <p>Primary Benefit: Ensures that residents know the amount of rent rebate the home intends to collect.</p>	

<p>25b-b2 Statement of Policy (SOP)</p>	<p>2600.25b(b)(2) - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.</p>
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Discussion: The regulatory requirements do not specify what homes must do with rent rebate monies, only that whatever the home intends to do with the monies is specified in the resident-home contract.

Inspection Procedures: See § 2600.25b(a).

Primary Benefit: Ensures that residents and their designated persons know how rent rebate revenue will be used.

<p>25b-c Statement of Policy (SOP)</p>	<p>2600.25b(c) - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include a statement signed by the resident, and the resident's designated person if applicable, at the time of admission, informing the resident that the information required in § 2600.25(a) is to be kept in the resident's record.</p>
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Discussion: Self-explanatory.

Inspection Procedures: See § 2600.25b(a).

Primary Benefit: Ensures that the resident is aware that rent rebate collection information will be kept in the resident's record and available for review.

Hospice Care and Services

<p>29a Statement of Policy (SOP)</p>	<p>2600.29a(a) - If a personal care home elects to provide assistance with IADLs or ADLs for a resident who receives hospice care and services in accordance with § 2600.29 (relating to hospice care and services), the home shall provide for the resident's personal care needs, as well as meet the needs directed by the hospice agency for the time period that hospice service staff are not physically present in the home, and in accordance with the resident's medical evaluation, assessment and support plan.</p>
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Discussion: Homes serving individuals receiving hospice care occasionally believe that the residents' care needs are exclusively met by the hospice agency providing the care. This is not the case; the home is still responsible for meeting a resident's needs as specified in the resident's medical evaluation, assessment, and support plan.

Inspection Procedures: Inspectors will interview direct care staff who provide care to individuals receiving hospice care to ensure that the home continues to provide personal care services as required.

Primary Benefit: A resident receiving hospice has the right to receive services for his/her personal care needs regardless of the services provided by outside agencies.

<p>29a-b1 Statement of Policy (SOP)</p>	<p>2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.</p>
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Discussion: Residents who are actively dying do not need to be evacuated during a fire drill, but only if specific conditions are met. This condition requires a physician to provide written documentation that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

Inspection Procedures: Inspectors will review the home's resident records to verify that written certification has been obtained, as well as interview the administrator and/or staff to determine if the physician who provided the written documentation is an employee or contractor of the home.

Primary Benefit: A physician who is not an employee or contractor of the home can offer an objective assessment of a resident's condition, avoiding suspicion or accusation of a conflict of interest.

**29a-b2
Statement
of Policy
(SOP)**

2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

Discussion: Residents who are actively dying do not need to be evacuated during a fire drill, but only if specific conditions are met. This condition requires that the resident, the resident's power of attorney for health care, the resident's legal guardian, or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

Inspection Procedures: Inspectors will review the home's resident records to determine if the home is in compliance with the Statement of Policy.

Primary Benefit: The decision not to evacuate during a fire drill is very serious, as it raises the possibility of a resident perishing in an actual fire. Documentation of informed consent ensures that the resident was permitted to make a choice.

**29a-b3
Statement
of Policy
(SOP)**

2600.29a(b)(3) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: If practicable, the home is to locate the bedroom of a resident receiving hospice care and services on the ground level of the building and near to an exit or fire-safe area as defined in § 2600.132(d) (relating to fire drills).

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the home's administrator and/or staff to determine what consideration was given to move the resident(s) receiving hospice services to the ground level of the building and near to an exit or fire-safe area.

Primary Benefit: Locating the bedroom of a resident receiving hospice care and services on the ground level of the building and near to an exit or fire-safe area can help first responders quickly locate the resident who is actively dying and did not evacuate the home in the event of an actual fire.

**29a-b4
Statement
of Policy
(SOP)**

2600.29a(b)(4) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of § 2600.29a(b)(1)-(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator and/or staff of the home to determine what is done to notify staff whether the alarm is signifying a drill or a real fire, as well as determine what happens during a fire drill.

Primary Benefit: Having the one designated person at the home who has knowledge in advance of the fire drill notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated helps to prevent the resident who is actively dying from suffering bodily injury or a hastened death as a result of participation in a fire drill without notifying others in the home that the "fire" is actually a drill.

<p>29a-b5i Statement of Policy (SOP)</p>	<p>2600.29a(b)(5)(i) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Access a mode of transport such as a bed on wheels, a chair on wheels or a drag mat in the resident's bedroom or nearby area, which is not currently occupied by the resident.</p>
<p>Discussion: This requirement means that staff who are not evacuating a resident during a drill practice evacuation procedures without moving the actual resident.</p> <p>Inspection Procedures: Inspectors will review the home's physical site as well as interview the administrator and/or staff of the home to determine who has knowledge in advance of the fire drill and what mode of transport/evacuation drill process is used for a resident receiving hospice services during a fire drill.</p> <p>Primary Benefit: Residents who receive hospice care and elect not to evacuate during fire drills will still be evacuated in the event of an actual fire. Staff persons responsible for evacuation must be trained and prepared to evacuate a resident who does not evacuate during drills if a real fire occurs.</p>	
<p>29a-b5ii Statement of Policy (SOP)</p>	<p>2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.</p>
<p>Discussion: This requirement means that staff who are not evacuating a resident during a drill practice evacuation procedures without moving the actual resident.</p> <p>Inspection Procedures: Inspectors will interview the administrator and/or staff to determine how the home simulates the level of effort needed to move the resident when practicing evacuation, as well as how many staff members participate in the simulated fire drill process.</p> <p>Primary Benefit: Residents who receive hospice care and elect not to evacuate during fire drills will still be evacuated in the event of an actual fire. Staff persons responsible for evacuation must be trained and prepared to evacuate a resident who does not evacuate during drills if a real fire occurs.</p>	
<p>29a-b6 Statement of Policy (SOP)</p>	<p>2600.29a(b)(6) - If the provisions of § 2600.29a(b)(4) are not initiated, staff persons will proceed to evacuate the resident. All staff persons are to be trained to follow this evacuation procedure.</p>
<p>Discussion: If a staff person arrives at the room of a resident receiving hospice care, and another staff person is not present in the room to inform the staffer that the evacuation is due to a drill, the staff person will assume that there is a real fire and evacuate the resident.</p> <p>Inspection Procedures: Inspectors will interview the administrator and/or staff to determine what the home would do if there was a time when the person in charge of the drill did not notify staff that it was a drill, if this situation ever happened, and if this situation did happen how the home responded.</p> <p>Primary Benefit: Unless otherwise informed, staff must presume that the sounding of an alarm means that an actual fire is occurring. If an actual fire occurs, staff must evacuate all residents, even residents who receive hospice care.</p>	
<p>29a-b7 Statement of Policy (SOP)</p>	<p>2600.29a(b)(7) - The home is to maintain sufficient staffing at all times to provide for the safe evacuation of all residents, including the resident who is actively dying while receiving hospice care and services, in accordance with the fire drill practice requirements specified in § 2600.29a(b)(5) and § 2600.132(a)-(j). A resident who meets the conditions of § 2600.29a(b)(1)-(3) is a resident with mobility needs in accordance with § 2600.4 (relating to definitions).</p>

Discussion: Even if one or more residents who receive hospice care elect not to evacuate during drills, homes must maintain sufficient staffing to evacuate everyone in case a real fire occurs.

Inspection Procedures: Inspectors will review the home's staff schedule and fire drill record, as well as interview the administrator and/or staff to determine if the home is maintaining sufficient staffing at all times to provide for the safe evacuation of all residents.

Primary Benefit: Sufficient staffing helps to provide for the safe evacuation of all residents, including the resident who is actively dying while receiving hospice care and services, in the event of a real fire.

**29a-b8
Statement
of Policy
(SOP)**

2600.29a(b)(8) - A hospice agency staff person may participate in the fire drill if the staff person is physically present in the home continuously on a 24-hour basis during the active dying process.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator, staff of the home, and/or staff of the hospice agency to determine if hospice staff members are present in the home 24 hours/day during the active dying process, as well as what does hospice do to assist in the event of a fire drill, and if this situation has happened what did hospice staff do to assist the home during the fire drill.

Primary Benefit: Additional staffing can help to provide for the safe evacuation of all residents, including the resident who is actively dying while receiving hospice care and services.

**29a-b9
Statement
of Policy
(SOP)**

2600.29a(b)(9) - The total time to evacuate all residents, including the practice provision of § 2600.29a(b)(5), may not exceed the time allotted under § 2600.132(d).

Discussion: Self-explanatory. See "Fire Drills and Evacuations" in the "Regulatory Issues and Frequently-Occurring Situations" section for information about fire drills and evacuation.

Inspection Procedures: Inspectors will review the home's fire drill record to determine if the time to evacuate all residents does not exceed the time allotted under § 2600.132(d).

Primary Benefit: Ensures that all residents will be safely evacuated, residents who are actively dying while receiving hospice care and services, in the event of a real fire.

**29a-b10
Statement
of Policy
(SOP)**

2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the resident records for those residents receiving hospice care and services to determine if the documents are current and that the documents address fire drills.

Primary Benefit: The Resident Assessment-Support Plan is the blueprint for all resident care needs, including special evacuation needs.

<p>29a-b11 Statement of Policy (SOP)</p>	<p>2600.29a(b)(11) - Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:</p> <ul style="list-style-type: none"> (i) A copy of the Department of Health license for the hospice agency. (ii) Written certification by the physician as specified in § 2600.29a(b)(1). (iii) Written informed consent as specified in § 2600.29a(b)(2). (iv) Written documentation of the home's consideration of relocation of the resident's bedroom as specified in § 2600.29a(b)(3).
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Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the home's fire drill, as well as the resident record of each resident receiving hospice care and services to determine that all documentation as listed is present in the resident's record.

Primary Benefit: Having the appropriate documentation in the resident's record helps the home to be aware of the resident's wishes, and ensure that the resident and/or resident's designated person has successfully completed the legal paperwork necessary in order to carry out the resident's wishes.

RESIDENT RIGHTS

Notification of Rights and Complaint Procedures

<p>41a</p>	<p>2600.41(a) - Upon admission, each resident and, if applicable, the resident's designated person, shall be informed of resident rights and the right to lodge complaints without intimidation, retaliation, or threats of retaliation of the home or its staff persons against the reporter. Retaliation includes discharge or transfer from the home.</p>
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Discussion: A complaint is any oral or written criticism, dispute, or objection raised by or on behalf of a resident of the home, without regard to whom the complaint is directed. Retaliation includes any negative sanction against the resident. It is recommended that this be included in the resident-home contract.

Inspection Procedures: Inspectors will interview newly admitted residents to determine if they have been informed of their right to lodge complaints, and will ask residents if they believe they are able to lodge complaints without retaliation. If the interview process reveals any concerns, inspectors will review the home's policies relating to rights notification and interview management staff as appropriate.

Primary Benefit: Ensures that residents know that they can lodge complaints without repercussions.

<p>41b</p>	<p>2600.41(b) - Notification of rights and complaint procedures shall be communicated in an easily understood manner and in a language understood by or mode of communication used by the resident and, if applicable, the resident's designated person.</p>
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Discussion: The language or mode of communication used (including sign language) to communicate this information must be clearly understood by the resident. Interpreters must be used if necessary.

Inspection Procedures: Inspectors will interview the administrator and any residents who use a language or mode of communication other than English to verify that the residents were provided this information in a manner that they easily understand.

Primary Benefit: Ensures that all residents understand their rights regardless of the residents' means of communication.

41c	2600.41(c) - The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.
<p>Discussion: The Department's poster of the list of residents' rights is available on the Department's website.</p> <p>Inspection Procedures: Inspectors will verify that the poster is present in a conspicuous and public place during the inspection.</p> <p>Primary Benefit: Ensures that residents have ready access to a list of resident rights for reference, and that residents are aware of who they may contact with a complaint.</p>	
41d	2600.41(d) - A copy of the resident's rights and complaint procedures shall be given to the resident and, if applicable, the resident's designated person upon admission.
<p>Discussion: Complaint procedures include:</p> <ul style="list-style-type: none"> • The home's internal complaint procedures • The procedures for filing complaints with the Department • The procedures for filing a complaint with the long-term care ombudsman • The procedures required by § 2600.44 <p>It is recommended that this information be included in the resident-home contract. If it is included in the resident-community contract, the contract signature page will suffice for compliance with § 2800.41(e).</p> <p>It is recommended that the notification of rights and complaint procedures be displayed so non-English speakers and persons with visual impairment can read and understand the rights poster.</p> <p>Inspection Procedures: Inspectors will interview newly admitted residents to determine if they have been informed of their right to lodge complaints, and will ask residents if they believe they are able to lodge complaints without retaliation. If the interview process reveals any concerns, inspectors will review the residence's policies relating to rights notification and interview management staff as appropriate. Inspectors will interview the administrator and any residents who use a language or mode of communication other than English to verify that the residents were provided this information in a manner that they easily understand.</p> <p>Primary Benefit: Ensures that residents are aware of their rights and of the procedures for filing complaints.</p>	
41e	2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.
<p>Discussion: See § 2600.41(d). If the information in § 2600.41(d) is included in the resident-home contract, the contract signature page will suffice for compliance with this regulation.</p> <p>Inspection Procedures: Inspectors will verify that the required documentation is present in the residents' records.</p> <p>Primary Benefit: Protects the home by verifying that residents have been informed of the rights and procedures for filing a complaint.</p>	

Specific Rights

NOTE: Compliance with all of the regulations in Chapter 2600 is required, but be advised that the Department considers any violation of a resident's rights to be extremely serious.

42a

2600.42(a) - A resident may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age, or sex.

Discussion: "Discrimination" is the treatment or consideration of, or making a distinction in favor of or against, a resident based on the group, class, or category to which that person belongs.

The home may not discriminate against any resident or potential resident for purposes of admission, discharge or services provided in the home.

For the purposes of applying this regulation, discrimination does not include:

- Restricting admission to individuals of one sex
- Admission or discharge of a resident whose needs exceed the services that can be provided by the home as a result of disability or handicap (for example, a home may deny admission to an individual who cannot climb stairs if the home has no first floor bedrooms, or may discharge an individual who develops incontinence needs if the home does not provide incontinence care)
- Serving only individuals who have been ordained in a specific religious order, such as Catholic priests

Remember that the services the home will provide and the criteria for admission and discharge must be included in the home's written description of services and activities – see § 2600.223.

This requirement requires compliance with discrimination as clarified in this document for the purpose of regulatory compliance. Homes are responsible for compliance with all existing statutes and regulations relating to civil rights and discrimination; see § 2600.18.

Inspection Procedures: Inspectors will review admission and discharge records, and the home's description of services. Inspectors will interview residents about equity in service delivery. If an action or policy is suspected to be discriminatory, inspectors will contact the regional office for direction.

Primary Benefit: Ensures that individuals in protected classes are not discriminated against.

42b

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Discussion: This regulation prohibits the following:

- The infliction of injury on a resident by staff or other residents
- Unreasonable confinement
- Intimidation or punishment with resulting physical harm
- Deliberately causing pain or mental anguish
- Deprivation by the personal care home or its staff persons of goods or services which are necessary to maintain physical or mental health
- Sexual harassment, rape, or abuse, as defined in 23 Pa.C.C. Chapter 61 (relating to protection from abuse)
- Exploitation by an act or course of conduct, including misrepresentation or failure to obtain informed consent which results in monetary, personal or other benefit, gain of profit for the perpetrator, or monetary or personal loss to the resident
- Neglect of the resident, which results in physical harm, pain or mental anguish
- Abandonment or desertion by the personal care home or its staff persons
- Mistreatment or discipline of any kind
- Any sexual contact, regardless of consent, between a resident and a staff person

Inspection Procedures: Procedures will vary based on the circumstances of the abuse allegation(s). Inspectors will receive direction from the regional office regarding abuse investigations.

Primary Benefit: Protects residents from abuse and neglect.

42c	2600.42(c) - A resident shall be treated with dignity and respect.
<p>Discussion: All residents, regardless of age, disability, or behavior, are entitled to dignified and respectful treatment.</p> <p>Inspection Procedures: Inspectors will interview residents regarding treatment by staff and other residents. Additional procedures will vary based on the circumstances of the situation.</p> <p>Primary Benefit: Ensures that residents are treated in a respectful and dignified manner.</p>	
42d	2600.42(d) - A resident shall be informed of the rules of the home and given 30 days' written notice prior to the effective date of a new home rule.
<p>Discussion: It is recommended that residents be informed of the home's rules both orally and in writing upon admission; this benefits both the residents and the homes. Please see "Home Rules" in the "Regulatory Issues and Frequently-Occurring Situations" section.</p> <p>Inspection Procedures: Inspectors will interview residents regarding their knowledge of the home rules. The interview will include asking residents if there have been any changes to the rules within the past year, and reviewing the notices provided to residents of the change.</p> <p>Primary Benefit: Ensures that residents are aware of the home rules and have adequate notice of changes.</p>	
42e	2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.
<p>Discussion: In order to ensure that privacy is protected:</p> <ul style="list-style-type: none"> • A telephone must be available to residents at all times of the day or night. • The phone must be arranged so that residents can make private calls without being heard by staff or other residents. • A home may not require residents to ask for the telephone or ask permission to use the telephone. Homes may not screen incoming calls to residents. <p>The number of phones should be commensurate with the number of residents so that telephone access is available without unreasonable wait times, generally considered to be any wait time greater than 20 minutes. Cordless or cell phones are acceptable for this purpose.</p> <p>Sign-out sheets are permissible to keep track of the cordless telephones. While time limits on phone calls are not permitted, the home may counsel residents who monopolize the use of the phone.</p> <p>"Nontoll calls" do not include long distance or out-of-area calls. If the home has a telephone package with a single rate (such as web-based phone service), the home may not charge for any calls made by a resident, since there is no way to determine who made what calls and what the cost of those calls would be without violating the residents' privacy.</p> <p>Inspection Procedures: Inspectors will observe the location of available telephones to ensure that privacy is protected, and will interview residents about the availability of the phone.</p> <p>Primary Benefit: Protects residents' right to privacy and ensures that residents have ready access to communication outside the home.</p>	

42f	2600.42(f) - A resident has the right to receive and send mail. Outgoing mail may not be opened or read by staff persons unless the resident requests. Incoming mail may not be opened or read by staff persons unless upon the request of the resident or the resident's designated person.
<p>Discussion: Incoming mail addressed to a resident may only be opened by the resident, unless the resident or the resident's designated person requests that staff open the mail; the only exception to this is mail order medications ordered by the home and addressed to a resident who cannot self-administer medications.</p> <p>It is recommended that outgoing mail mailed on behalf of a resident be mailed within one business day, and that incoming mail be provided to residents on the day it arrives at the home.</p> <p>Inspection Procedures: Inspectors will interview staff and residents regarding the home's mail processing procedures.</p> <p>Primary Benefit: Protects resident privacy when communicating with individuals outside the home.</p>	
42g	2600.42(g) - A resident has the right to communicate privately with and access the local ombudsman.
<p>Discussion: The long-term care ombudsman may access the residents, records, and premises at any time. See § 2600.5(a)(3).</p> <p>Inspection Procedures: Inspectors will interview staff and residents regarding the access to the long-term care ombudsman.</p> <p>Primary Benefit: Protects residents' right to privately communicate with advocates outside the home.</p>	
42h	2600.42(h) - A resident has the right to practice the religion or faith of the resident's choice, or not to practice any religion or faith.
<p>Discussion: A home may not establish home rules or contractual provisions related to religious practice or beliefs.</p> <p>Inspection Procedures: Inspectors will interview staff and residents regarding the residents' rights to practice or abstain from religious activities.</p> <p>Primary Benefit: Protects the residents' freedom of religion.</p>	
42i	2600.42(i) - A resident shall receive assistance in accessing health services.
<p>Discussion: Examples of assistance include:</p> <ul style="list-style-type: none"> • Identifying health care providers who accept a resident's health care insurance • Scheduling appointments • Arranging for transportation to and from the appointment <p>Assistance does not include:</p> <ul style="list-style-type: none"> • Paying for health care • Providing health care services at the home • Providing transportation, if transportation is not a service offered by the home. <p>Inspection Procedures: Inspectors will interview staff and residents regarding the home's procedures for offering assistance in accessing health services.</p> <p>Primary Benefit: Ensures that residents are able to access necessary health care services.</p>	

42j	2600.42(j) - A resident shall receive assistance in obtaining and keeping clean, seasonal clothing. A resident's clothing may not be shared with other residents.
<p>Discussion: Depending on the needs and financial restraints of the resident, "assistance" could include:</p> <ul style="list-style-type: none"> • Arranging for transportation to clothing retailers or clothing banks. • Obtaining a stock of clean clothing to be distributed to residents with low incomes • Soliciting clothing donations from charitable organizations or faith-based institutions <p>Assistance shall be provided such that each resident has the opportunity to obtain appropriate clothing including outerwear and footwear. No clothing may be shared between residents at the suggestion of the home.</p> <p>Unless the resident has cognitive impairments that hamper his/her ability to make decisions as identified through the assessment-support plan process, the resident may choose to wear whatever clothing desired during any season of the year.</p> <p>Inspection Procedures: Inspectors will observe residents' clothing during the inspection to ensure that it is clean, seasonally appropriate, and in good repair, and will interview staff about the home's process to provide assistance with securing clothing.</p> <p>Primary Benefit: Ensures that residents have clean, comfortable clothing regardless of season.</p>	
42k	2600.42(k) - A resident and the resident's designated person, and other individuals upon the resident's written approval shall have the right to access, review and request corrections to the resident's record.
<p>Discussion: Access should be provided during business hours with or without appointment. Corrections shall be made as required by this regulation, unless the requested correction is erroneous. No one other than the resident or designated person may have access without the written approval of the resident, except as allowed by State and Federal law.</p> <p>Inspection Procedures: Inspectors will interview staff and residents to verify that records are available for review.</p> <p>Primary Benefit: Ensures that residents have access to their records and can make corrections to erroneous information contained in them.</p>	
42l	2600.42(l) - A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.
<p>Discussion: Resident furniture or other possessions shall be permitted unless they violate other sections of Chapter 2600 (such as a chair in bad repair or a firearm).</p> <p>Inspection Procedures: Inspectors will interview staff and residents to verify that this right is protected.</p> <p>Primary Benefit: Preserves resident choice, independence, and comfort.</p>	

42m	2600.42(m) - A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.
<p>Discussion: The home must permit residents to leave and return to the home at all times of day, consistent with the resident's need for supervision. It is critical to properly complete residents' assessments-support plans to both meet residents' needs and effectively protect this right. The home may not deny access to a resident who returns to the home at any hour, even if in violation of home rules; however, repeated, documented violation of the home's rules are grounds for discharge.</p> <p>If a resident insists on leaving or returning to the home at an hour not permitted by the home rules, a violation of the home rules may be documented and the resident may be counseled or discharged after repeated violations. Home rules may also require residents to sign in and out when leaving the grounds of the home.</p> <p>Inspection Procedures: Inspectors will interview staff and residents to verify that this right is protected.</p> <p>Primary Benefit: Protects the resident's rights to be free of confinement and liberty to choose his/her own destiny.</p>	
42n	2600.42(n) - A resident has the right to relocate and to request and receive assistance, from the home, in relocating to another facility. The assistance shall include helping the resident get information about living arrangements, making telephone calls and transferring records.
<p>Discussion: Assistance must be provided without retaliation or threat of retaliation.</p> <p>Inspection Procedures: Inspectors will interview staff and resident to verify that this right is protected.</p> <p>Primary Benefit: Ensures that residents have the assistance necessary if they wish to move to another residence.</p>	
42o	2600.42(o) - A resident has the right to freely associate, organize and communicate with others privately.
<p>Discussion: Residents may visit privately in their rooms with other residents or outside visitors without restriction. The home may not prohibit consensual sexual activity between residents.</p> <p>If the home has documented evidence that a particular person poses a danger to the resident or other residents in the home, or if a visitor engages in behavior that causes a disruption in services to residents of the home, the home may restrict the dangerous person's access to the grounds, not the resident's right to see the person. Nothing in this regulation prohibits the home from denying access based on court orders or the request of a resident's guardian.</p> <p>Inspection Procedures: Inspectors will interview staff and residents to verify that this right is protected.</p> <p>Primary Benefit: Preserves residents' right to free association and private contact with individuals outside the home.</p>	
42p	2600.42(p) - A resident shall be free from restraints.
<p>Discussion: See § 2600.201 and 202.</p> <p>Inspection Procedures: See § 2600.201 and 202.</p> <p>Primary Benefit: Protects residents' right to liberty and dignified treatment.</p>	

42q

2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

Discussion: Residents may not be required to perform work at the home. Residents do not need to be paid for tasks they perform, voluntarily and without coercion, in their own bedrooms, but homes may not require residents to clean or tidy their rooms.

Residents must be paid in accordance with Federal wage and hour requirements (at least minimum wage) for any work they choose to do on behalf of the home. This includes the performance of any task that would otherwise have to be completed by a staff person. Residents may not volunteer to perform such tasks without compensation.

Compensation must be made in cash or by check negotiable for cash. It may not be made in barter (such as for cigarettes or other goods) or for in-kind services (such as for a reduction in rent).

If residents perform labor on behalf of the home, it is the responsibility of the home to demonstrate that residents are compensated in accordance with all applicable labor laws. Documentation of such compliance will be required to demonstrate compliance.

The Desire to Volunteer - For many residents, performing household tasks were a normal part of everyday life when they lived independently. Many homes – and on occasion, residents – are frustrated by the prohibition on performing household tasks if the resident enjoys performing them. While such frustration is understandable, the requirements of this regulation are clear. Homes are encouraged to provide alternative activities for residents who wish to perform household tasks. For example:

- A resident who enjoys cooking should be permitted to prepare food that is not part of the home's menu or meal plan, such as baking cookies.
- A resident who wishes to take out the garbage may be encouraged to start a recycling program as an activity for all residents.
- A resident who likes to mow the lawn may also enjoy planting vegetables, growing flowers, or composting.

Inspection Procedures: Inspectors will interview staff and residents to verify that this right is protected. If the home produces documentation that their practices are in accordance with applicable laws, the inspector will copy the information for analysis at the regional office.

Primary Benefit: Protects residents from exploitation.

42r

2600.42(r) - A resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week.

Discussion: If the home establishes specific visiting hours, the hours must be specified in the home rules. If the home does not establish specific visiting hours, visiting hours will be considered to be 24 hours a day.

Upon the written recommendation of the state or appropriate county Department of Health, homes may place temporary restrictions on visitation during periods of communicable disease outbreak in the home for purposes of infection control. These restrictions must be lifted immediately upon the termination of the health department alert.

See § 2600.42(o) for information on dangerous or threatening visitors.

Inspection Procedures: Inspectors will interview staff and residents to verify that this right is protected, and will review the home's rules.

Primary Benefit: Ensures that residents have reasonable opportunity to receive visitors.

42s

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Discussion: Physical privacy - Residents may not be required to disrobe in the presence of others, including roommates, except where staff assistance with personal care is specified in the resident's support plan. Physical privacy must be provided during personal care and medical examinations and care.

Private resident information may be discussed only where such information cannot be overheard by others. Spoken information must be safeguarded during personal care, medical examinations, and medication administration, in particular. Toilet stalls must be equipped with latches or locks to ensure privacy. Homes may use GPS tracking devices on residents with the written consent of the resident, or, if the resident's cognitive functioning is impaired such that the resident cannot make decisions, the resident's designated person.

Audio and Video Monitoring - Audio monitoring in any location on the grounds of the home is prohibited. Video monitoring and recording of the home's exterior is permitted. Video monitoring of the home's interior common areas is permitted. Video recording is permitted in interior areas completely inaccessible to residents, such as medication and supply storage areas.

Video recording of the home's entrances and exits and the interior corridors leading to entrances and exits is permitted, provided that:

- Residents are informed at admission that these areas are subject to video recording
- Signs indicating that images are being recorded are posted in the areas that are being recorded.

All other recording of interior areas by the home is a violation of resident privacy and therefore prohibited.

Staff may not photograph or video record residents with private cell phones or other electronic devices.

Residents may video record in their private rooms or with the written permission of all roommates in shared rooms. Residents may install "hidden cameras" in private rooms without the home's knowledge.

Privacy of Possessions - Staff may not search a resident's bedroom, dresser or closet, unless:

- The resident consents to the search.
- The search is authorized by a court of law and conducted by law enforcement officers.
- The home has reason to suspect that the resident is in possession of an item that poses and immediate threat to the health and safety of the resident or other residents. In this case, the home will seek and obtain permission for the search from the Department. Permission may be obtained during business hours by contacting the Department's Operator Support Hotline. Permission may be obtained outside of business hours by calling the Department's Complaint Hotline.

The home may not confiscate personal property from a resident, unless:

- Possession of the property constitutes a violation of this chapter.
- Possession of the property poses an immediate threat to the health and safety of the resident, other residents, or staff persons.

Illicit Items - The home may prohibit the use of alcohol and tobacco on the premises, but may not confiscate these items from a resident or prohibit the possession of these items.

- The home may prohibit illegal drugs on the premises, but must call the police if drugs are found or suspected.
- The home may prohibit pornography or offensive materials in common areas of the home, but may not prohibit residents from possessing such materials and viewing them in privacy.

If alcohol or pornographic materials cause or increase problematic behaviors in residents, the home must use the assessment-support plan process, positive interventions (see § 2600.201), and/or the discharge process to address these behaviors.

Inspection Procedures: Inspectors will interview staff and residents to verify that this right is protected.

Primary Benefit: Protects residents' right to privacy while protecting other residents from dangerous and harmful items.

42t	2600.42(t) - A resident has the right to file complaints with any individual or agency and recommend changes in policies, home rules and services of the home without intimidation, retaliation or threat of discharge.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will interview staff and residents to verify that this right is protected.</p> <p>Primary Benefit: Permits residents to express concerns and make recommendations without fear of negative consequences.</p>	
42u	2600.42(u) - A resident has the right to remain in the home, as long as it is operating with a license, except as specified in § 2600.228 (relating to notification of termination).
<p>Discussion: “Remain in the home” in this case means “not be discharged.” Residents’ right to stay in the home during the day (as opposed to being forced to leave) is protected by other regulations. See § 2600.101(i) and § 2600.228.</p> <p>Inspection Procedures: See § 2600.228.</p> <p>Primary Benefit: Protects residents from indiscriminate discharge and the anxiety of homelessness.</p>	
42v	2600.42(v) - A resident has the right to receive services contracted for in the resident-home contract.
<p>Discussion: This includes services detailed in the Resident Assessment-Support Plan as well as other services specified in the contract.</p> <p>Inspection Procedures: Inspectors will review resident-home contracts and interview staff and residents to verify that this right is protected.</p> <p>Primary Benefit: Ensures that residents receive the services for which they are paying and which the home is required by Chapter 2600 to provide.</p>	
42w	2600.42(w) - A resident has the right to use both the home’s procedures and external procedures, if any, to appeal involuntary discharge.
<p>Discussion: Homes are not required to produce internal appeal processes, but it is strongly recommended that they do so. External procedures include complaints to the Department which will be investigated as potential violations of § 2600.228(h) and any remedies provided through the tort judicial system.</p> <p>Inspection Procedures: Procedures will vary based on the circumstances of the situation.</p> <p>Primary Benefit: Protects the residents’ right to appeal what may be an inappropriate discharge.</p>	

42x

2600.42(x) - A resident has the right to a system to safeguard a resident's money and property.

Discussion: Homes usually safeguard money and property by:

- Maintaining a safe or lock box with a written policy that the home is not responsible for cash/valuables kept in an unlocked part of the home.
- Providing a separate locked box for each resident.

It is not required that each resident use the system of safeguarding offered by the home, only that one be made available.

Inspection Procedures: Inspectors will verify that a system to protect residents' money and property is in place by interviewing residents and staff, and by reviewing any policy developed relating to the system.

Primary Benefit: Provides protection of the resident's money and property from theft.

42y

2600.42(y) - A resident has the right to choose his own health care providers without limitation by the home.

Discussion: "Health care providers" as used in this regulation includes:

- Physicians
- Pharmacies
- Hospitals
- Hospice agencies
- Home-health agencies providing services to a resident beyond the services provided by the home.

The home is not liable for external limitations on a resident's choice of health care providers such as cost, travel distance, transportation or availability.

Homes may specify that health care providers provide services in a manner that is consistent with the home's operations. For example, homes may require that medications be packaged in a manner consistent with the home's system of handling and assisting with medications, or that home-health agencies interact with home staff in a manner that is consistent with the home's operations. The home is not responsible for any fees charged by a health care provider for special service provision; at the same time, homes may not impose so many restrictions that health care providers affiliated with the home become the only possible choice.

Inspection Procedures: Inspectors will verify that residents who use outside healthcare providers were permitted to choose providers without limitation.

Primary Benefit: Protects the residents' right to manage their own health care.

Prohibition Against Deprivation of Rights

43a

2600.43(a) - A resident may not be deprived of his rights.

Discussion: Rights include the specific rights articulated in Chapter 2600 as well as all civil rights provided by state and federal law.

Inspection Procedures: Procedures will vary based on the circumstances of the allegation(s). Inspectors will receive direction from the regional office regarding deprivation of rights.

Primary Benefit: Ensures that residents may freely exercise and enjoy their basic rights.

43b	2600.43(b) - A resident's rights may not be used as a reward or sanction.
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Discussion: Residents' rights may not be delayed, withheld, offered as a reward to elicit resident behaviors, or threatened to be withheld as an incentive to elicit resident behaviors at any time.

Inspection Procedures: Procedures will vary based on the circumstances of the allegation(s). Inspectors will receive direction from the regional office regarding use of rights as a reward or sanction.

Primary Benefit: Ensures that residents may freely exercise and enjoy their basic rights.

Complaint Procedures	
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44a	2600.44(a) - Prior to admission, the home shall inform the resident and the resident's designated person of the right to file and the procedure for filing a complaint with the Department's personal care home regional office, local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc. or law enforcement agency.
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Discussion: See § 2600.41. Note: Pennsylvania Protection & Advocacy, Inc. is now known as the Disability Rights Network of Pennsylvania (DRN).

Inspection Procedures: See § 2600.41.

Primary Benefit: Ensures that residents are aware of available complaint mechanisms and their right to access them.

44b	2600.44(b) - The home shall permit and respond to oral and written complaints from any source regarding an alleged violation of resident rights, quality of care or other matter without retaliation or the threat of retaliation.
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Discussion: The home must be able to demonstrate the process by which it will respond to, investigate, and resolve complaints, and to provide status reports and final written reports within the time frames set forth in the regulations. The Department will request a description of the process even if no complaints have been filed. Although this regulation does not specify the need for written procedures, it is strongly recommended that written procedures be developed, as they are the most efficient means of ensuring compliance with this regulation AND this information must be provided to residents in accordance with § 2600.41(b).

Inspection Procedures: Inspectors will interview staff and residents to verify that homes have a procedure for responding to, investigating, and resolving complaints, and to providing status reports and final written reports within a given timeframe.

Primary Benefit: Provides residents and others with a mechanism to freely file complaints and offer suggestions for improvement.

44c	2600.44(c) - If a resident indicates that he wishes to make a written complaint, but needs assistance in reducing the complaint to writing, the home shall assist the resident in writing the complaint.
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Discussion: See § 2600.44(b).

Inspection Procedures: See § 2600.44(b).

Primary Benefit: Ensures that residents with personal care needs have the mechanisms necessary to document complaints in writing.

44d	2600.44(d) - The home shall ensure investigation and resolution of complaints. The home shall designate the staff person responsible for receiving complaints and determining the outcome of the complaint.
<p>Discussion: See § 2600.44(b).</p> <p>Inspection Procedures: See § 2600.44(b).</p> <p>Primary Benefit: Ensures that homes respond to resident concerns.</p>	
44e	2600.44(e) - Within 2 business days after the submission of a written complaint, a status report shall be provided by the home to the complainant. If the resident is not the complainant, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report must indicate the steps that the home is taking to investigate and address the complaint.
<p>Discussion: See § 2600.44(b).</p> <p>Inspection Procedures: See § 2600.44(b).</p> <p>Primary Benefit: Ensures that the complaint is informed about the status of the complaint investigation.</p>	
44f	2600.44(f) - Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.
<p>Discussion: See § 2600.44(c).</p> <p>Inspection Procedures: See § 2600.44(c).</p> <p>Primary Benefit: Ensures that residents and designated persons are informed of the final disposition of complaint investigations.</p>	
44g	2600.44(g) - The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.
<p>Discussion: The required numbers must be posted in a place and manner so that they are accessible to all residents and visitors. A poster listing these numbers is available on the Department's website. Note: Pennsylvania Protection & Advocacy, Inc. is now known as the Disability Rights Network of Pennsylvania (DRN).</p> <p>Inspection Procedures: Inspectors will observe the posted numbers during the inspection of the home's physical site.</p> <p>Primary Benefit: Ensures that residents have ready access to contact information for investigatory agencies.</p>	

STAFFING

Criminal History Checks

51

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. § 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

Discussion: This regulation requires that the home's hiring policy or process be in accordance with OAPSA and that the background check is documented on the PA State Police Request for Criminal Record Check form (SP4-164), or via the e-patch system.

Please see "Criminal Background Checks and the Older Adult Protective Services Act (OAPSA)" in the "Regulatory Issues and Frequently-Occurring Situations" section.

Inspection Procedures: Inspectors will review the home's policies relating to criminal history background checks and will review actual background checks for a sample of direct care staff.

Primary Benefit: Ensures that employees with prohibitive offenses do not work in personal care homes.

52

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Discussion: This regulation requires that background checks be performed within the required timeframes and that no individuals with a prohibitive offense be retained.

Please see "Criminal Background Checks and the Older Adult Protective Services Act (OAPSA)" in the "Regulatory Issues and Frequently-Occurring Situations" section.

Inspection Procedures: Inspectors will review the home's policies relating to criminal history background checks and will review actual background checks for a sample of direct care staff.

Primary Benefit: Ensures that employees with prohibitive offenses do not work in personal care homes.

Qualifications and Responsibilities of Administrators

53a

- 2600.53(a) - The administrator shall have one of the following qualifications:
- (1) A license as a registered nurse from the Department of State.
 - (2) An associate's degree or 60 credit hours from an accredited college or university.
 - (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
 - (4) A license as a nursing home administrator from the Department of State.
 - (5) For a home serving 8 or fewer residents, a general education development (GED) diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Discussion: An administrator hired after December 1, 2004 must meet at least one of these requirements before working in the home as an administrator.

An administrator hired on or before December 1, 2004 does not need to meet these requirements if (s)he has all of the following:

- Has a high school or secondary school (GED) diploma.
- Has worked as an administrator or in an administrative capacity in a personal care home since the time of hire with no more than a one-year break in service.
- Has worked and continues to work as an administrator or in an administrative capacity for at least 65 business days each year.

Documentation of compliance with these requirements must be kept at the home and available for review.

Documentation includes:

- A list of job duties as of December 1, 2004
- Dates and location(s) of employment as an administrator

A person may have held administrator jobs in more than one home, as long as there was no more than a one-year break in service after December 1, 2004.

Please see "Educational Requirements" in "Regulatory Issues and Frequently-Occurring Situations" for additional information about minimum educational requirements and acceptable documentation.

Inspection Procedures: Inspectors will review the administrator's documentation of his/her qualifications.

Primary Benefit: Ensures that the administrator will have the necessary education and experience to successfully perform the duties and responsibilities required of the position.

53b

2600.53(b) - The administrator shall be 21 years of age or older.

Discussion: Self-explanatory.

Inspection Procedures: If there is any question as to whether the administrator is 21 years of age or older, the inspectors will review the administrator's driver's license or birth certificate.

Primary Benefit: Ensures that the administrator has the experience and maturity to address care-related issues that may arise in a home.

53c

2600.53(c) - The administrator shall be responsible for the administration and management of the home, including the health, safety and well-being of the residents, implementation of policies and procedures and compliance with this chapter.

53d

2600.53(d) - The administrator shall have the ability to provide personal care services or to supervise or direct the work to provide personal care services.

53e

2600.53(e) - The administrator shall have knowledge of this chapter.

53f	2600.53(f) - The administrator shall have the ability to comply with applicable laws, rules and regulations, including this chapter.
53g	2600.53(g) - The administrator shall have the ability to maintain or supervise the maintenance of financial and other records.

Discussion: § 2600.53(c)-(g) set forth the knowledge, skills, and abilities required to properly manage and administer a personal care home.

Inspection Procedures: Inspection procedures will vary depending on the circumstances. Inspectors who suspect a violation of these regulations will immediately contact the regional office for direction.

Primary Benefit: Ensures that administrators have the knowledge, skills, and abilities required to properly manage and administer a personal care home.

53h	2600.53(h) - The administrator shall be free from a medical condition, including drug or alcohol addiction that would limit the administrator from performing duties with reasonable skill and safety.
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Discussion: Self-explanatory.

Inspection Procedures: If there is reason to suspect that an administrator has a serious medical condition that would limit the individual from performing his or her duties with reasonable skill and safety, the inspector will immediately contact the regional office for direction.

Primary Benefit: Ensures that the administrator poses no harm residents due to a medical condition and is able to carry out his or her duties.

Qualifications for Direct Care Staff Persons

54a	<p>2600.54(a) - Direct care staff persons shall have the following qualifications:</p> <ol style="list-style-type: none"> (1) Be 18 years of age or older, except as permitted in § 2600.54(b). (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.
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Discussion: The requirements at § 2600.54(a)(1) and (3) apply to all staff, regardless of date of hire.

A direct-care staff person hired after November 10, 2005 must have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

A direct-care staff person hired on or before November 10, 2005 does not need a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry if he or she has worked in a personal care home since the time of hire with no more than a one-year break in service.

Documentation of compliance with these requirements must be kept at the home and available for review.

Documentation includes:

- A list of job duties as of November 10, 2005
- Dates and location(s) of employment as a direct-care staff person

A person may have held direct-care staff jobs in more than one home, as long as there was no more than a one-year break in service after November 10, 2005.

Please see "Educational Requirements" in "Regulatory Issues and Frequently-Occurring Situations" for additional information about minimum educational requirements and acceptable documentation.

Inspection Procedures: Inspectors will review the staff persons' documentation of their qualifications. If there is reason to suspect that a direct care staff person has a serious medical condition that would limit the individual from performing his or her duties with reasonable skill and safety, the inspector will immediately contact the regional office for direction.

Primary Benefit: Ensures that direct care staff persons have the education and ability required to perform job duties specified by the home, including activities of daily living.

54b

2600.54(b) - An individual who is 16 or 17 years of age may be a staff person at a home, but may not perform tasks related to medication administration. A staff person who is 16 or 17 years of age may not perform tasks related to incontinence care, bathing or dressing of residents without supervision.

Discussion: This regulation addresses students who work in the home who have not yet completed their secondary educations. A student who is currently enrolled in high school who does not yet have his/her high school diploma may provide assistance with ADLs if the student is under the direct supervision of a trained, qualified direct care staff person at all times he or she is providing such assistance. "Supervision" means in the same room with and under the direction of a direct care staff person.

Inspection Procedures: If there are any staff persons working in the home who are 16 or 17 years of age, inspectors will interview the staff persons and the administrator to determine their job duties and level of supervision.

Primary Benefit: Ensures that individuals who provide assistance with ADLs have the necessary experience to do so in a safe and dignified manner.

54c

2600.54(c) - A volunteer who performs ADLs shall meet the staff person qualifications and training requirements specified in this chapter.

Discussion: An ADL includes eating, drinking, ambulating, transferring in and out of a bed or chair, toileting, bladder and bowel management, personal hygiene, securing health care, managing health care, self-administering medication and proper turning and positioning in a bed or chair. Any person who assists with ADLs must meet the regulatory requirements even if that person is not paid. A volunteer who does not provide assistance with these tasks does not need the training referenced in this regulation.

Inspection Procedures: Inspectors will review the qualifications of a volunteer who performs ADLs exactly as they would review the qualifications of a direct care staff person in accordance with § 2600.54(a) - (b). Inspectors will review the training of a volunteer who performs ADLs exactly as they would review the training of a direct care staff person in accordance with § 2600.65(a) - (i).

Primary Benefit: Volunteers performing activities of daily living services will have the qualifications and be properly trained in accordance with the training guidelines specified for direct care staff persons to ensure proper care and safety of the residents.

Administrator Staffing

56

2600.56 - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Discussion: This regulation requires the administrator to work in the home performing administrator duties an average of 20 hours per week in each calendar month. This is the minimum requirement; the home may require additional administrator hours, depending on the amount of time the administrator needs to fulfill all of his or her requirements.

The home may designate multiple administrators. If there are multiple individuals in a home who fulfill the qualifications, training and responsibilities of an administrator, the individuals may share the 20 hours. Each person who is designated as an administrator will be held equally responsible for meeting the requirements at §2600.53(b)-(h).

Inspection Procedures: Inspectors will interview the administrator and staff persons regarding the amount of time the administrator works in the home per week. Inspectors may review time logs, staff schedules, and payroll records to determine compliance, with the understanding that many administrators are compensated such that payroll records and formal time sheets will not capture all of the time administrators spend in the home. At a minimum, inspectors will add the total hours worked in each week of the month prior to the month of the inspection and divide the sum by four.

Primary Benefit: Allows the administrator sufficient time to complete required duties, maintain regulatory compliance, and ensure the residents of the home receive the services as specified in the resident's assessment and support plan.

Direct Care Staffing

57a

2600.57(a) - At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Discussion: Anyone who meets the qualifications of a direct-care staff person and is 21 years of age or older (including the administrator or a volunteer) will serve to meet this requirement.

- If one or more residents are in the home, a staff person must be present.
- If no residents are present in the home but may return at any time, a staff person must be present.
- If no residents are present in the home and will not return until an appointed time (for example, if all residents attend a partial-hospitalization program), a staff person does not need to be physically present in the home, but sufficient staffing must be immediately available at any time the residents return home. If this scenario may occur in a home, it is recommended that the home develop a plan to staff the home in the event of a resident's unexpected return.

Inspection Procedures: Inspectors will review staff schedules and payroll records to verify that this requirement is met.

Primary Benefit: Ensures that a person qualified to meet residents' needs or seek help in an emergency is present in the home.

57b

2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Discussion: Please see "Staffing Calculations" in "Regulatory Issues and Frequently-Occurring Situations."

Inspection Procedures: Please see "Staffing Calculations" in "Regulatory Issues and Frequently-Occurring Situations."

Primary Benefit: Ensures that sufficient staff hours are provided to meet residents' basic personal care needs.

57c

2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Discussion: Please see "Staffing Calculations" in "Regulatory Issues and Frequently-Occurring Situations."

Inspection Procedures: Please see "Staffing Calculations" in "Regulatory Issues and Frequently-Occurring Situations."

Primary Benefit: Ensures that sufficient staff hours are provided to meet the basic personal care needs of residents with mobility needs.

57d	2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.
<p>Discussion: Please see “Staffing Calculations” in “Regulatory Issues and Frequently-Occurring Situations.”</p> <p>Inspection Procedures: Please see “Staffing Calculations” in “Regulatory Issues and Frequently-Occurring Situations.”</p> <p>Primary Benefit: Ensures that staffing hours provided to meet personal care needs are supplied during a time of day when residents are awake.</p>	
Awake Staff Persons	
58a	2600.58(a) - <u>If a home serves 16 or more residents</u> , all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: If the home serves 16 or more residents, inspectors will interview the administrator, staff and residents to ensure direct care staff persons are always awake and available in the home. Staff and administrators may sleep in the building, but cannot be counted towards the staffing ratios and cannot participate in fire drills. (Q/A June 2015-2600.58(a))</p> <p>Primary Benefit: A home large enough to serve 16 or more residents requires that staff be alert and prepared in the event of an emergency, and increases the likelihood of multiple residents requiring care during sleeping hours. This regulation ensures that staff persons in larger homes are prepared to respond to residents’ needs at all times.</p>	
58b	2600.58(b) - <u>If a home serves one or more but less than 16 residents with mobility needs</u> , at least one direct care staff person shall be awake at all times residents are present in the home.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: If the home serves one or more residents with mobility needs, inspectors will interview the administrator, staff, and residents to ensure direct care staff persons are always awake and available in the home. Staff and administrators may sleep in the building, but cannot be counted towards the staffing ratios and cannot participate in fire drills. (Q/A June 2015-2600.58(b))</p> <p>Primary Benefit: Residents with mobility needs require assistance to evacuate in the event of an emergency. Staff persons must be alert and prepared to respond quickly to offer evacuation assistance to residents with mobility needs.</p>	
Additional Staffing Based on the Needs of the Residents	
60a	2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.
<p>Discussion: The staffing requirements required by § 2600.57(b)-(d) are the minimum allowable staff hours for regulatory compliance. Additional staff hours may need to be provided based on the needs identified in each resident’s assessment-support plan. Examples of needs that may necessitate additional staffing include:</p> <ul style="list-style-type: none"> • Hands-on assistance to ambulate or evacuate from one or more persons • 24-hour direct supervision • An acute medical condition that requires special treatment or observation <p>For questions about a specific situation that may require additional staffing, please contact the Department’s Operator Support Hotline.</p> <p>Inspection Procedures: Inspectors will review a sample of residents’ assessments and support plans to determine if any additional personal care staffing hours are specified and/or needed. Inspectors may interview staff</p>	

persons and residents to determine if there is sufficient staffing to provide all of the necessary personal care services.

Primary Benefit: Ensures that there are sufficient staff persons on duty at all times to meet residents' needs

60c

2600.60(c) - Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping, and maintenance needs of the home.

Discussion: The specific staffing requirements in Chapter 2600 refer to direct care staff. This regulation requires sufficient ancillary staff to meet non-direct-care needs.

Inspection Procedures: Inspectors will interview staff and residents to ensure there is sufficient staffing to provide all the services as specified in the residents' assessments and support plans and to complete all the housekeeping, food service, and maintenance duties of the home. Inspectors may review the home's records to determine the number of hours provided to complete the laundry, food service, housekeeping, and maintenance needs of the home.

Primary Benefit: Ensures that there is sufficient staff to perform essential non-direct care services.

Substitute Personnel

61

2600.61 - When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in § 2600.54 and § 2600.65.

Discussion: This regulation requires homes to have "back-up" coverage if a staff person calls off or does not show up for work.

Inspection Procedures: Inspectors will review the home's system for supplying sufficient, adequately trained staff if regularly scheduled staff persons are absent.

Primary Benefit: Ensures that residents' needs will be met if a staff person does not come to work.

List of Staff Persons

62

2600.62 - The administrator shall maintain a current list of the names, addresses, and telephone numbers of staff persons including substitute personnel and volunteers.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the list of staff persons to ensure it is complete

Primary Benefit: Ensures that the administrator can quickly reach staff if additional or substitute help is required

First Aid, CPR and Obstructed Airway Training

63a

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Discussion: "Obstructed airway techniques" means "responding to choking." "Cardiopulmonary resuscitation" is commonly referred to as "CPR."

This regulation requires...

- One staff person who is trained in first aid AND one staff person who is certified in obstructed airway techniques/CPR, OR
- One staff person who is trained in BOTH first aid AND certified in obstructed airway techniques/CPR for every 50 or fewer residents who are present in the home or may be present in the home on a given day. The table below shows the minimum number of trained and certified staff who must be present in the home in order to comply with this regulation:

Number of Residents	Number of Staff who Must be Trained in First Aid (May also be the staff person who is certified in obstructed airway techniques/CPR)	Number of Staff who Must be Certified in Obstructed Airway Techniques/CPR (May also be the staff person who is trained in first aid)
Between 1 and 50	1	1
Between 51 and 100	2	2
Between 101 and 150	3	3
Between 151 and 200	4	4
Between 201 and 250	5	5

The home should use the number of residents physically present in the home to calculate the number of trained staff needed. If a resident is out of the home for a specific time period (that is, the home knows when a resident will return), or if a resident is hospitalized or staying elsewhere, then the resident is not counted as being physically present.

Inspection Procedures: Inspectors will review staff schedules, payroll records and staff first aid, obstructed airway technique and CPR training or certification records to determine if the required number of staff persons have current training in first aid, obstructed airway techniques, and CPR.

Primary Benefit: Ensures that staff are appropriately trained to respond to an emergency, and that there are sufficient numbers of qualified staff to respond to simultaneous emergency situations (for example, if one resident is choking while another resident experiences cardiac arrest).

63b	2600.63(b) - Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.
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Discussion: "Recognized health care organization" includes but is not limited to:

- The American Red Cross
- The American Heart Association
- The American Safety and Health Institute

A staff person who has been certified as a trainer by a hospital or other recognized health care organization may train and certify other staff.

Training that is conducted online with no hands-on practice does not provide the necessary training to ensure the staff person is able to properly perform CPR or first aid and will not be considered when measuring compliance.

"Current" training means that the certification provided by the certification agency has not expired. For example, if a certification is issued for 12 months, the staff person must be recertified prior to the end of the 12-month certification period.

Inspection Procedures: Inspectors will review the training documentation to ensure it was provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Primary Benefit: Ensures that staff persons receive proper training to respond to an emergency situation.

63c	2600.63(c) – Licensed, certified and registered medical personnel meet the qualifications in § 2600.63(a) and are exempt from the training requirements in subsections § 2600.63(a) and § 2600.63(b).
<p>Discussion: Licensed, certified and registered medical personnel include:</p> <ul style="list-style-type: none"> • A Certified Nurse Assistant (CNA) • A Licensed Practical Nurse (LPN) • A Registered Nurse (RN) • A Physician • An Emergency Medical Technician (EMT) <p>Licenses must be in good standing and not expired.</p> <p>Inspection Procedures: Inspectors will verify the licensure status of any licensed, certified and registered medical personnel the home employs for compliance with § 2600.63(a).</p> <p>Primary Benefit: Permits the home to include medical personnel to meet residents’ emergency care needs.</p>	

63d	2600.63(d) - A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his/her training, unless the resident has a “do not resuscitate” order.
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Discussion: This regulation means that a person who is trained in first aid and/or certified in obstructed airway techniques/CPR must administer first aid, respond to a choking event, or perform CPR in the event of an emergency. Trained staff may not abstain from performing any such duties in an emergency.

The Department will recognize the following as acceptable “Do Not Resuscitate” orders:

- “Pennsylvania Orders for Life-Sustaining Treatment” (POLST) form. The form may be completed in its entirety, but the Department will only measure whether “Section A: Cardiopulmonary Resuscitation” has been completed.
- An out of hospital DNR.
- Any document accepted by the home’s local EMS responders.

The instructions on the POLST form say that it must be signed by a physician/PA/CRNP, so the POLST form should not conflict with a doctor’s order like a DNR. If a resident changes a POLST or DNR, both documents (if both are on file) should be updated so that they are complimentary, and the old documents removed from the file so that only the current forms are accessible. This can avoid confusion in an emergency situation. (Q/A April 2017-2600.63(d))

When Not to Perform CPR - The Department will not list situations where CPR does not need to be performed, such as when a resident is “clearly deceased.” In the event that CPR is not performed, the Department will review the training received to determine whether the staff person acted appropriately.

Inspection Procedures: Inspectors will interview the administrator and staff persons to determine if CPR, first aid or clearing of a resident’s obstructed airway have been withheld or not performed for any reason. If these services have been withheld for any reason, the inspector will review the resident’s record and DNR order, if applicable.

Primary Benefit: Ensures that residents will receive life-saving services in an emergency.

Administrator Training and Orientation

64a

2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- (1) An orientation program approved and administered by the Department.
- (2) A 100-hour standardized Department-approved administrator training course.
- (3) A Department-approved competency-based training test with a passing score.

Discussion: The approved orientation program is a daylong course offered each month in each of the Department's regional offices. A schedule of courses may be obtained by calling the regional office in which the home is located, calling the Department's headquarters office, calling the Operator Support Hotline, or visiting the Department's website.

The 100-hour standardized Department-approved administrator training course ("the 100-hour course") is provided by several colleges and universities throughout Pennsylvania. Information on the 100-hour course may be obtained by calling the regional office in which the home is located, calling the Department's headquarters office, calling the Operator Support Hotline, or visiting the Department's website.

Applicability - This requirement does not apply to an administrator hired or promoted prior to October 24, 2005 who has not had more than a one-year break in service.

The One-Day Orientation Program - Once an administrator attends the orientation program, (s)he does not need to attend it again. It is strongly recommended that an administrator who has a break in service longer than one year voluntarily attend the orientation program again as a refresher course.

The 100-hour Course - Once an administrator takes the 100-hour course, (s)he does not need to take it again.

If an administrator took the 40-hour course required by 55 Pa.Code Chapter 2620 (the personal care home regulations in place prior to October 25, 2005) and has not had more than a one year break in service since the course was completed, the 100-hour course is recommended but not required.

A Pennsylvania-licensed Nursing Home Administrator (NHA) does not need to take the 100-hour course at any time. An NHA who was hired or promoted prior to January 1, 2009 does not need to complete the web-based competency test at any time.

The Competency Test - The competency test is an online, computerized assessment that is part of the 100-hour course. After completing the 100-hour course, participants take the test to verify that they have fully grasped the concepts of the course. Note: the competency test was not available until January 1, 2009.

An administrator hired or promoted prior to January 1, 2009 does not need to take the competency test, as it was not offered before that date. An administrator who completed the 100-hour course prior to January 1, 2009 and who was not hired or promoted to work as an administrator on or after April 1, 2012 must take the competency test.

Inspection Procedures: Inspectors will review documentation of completion of each requirement, and/or documentation of exemption from one or more requirements.

Primary Benefit: Ensures that the administrator will have the basic training to establish and maintain regulatory compliance and meet residents' needs.

64c

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

Discussion: Administrators are encouraged to take a variety of training courses to enrich and expand their knowledge and skills to help them operate the personal care home successfully.

In order to count toward the 24 hours of annual training, the training must be approved in advance by the Department. An administrator may complete up to 12 of the 24 hours of annual training online.

Department-approved training includes:

- Any training listed in the Department’s “Personal Care Home Administrator Training Resource Directory,” which may be obtained by calling the regional office in which the home is located, calling the Department’s headquarters office, calling the Operator Support Hotline, or visiting the Department’s website.
- Training hours approved for completion of continuing education requirements for Nursing Home Administrator, Registered Nurse and Licensed Practical Nurse licensure. Documentation that the course has been approved as a training source by the Pennsylvania Department of State must be kept.
- Any course from an accredited college or university.
- Up to 6 hours of medication administration training, medication administration train-the-trainer course or train-the-trainer recertification required by § 2600.190(a).
- Training hours spent in the diabetes education required by § 2600.190(b).
- Up to 4 hours of CPR, obstructed airway and first aid training required by § 2600.63(a).
- Courses approved by the National Continuing Education Review Service of the National Association of Long-Term Care Administrator Boards (NAB) where:
 - a. The “Domain” of practice is approved by the Department.
 - b. The “Sponsor” is not the legal entity that employs the administrator.
 - c. The “Program Type” is “in person.”
- Any course offered by an agent of the Department of Public Welfare that relates to the operation of a personal care home may be counted. This includes the direct care staff training offered on the Department’s website; the actual amount of time it took to complete these courses should be counted and documented by the administrator.
- The 100-hour course required by § 2600.64(a).

The Training Year - The home may select the administrator training year for calculation of the 24-hour training requirement, which may differ from the direct care staff training year (see § 2600.65(e)). The year may be the calendar year, the home’s fiscal year, the administrator’s anniversary date, or another 12-month period as determined by the home. The home must document its selected training year in writing.

Inspection Procedures: Inspectors will review the administrator’s training records for the most recent 12-month training year to ensure the training was approved by the Department and that the administrator completed 24 hours of approved training.

Primary Benefit: Ensures that administrators receive high quality training to continue to develop their knowledge of regulatory requirements and best practices in personal care home operation.

64e	2600.64(e) - An administrator who has successfully completed the training in § 2600.64(a)-(d) shall provide written verification of successful completion to the Department’s personal care home regional office.
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Discussion: Retention of the documents at the home or producing them upon request is sufficient for compliance with this regulation. Homes do not need to transmit the information to the regional office unless it is requested to be considered compliant with this regulation.

Inspection Procedures: Inspectors will review the administrator’s training records when completing an on-site inspection.

Primary Benefit: Verifies that new administrators have the credentials required by Chapter 2600.

64f	2600.64(f) - A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.
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Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the administrator’s training records to ensure all the required information is present.

Primary Benefit: Allows the administrator to track his/her training progress throughout the year and provides evidence of successful training completion.

Direct Care Staff Person Training and Orientation

65a

- 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
- (1) Evacuation procedures.
 - (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 - (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 - (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 - (5) The location and use of fire extinguishers.
 - (6) Smoke detectors and fire alarms.
 - (7) Telephone use and notification of emergency services.

Discussion: The "first work day" means the day a person begins to perform job duties on-site at the home in a paid status.

The orientation training required by this regulation is designed to ensure all staff persons working in the home, including management, administrative staff, direct care staff, contract staff, ancillary staff and volunteers, are trained to handle an emergency situation to ensure resident safety. The training should be specific to the home, as each home has different fire-safety procedures.

Due to the importance of this training for life safety, it should be provided by an experienced staff person who has been properly trained in the home's fire safety and emergency preparedness procedures and the proper use of a fire extinguisher.

Inspection Procedures: Inspectors will review the training documentation and staff records to ensure staff persons were trained in all the areas of this regulation on the first day of employment in the home. Inspectors may also interview staff to determine if the training was provided.

Primary Benefit: Ensures that all staff persons are immediately trained to respond to an emergency situation.

65b

- 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
- (1) Resident rights.
 - (2) Emergency medical plan.
 - (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101-10225.5102).
 - (4) Reporting of reportable incidents and conditions.

Discussion: It is very important for all staff persons who work in the home, including management, administrative staff, direct care staff, contract staff, ancillary staff, and volunteers, to be trained in the areas required by this regulation in order to protect the residents' rights and resident safety. Remember, a "volunteer" is an individual who, of his own free will, and without monetary compensation, provides direct care services for residents in the home, and does not include visitors or individuals who provide non-direct services or entertainment on an occasional basis

Inspection Procedures: Inspectors will review the training documentation and staff records to ensure staff persons were trained in all the areas required by this regulation within the first 40 hours of working in the home. Inspectors may also interview staff to determine if the training was provided.

Primary Benefit: Ensures that all staff persons working in the home are familiar with residents' rights, mandated reporting, and the procedures for responding to a medical emergency.

65c	2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.
<p>Discussion: This regulation requires that staff persons who are not direct care staff are taught how to do their jobs.</p> <p>Inspection Procedures: Inspectors will review staff records for ancillary staff persons to ensure the orientation was completed before the ancillary staff person began working in his/her position.</p> <p>Primary Benefit: Ensures that ancillary staff persons have the training needed to perform their job duties.</p>	
65d	<p>2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:</p> <ol style="list-style-type: none"> (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the following: <ol style="list-style-type: none"> (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention. (xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.
<p>Inspection Procedures: Inspectors will review staff records to determine the required training and passing of the test were completed before the direct care staff person performed unsupervised ADL services, or if the staff person is exempt from the requirement.</p> <p>Primary Benefit: Ensures that each individual who provides assistance with ADLs is trained to do so properly.</p>	
65e	2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.
<p>Discussion: This applies to all staff persons who perform direct care duties including contract staff, volunteers, and part time direct care staff. Please note that Departmental approval of the annual training sources or training instructors for direct care staff persons is not required.</p> <p>The home is encouraged to provide training on a variety of topics to enhance the direct care person's job knowledge and skills. The training must include all of the topics required by § 2600.65(f) and (g), but can include other topics as well. In addition to training provided by the home, the following types of training also apply:</p>	

- Training hours approved for completion of continuing education requirements for Nursing Home Administrator, Registered Nurse, and Licensed Practical Nurse licensure. Documentation that the course has been approved as a training source by the Pennsylvania Department of State must be kept.
- Any course from an accredited college or university.
- Up to 6 hours of medication administration training, medication administration train-the-trainer course or train-the-trainer recertification required by § 2600.190(a).
- Training hours spent in the diabetes education required by § 2600.190(b).
- Up to 4 hours of CPR, obstructed airway and first aid training required by § 2600.63(a)
- Orientation hours required by § 2600.65(a), (b), and (d).

Although a direct care staff person may only complete and pass the Department-approved direct care training course and competency test to count towards training one time, homes may print out the Department-approved direct care staff training course materials and use it as part of their annual training with supplemental training materials. (Q/A May 2015-2600.65(e))

The Training Year - The home may select the direct care staff training year for calculation of the 24-hour training requirement, which may differ from the administrator training year (see § 2600.64(c)). The year may be the calendar year, the home's fiscal year, the direct care staff's anniversary date, or another 12-month period as determined by the home. The home must be able to verify the training year used.

Inspection Procedures: Inspectors will review the direct care staff person's training records for the most recent 12-month cycle to ensure the staff person completed 12 hours of training relating to the duties of a direct care staff person. Remember that only records of direct care staff persons who have worked in the home for one full training year may be reviewed when measuring compliance with this regulation.

Primary Benefit: Ensures that direct care staff persons receive high quality training to continue to develop their knowledge of regulatory requirements and best practices in resident care.

65f

- 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

Discussion: Training on each specific topic listed under this regulation must be conducted every year for all direct care staff persons. Each topic offers a wide array of possible subtopics. For example, "Personal Care Service Needs" can range from how to properly provide assistance with bathing to helping residents compose emails to family. When training on a subtopic, homes should be sure to indicate which of these topics listed in § 2600.65(f) the training relates.

If an LPN obtains training from a source outside of the home as per their nursing requirements (CEUs; etc.) and the training topic is one of the topics listed as per the regulation, the LPN may use the training to count towards their 12 hours of annual training. (Q/A April 2015-2600.65(d)-(g))

Inspection Procedures: Inspectors will review the training documentation for the direct care staff persons.

Primary Benefit: Ensures that staff persons receive the necessary training to successfully provide essential resident care services.

65g	<p>2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:</p> <ol style="list-style-type: none"> (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights. (4) The Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.
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Discussion: Self-explanatory.

If an LPN obtains training from a source outside of the home as per their nursing requirements (CEUs; etc.) and the training topic is one of the topics listed as per the regulation, the LPN may use the training to count towards their 12 hours of annual training. (Q/A April 2015-2600.65(d)-(g))

Inspection Procedures: Inspectors will review the training documentation for the direct care staff to ensure it includes all the topics required by this regulation. Inspectors will review the fire safety expert's credentials if the fire safety training was provided by a fire safety expert or a staff person trained by a fire safety expert.

Primary Benefit: Ensures that all staff who work in the home are reminded of the home's emergency procedures and mandated reporting requirements.

65i	<p>2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.</p>
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Discussion: Self-explanatory. A model training record is available on the Department's website.

Inspection Procedures: Inspectors will review the training record to ensure all of the required information is documented.

Primary Benefit: Allows the administrator to track each staff person's training progress throughout the year and provides evidence of successful training completion.

Staff Training Plan

66a	<p>2600.66(a) - A staff training plan shall be developed annually.</p>
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Discussion: The staff training plan is the list of courses planned for each staff person for the upcoming year. It is recommended that homes combine the staff training plan with the training requirements of § 2600.65(a)-(f) to streamline operations.

Inspection Procedures: Inspectors will review the staff training plan for the current year to ensure that it exists and that it contains all of the elements required by § 2600.66(b).

Primary Benefit: Provides the home with an organized plan to ensure all staff persons receive the required training and any other training the home deems necessary. Ensures residents receive high quality and consistent care by properly trained staff members.

66b	<p>2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:</p> <ol style="list-style-type: none"> (1) The name, position and duties of each direct care staff person. (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.
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Discussion: See § 2600.66(a). The annual training plan may include general topic areas, perspective training sources and target months or quarters for upcoming training, if the specific courses, dates, times and locations are not yet known.

Inspection Procedures: See § 2600.66(a).

Primary Benefit: See § 2600.66(a). If the plan includes the elements required by § 2600.65(a)-(f), this allows for more efficient operation of the home. Ensures residents receive high quality and consistent care by properly trained staff members.

66c	2600.66(c) - Documentation of compliance with the staff training plan shall be kept.
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Discussion: It is recommended that the plan include space to document completion and compliance with the plan to ensure operational efficiency.

Inspection Procedures: Inspectors will review the staff training plan and documentation of staff training to ensure compliance with the plan.

Primary Benefit: Allows the administrator to track compliance with the plan throughout the training year. Ensures residents receive high quality and consistent care by properly trained staff members.

PHYSICAL SITE

Physical Accommodations and Equipment

81a	<p>2600.81(a) - The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.</p>
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Discussion: This regulation is broad in scope, but relatively simple to apply. It means that the home's physical site must be designed, arranged, or furnished to meet residents' needs. In many cases, remedying a situation where a resident's needs are not met can be achieved by moving furniture or relocating a resident's bedroom. In some cases, more substantial changes (such as widening bathroom doors to accommodate residents who use wheelchairs) may be required.

Inspection Procedures: Inspectors will identify all residents with mobility needs and/or physical disabilities through record review and interviews. Inspectors will examine resident equipment, bedrooms, common areas, and egress routes to determine if safe movement is possible. Inspectors will interview and observe residents to confirm equipment needs and access.

Primary Benefit: Physical site accommodations and equipment that meet the needs of the residents in the home provide independence, enable a higher quality of life, and promote rapid evacuation during an emergency.

81b	2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.
<p>Discussion: Unless the equipment is the property of the home, a home is not responsible to pay for repair or replacement of a resident's personal equipment. The home must discuss and recommend repairs (as needed for the safety of the resident) with the resident or designated person, and assist in securing available reimbursement with outside payers such as the resident's insurance or Medical Assistance, as appropriate.</p> <p>Inspection Procedures: Inspectors will examine resident equipment during the course of the inspection to determine if wheelchairs, walkers and other apparatus are clean and in good condition.</p> <p>Primary Benefit: Clean assistive devices that are in good repair are less likely to cause injury or illness to residents.</p>	
Poisons	
82a	2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.
<p>Discussion: "Poisonous materials" include any item labeled "seek medical attention if swallowed" or "contact Poison Control Center if swallowed." These labels occasionally appear on basic personal hygiene items such as toothpaste, mouthwash, deodorant, hand sanitizer, or shampoo; rather than securing these items in a locked area, homes may assess a resident's ability to safely use these items on the resident assessment-support plan, even if the resident cannot safely use other poisonous materials.</p> <p>Cleaning products can be purchased in bulk containers, but spray bottles and stick-on manufacturer's labels provided by the cleaning supply company and manufacturer must be used.</p> <p>Inspection Procedures: During the home's physical site inspection, inspectors will examine all cleaning supplies, detergents and other potentially poisonous substances to determine if they are stored in their original, labeled containers. If an item is not labeled but appears in a spray bottle or similar device, inspectors will assume the unknown material contains a poisonous substance.</p> <p>Primary Benefit: Minimizes the possibility that a resident or staff person will mistake a poisonous substance for a harmless substance.</p>	
82b	2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.
<p>Discussion: "Poisonous materials" include any item labeled "seek medical attention if swallowed" or "contact Poison Control Center if swallowed." These labels occasionally appear on basic personal hygiene items such as toothpaste, mouthwash, deodorant, hand sanitizer, or shampoo; rather than securing these items in a locked area, homes may assess a resident's ability to safely use these items on the resident assessment-support plan, even if the resident cannot safely use other poisonous materials.</p> <p>Cleaning supplies and detergents may be stored in the kitchen, but these substances must be stored in a cabinet or other area that does not contain food. If the kitchen area is accessible to residents, and one or more residents cannot safely use or avoid poisonous materials, the locking requirements at § 2600.82(c) apply.</p> <p>Inspection Procedures: During the home's physical site inspection, inspectors will examine the kitchen, dining room, and food storage areas to determine if poisonous materials are stored near food, food preparation surfaces, or dining surfaces.</p> <p>Primary Benefit: Minimizes the risk of food contamination, illness, or death from improperly stored poisons.</p>	

82c	2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.
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Discussion: "Poisonous materials" include any item labeled "seek medical attention if swallowed" or "contact Poison Control Center if swallowed." These labels occasionally appear on basic personal hygiene items such as toothpaste, mouthwash, deodorant, hand sanitizer, or shampoo; rather than securing these items in a locked area, homes may assess a resident's ability to safely use these items on the resident assessment-support plan, even if the resident cannot safely use other poisonous materials.

Remember that some items that are not "poisonous" may still be hazardous to residents who cannot safely use them. For example, behavioral disorders, mental illness, or dementia-related illness may cause a resident to chronically drink mouthwash, eat deodorant, and so on. If a resident misuses a non-poisonous item, the home may be in violation of § 2600.23-24, § 2600.42(b), and other regulations relating to resident care.

Inspection Procedures: Inspectors will conduct interviews and review resident records to determine if the home serves any residents who cannot safely use or avoid poisons. During the home's physical site inspection, inspectors will examine poisonous materials to determine if they are stored in a manner consistent with the home's stated practices and appropriate to the needs of the residents.

Primary Benefit: Protects residents who are unable to safely use or avoid poisonous materials from illness, injury, or death related to misuse of accessible poisons.

Temperature	
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83a	2600.83(a) - The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.
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Discussion: Self-explanatory.

Inspection Procedures: Inspectors will measure the internal temperature at multiple locations throughout the home. A range of 2°F is permitted.

Primary Benefit: Reduces the likelihood that older residents and residents with special medical needs will be medically compromised by temperature extremes.

83b	2600.83(b) - If a home does not provide air conditioning, fans shall be made available to residents when the indoor temperature exceeds 80°F.
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Discussion: It is strongly recommended that a home utilize air conditioning in at least a portion of the home during very hot weather.

If fans are used, they may be portable and do not need to vent to the outside.

Inspection Procedures: Inspectors will measure the internal temperature at multiple locations throughout the home. If the temperature is greater than 80°F, inspectors will determine if fans are available to all residents.

Primary Benefit: Maintains an environment that is comfortable for all residents and reduces the likelihood that older residents and residents with special medical needs will be medically compromised by temperature extremes.

Heat Sources

84

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Discussion: This regulation applies to areas accessible to residents. Cooking equipment in the kitchen that is not accessible to residents is not subject to this requirement.

Homes that use cooking fuels like Sterno, steam tables or other heating devices during food preparation and delivery should take care that hot surfaces are insulated or equipped with protective guards.

Cooking fuels should also be stored in a manner consistent with § 2600.125(a) and § 2600.125(b).

Inspection Procedures: Inspectors will examine heat sources that are accessible to residents and determine if they are insulated or equipped with protective guards.

Primary Benefit: Minimizes the risk that residents will suffer burns by coming into contact with exposed heat sources.

Sanitation

85a

2600.85(a) - Sanitary conditions shall be maintained.

Discussion: "Sanitary conditions" can include many different situations in a personal care home. While unsanitary conditions will often be determined on a case-by-case basis, they generally include the following:

- Feces, human or animal
- Urine, human or animal
- Bodily fluids, such as blood, mucus, vomit, or semen
- Rotten or spoiled foods
- The presence of mold or mildew
- Pungent odors
- Extremely unclean surfaces

Anticoagulation testing devices (such as CoaguChek systems; etc.) measure blood coagulation in the circulatory system, and determine the clotting rate of blood which can be affected by anticoagulant usage, liver damage and Vitamin K levels. These devices are typically used for chronic conditions to help manage blood clots, and are individual-specific as the device is calibrated specifically to what the medical professional is looking to monitor. As this is a blood testing device which poses the risk for transmitting bloodborne pathogens, the FDA advises to not use anticoagulation testing devices on more than one person. (Q/A April 2015-General)

According to the Centers for Disease Control (CDC), insulin vials and penlet devices should not be used for more than one resident. These precautions help to prevent the transmission of the Hepatitis B virus, Hepatitis C virus, and HIV. Each resident who is prescribed insulin must have his/her own insulin vial, syringe, lancets, testing strips, and glucometer. It is recommended that these items be labeled with the resident's name or stored in a container that is labeled with the resident's name.

As noted by the Center for Disease Control, there have been multiple infection control breaches in Pennsylvania during provision of care, including blood glucose monitoring. Because of the long incubation period (up to 6 months) and typically asymptomatic course of acute hepatitis B and C infection, it is likely that only a fraction of such outbreaks that occurred have been detected.

<https://www.cdc.gov/hepatitis/outbreaks/healthcarehepoutbreaktable.htm>

State and federal regulations and national guidelines exist to protect your residents, staff and you. The Department specifically prohibits the use of shared blood glucose testing and insulin administration equipment and supplies. After consultation with the Department of Health, Bureau of Epidemiology, including infection disease specialists, we have determined that the use of a house glucometer, even under the proposed conditions of use, will not be permitted in personal care homes or assisted living residences.

The Department understands the challenges that may occur in serving residents who require blood sugar monitoring; however, it has been determined that the potential risk associated with shared glucometers outweighs any short-term benefit.

The Department offers the following:

- A home or residence may store an unused glucometer to be made available for a specific resident's use, but going forward, the glucometer must only be used for that specific resident;
- The resident and the resident's designee, as applicable, should be notified in advance through the resident-home contract or addendum that they will be held responsible for the cost of the glucometer, as well as the expected cost. (Q/A November 2018-2600.85(a))

Inspection Procedures: Inspectors will examine all areas of the home to determine if unsanitary conditions exist. Inspectors will interview the administrator and staff regarding universal precautions. Inspectors will examine staff during the course of the inspection for the implementation of universal precautions.

Primary Benefit: Greatly minimizes the risk of resident illness, rodent and insect infestation, and provides dignified living conditions for residents.

85b	2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.
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Discussion: For the purposes of applying this regulation, "infestation" is an invasion by rodents or insects in numbers large enough to be harmful, threatening, or repulsive. A large number of mouse droppings in multiple parts of the home, large numbers of ants near food or food preparation surfaces, and the presence of bedbugs or cockroaches all serve as evidence of infestation.

Many pests and insects such as bedbugs and cockroaches reproduce very quickly. Therefore, not many must be actually observed to constitute infestation. It is important for the home to regularly examine resident beds for bedbugs and moist, humid areas of the home for cockroaches. Proactive treatment is much preferred to pest control after an infestation has occurred.

The presence of houseflies does not necessarily indicate infestation, unless the number of flies is so great that they become significantly bothersome to residents.

A home is not prohibited from using mousetraps, fly strips, or other types of traps, but it is important that they are not placed in an area where they could cause injury to residents, particularly if the home serves residents who cannot safely use or avoid such devices. Furthermore, the use of traps does not guarantee a regulatory violation. Rodent or insect traps in areas of the home not accessible to residents can be beneficial to stopping an infestation before it starts. The home should also regularly monitor, empty or discard mousetraps and fly strips to prevent an unsanitary condition, which could be a violation of § 2600.85(a).

Inspection Procedures: During the home's physical site inspection, inspectors will examine all areas of the home to determine if signs of infestation are present. If mousetraps, fly strips, or other traps are present, inspectors will interview the administrator, staff, and residents to determine the severity of the problem and what actions are being taken to control it.

Primary Benefit: Greatly minimizes the risk of resident illness and food contamination, and provides dignified living conditions for residents.

85c	2600.85(c) - Trash shall be removed from the premises at least once a week.
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Discussion: Many homes utilize exterior commercial trash compactors that are emptied every 2-3 weeks by a contracted company. If the home's compactor is enclosed to prevent rodent access, it meets the intent of the regulation and will not be considered a violation.

Inspection Procedures: Inspectors will interview the administrator to determine how trash removal is accomplished. If the home's dumpster or exterior garbage cans contain an excessive amount of trash, inspectors will ask the administrator for documentation that the home has a contract with a trash removal service.

Primary Benefit: Prevents rodent infestation and the spread of disease.

85d

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Discussion: This applies to all bathrooms, including staff bathrooms and those used by only one resident. If trash receptacles in staff bathrooms and bathrooms used by only one resident are emptied daily, the can does not need to be covered.

If the trash receptacle in a bathroom is stored inside a closed cabinet that does not allow penetration by insects and rodents, then a lid is not required.

Lids may be removed from trash receptacles in kitchen areas when they are actively in use, such as during clean up or food preparation.

A trash receptacle with a step-operated lid is recommended to avoid the spread of disease by touching the lid. For residents who are unable to use a trash receptacle with a step-operated lid, a trash receptacle with a push-in lid is recommended.

Inspection Procedures: Inspectors will examine trash receptacles in the kitchen and bathrooms throughout the home to determine if lids are in place or they are located in closed cabinets.

Primary Benefit: Covered trash receptacles prevent the spread of disease through exposure to body fluids. The risk of insect and rodent infestation due to open food containers is also minimized.

85e

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Discussion: This does not apply to local recycling containers, but it is recommended that recyclables be rinsed thoroughly before being placed in an outside bin.

Inspection Procedures: Inspectors will examine the home's dumpster or exterior garbage cans to ensure that lids are in place and that they are secured in such a way that infestation is prevented.

Primary Benefit: Rodent or insect infestation in exterior trash containers raises the risk that the interior of the home will become infested. Additionally, secured trash containers are less likely to attract wild animals.

85f

2600.85(f) - For a home serving 9 or more residents that is not connected to a public sewer system there shall be a written sanitation approval for its sewage system by the sewage enforcement official of the municipality in which the home is located.

Discussion: The duration, frequency, and content of the sanitation approval are governed by the municipal authority, not by the Department.

It is possible that a home's local sewage enforcement official will not give written approval for a sewage system that was installed without his/her participation in the construction and testing. In this case, it is important for the home to work closely with the sewage enforcement official and the Department of Environmental Protection to establish a plan for coming into compliance with this regulation. Homes are encouraged to contact the Department for guidance as well.

Inspection Procedures: If the home has nine or more residents and is not connected to a public sewer system, inspectors will review the home's written sanitation approval.

Primary Benefit: Ensures that the sewage system is properly designed and installed so as to minimize the spread of disease and damage to the environment or to the home.

Ventilation

86a

2600.86(a) - All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Discussion: All areas of the home must have windows, air conditioning, a fan, OR mechanical ventilation to provide airflow. It is recommended that mechanical ventilation provide a system of air exchange.

Inspection Procedures: During the home's physical site inspection, inspectors will examine all areas of the home to ensure that at least one source of ventilation is present and operable.

Primary Benefit: Good air circulation throughout the home clears dust from the air. Dust exacerbates medical conditions like asthma and is the source of allergies for many residents.

86b

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Discussion: Bathrooms require either an operable, outside window OR an exhaust fan, but not necessarily an outside vent. An exhaust fan that circulates air is sufficient. It is recommended, however, that each bathroom have a ventilation system that provides airflow from the bathroom to the outside.

Inspection Procedures: Inspectors will examine the home's bathrooms to ensure that each one has a window or an exhaust fan.

Primary Benefit: Good air circulation in bathrooms helps to prevent the build-up of mold, mildew, and odor, and clears dust from the air.

Lighting

87

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Discussion: The kinds of lighting and marking required by this regulation are dependent on the needs of the residents. Compliance with this regulation may simply require standard lighting, or may require more sophisticated elements such as tactile guides or special lighting to mark the walkways and exits.

There is no regulatory requirement that exit signs above doors be lighted. This may, however, be required by the local building authority.

If outside lights near egress routes are not activated at all times, the home should ensure that switches for these lights are easily located and activated along the path of egress. It is important that all residents can use these lights during an emergency to evacuate safely. For information regarding exit sign requirements, see § 2600.133(a)(1)-(3).

Delayed locking device - A home that wishes to use a delayed locking device on a door is required to have written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority to permit the use of a delayed egress system. To ensure that all residents can use these doors during an emergency to evacuate safely, the following lighting and marking requirements apply when delayed locking device on doors have been approved and are in place:

- A readily visible, durable sign in letters not less than 1 in. (25 mm) high and not less than 1/8 in. (3.2 mm) in stroke width on a contrasting background that reads as follows shall be located on the door leaf adjacent to the release device in the direction of egress: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS. (or similar notice with accurate number of seconds)
- Presence of sufficient lighting at all times for the marking to be easily seen and read.

Note: The instructions regarding signage is consistent with the Pennsylvania Uniform Construction Code. (Q/A October 2017-2600.87)

Inspection Procedures: During the home's physical site inspection, inspectors will examine the aforementioned areas to determine if they are lighted and marked for safe evacuation based on the needs of the residents served.

Primary Benefit: Ensures a rapid evacuation in the event of an emergency, and minimizes the risk of falls or other injuries due to inadequate illumination.

Surfaces

88a

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Discussion: Cosmetics versus Hazards - This regulation usually does not include minor cosmetic repairs such as faded wallpaper or paint, worn carpeting, or minor damage to baseboards from wheelchairs. However, if the surfaces in a home are in advanced disrepair, a violation may be cited. Hazardous conditions that result from surface damage – such as peeling paint in a dining area, splintered edges on a doorframe, or frayed carpet that creates a tripping hazard – will be considered a violation.

What is a Hazard? - There is no single list of what constitutes a "hazard." While some hazards may be obvious (such as collapsing ceilings and protruding nails), others will be dictated by the needs of the residents served in the home. For example, a sloped floor in an older home may not pose a risk to mobile residents, but could constitute a fall risk for a resident with mobility needs. Potentially hazardous conditions will be determined on a case-by-case basis. In some cases, the Department will cite a violation of this regulation if a door leading to a basement, shed, attic, or other part of the home where there are possible hazardous conditions and materials is unlocked.

Particular care should be taken when using area rugs that are slippery when stepped on or have curled edges which can be hazardous. The home should assess residents' ambulatory skill to determine if this type of rug is appropriate. A rubber mat or rubber backing under a rug is recommended in all cases, especially in bathrooms where a wet floor could cause serious injury.

Inspection Procedures: Inspectors will examine all areas of the home to determine if surfaces are clean, in good repair and free of hazards. Inspectors will observe residents in conjunction with record review and interviews. Situations that constitute a hazard will often be decided on a case-by-case basis depending on the residents served.

Primary Benefit: Safe surfaces help to maintain sanitary conditions in the home, minimize the risk that residents will suffer an injury while ambulating, and provide dignified living conditions.

88b

2600.88(b) - The home may not use asbestos products for renovations or new construction.

Discussion: The United States Environmental Protection Agency does not have a general ban on asbestos, but the Clean Air Act of 1970 and the Toxic Substances Control Act of 1976 both have strict limitations on the application of asbestos in construction materials. Because of this, it is unlikely that renovations or new construction will include asbestos.

Inspection Procedures: Inspectors will contact ARL Headquarters if asbestos use is suspected.

Primary Benefit: Asbestos is a known carcinogen. A home free of this material protects residents from many health issues.

Water

89a

2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Discussion: See § 2600.89(b). This regulation requires that each of the identified areas has hot and cold running water, that the water pressure is sufficient to meet the bathing, cleaning, and sanitation needs of the home, and that the water is warm enough for comfortable bathing without exceeding the maximum allowable water temperature.

Inspection Procedures: Inspectors will interview staff and residents to verify that the hot water temperature is comfortable for bathing and if there is sufficient hot water supply at all times to meet total demand for water. Inspectors may test the water pressure at various locations throughout the home.

Primary Benefit: Ensures that the home's water supply is sufficient to meet residents' needs for hygiene and comfort.

89b

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

Discussion: This includes water from any tap accessible to residents.

Inspection Procedures: Inspectors will test the water temperature at a sample of areas throughout the home, including bathtub and shower faucets. If the home has multiple water heaters, inspectors will test the water temperature at taps served by each heater. The sample of measured taps will include a tap nearest the heater(s). Water temperature may be measured by running the hot water for 30 seconds and then placing a thermometer into the water stream or into a cup placed under the water stream. A variance of 2°F is permitted, but inspectors will recommend that the hot water temperature be lowered for resident safety.

Primary Benefit: Protects residents from accidental scalding.

89c

2600.89(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

Discussion: This applies to homes on private wells, even if the homes use bottled water for drinking or have purification systems.

Inspection Procedures: Inspectors will review documentation verifying that the required tests occurred.

Primary Benefit: Ensures that water in homes with private water sources is safe for use.

89d

2600.89(d) - If the water is found to be above maximum contaminant levels, the home shall conduct remediation activity to reduce the level of contaminants to below the maximum contaminant level. During remediation activity, an alternate source of drinking water shall be provided to the residents.

Discussion: "Remediation activity" means a process to make the water safe as directed by a qualified source, usually the laboratory that conducted the tests. Alternate sources of drinking water must be provided until tests showing contaminant levels below acceptable levels are received.

Inspection Procedures: Inspectors will determine that the home took appropriate remediation steps if the tests required by § 2600.89(c) found contaminant levels above the maximum allowable level.

Primary Benefit: Ensures that water in homes with private water sources is safe for use.

89e

2600.89(e) - The home shall keep documentation of the laboratory certification, in addition to the results and corrections made to ensure safe water for drinking.

Discussion: See § 2600.89(c)-(d).

Inspection Procedures: See § 2600.89(c)-(d).

Primary Benefit: Provides documentation that water in homes with private water sources is safe for use.

Communication System

90a

2600.90(a) - The home shall have a working, noncoin operated, landline telephone that is accessible in emergencies and accessible to individuals with disabilities.

Discussion: Homes must be equipped with a telephone that will work in the event of a power outage. If the landline telephone is cordless or web-based, a functioning cell phone must be present on the premises.

Inspection Procedures: Inspectors will examine the home's telephone to determine if it is operable and in a location where all residents and staff can access it.

Primary Benefit: An accessible telephone ensures that emergency services can be contacted quickly when needed.

90b

2600.90(b) - For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Discussion: The type of communication system will vary depending on the size and layout of the home. If a home is physically structured so that staff persons can call out for assistance and be heard throughout the home, an electronic system is not required. Electronic systems may include 2-way walkie-talkies, cell phones, pagers, and intercom systems.

Inspection Procedures: Inspectors will interview the administrator and staff regarding communication in the home, and observe staff communication processes throughout the course of the inspection.

Primary Benefit: A system of communication ensures quick response in the event of an emergency.

Emergency Telephone Numbers

91

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Discussion: Homes occasionally view the need to have these numbers at every telephone as excessive; however, it is important to remember that emergency situations are unpredictable. If emergency assistance is required, staff, residents, and visitors must be able to reach assistance immediately.

The emergency management agency phone number to be listed on all phones in a home is the home's local emergency management agency, typically found in the blue government pages of the telephone book. If a local emergency management agency is not available at all times, the home should list the Pennsylvania Emergency Management Agency's (PEMA) phone number.

It is acceptable to post 911 if that number is used to contact the hospital, ambulance, police, and fire departments.

A separate number for poison control must be posted, as not all situations regarding poisons may require emergency services. Poison control centers provide immediate, free and expert treatment advice and referral over the telephone in case of exposure to poisonous or toxic substances. (Q/A January 2016-2600.91)

For information regarding the complaint hotline and residents' right to file complaints, see § 2600.42(t).

Inspection Procedures: Inspectors will examine all telephones accessible to staff or residents to ensure the required numbers are posted

Primary Benefit: The requirement to have these numbers posted facilitates a quick response from the appropriate agency in the event of an emergency, and allows staff and residents to contact the Department to report complaints in privacy.

Windows and Screens

92

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Discussion: Windows need screens only if they are able to be opened.

Inspection Procedures: Inspectors will examine all windows in the home to determine if broken glass is present and to ensure they are free from splinters or other protrusions that present a hazard. If windows without screens are present, inspectors will verify that the windows do not open.

Primary Benefit: Windows that are in good repair prevent injury to residents. Screens lower the risk of insect or rodent infestation.

Handrails and Railings

93a

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

Discussion: This includes stairs and steps of any number or height. It is recommended that there be a handrail on both sides of the stairs or, if there is just one handrail, that it be right-hand descending.

For areas that have one or two steps, such as the entrance to a home, it is acceptable to attach a handle to the doorway next to the steps. It is recommended, however, that all handrails be stable, freestanding, or attached parallel to the stairs and horizontally-descending.

It is important to remember that serious falls can occur even in an area where there is only one step. A home should assess all residents to determine what type of handrail is most appropriate.

Inspection Procedures: During the home's physical site inspection, inspectors will verify that handrails are present at all ramps and stairways.

Primary Benefit: Handrails prevent falls and provide for safe evacuation during an emergency.

93b

2600.93(b) - Each porch must have a well-secured railing.

Discussion: This requirement applies only to porches, patios, and decks that are not even with the ground or are located on a floor that is above ground level.

Inspection Procedures: If the home has a porch, inspectors will verify that a well-secured railing is present.

Primary Benefit: Secure railings reduce the risk of injurious falls.

Landings and Stairs

94a

2600.94(a) - Interior and exterior doors that open directly into a stairway and are used for exit doors, resident areas and fire exits must have a landing, which is a minimum of 3 feet by 3 feet.

Discussion: This requirement does not apply if a door opens away from the stairway (that is, when one opens the door, (s)he must step back from the stairs). This applies only to an inside or outside door that opens toward or into a downward stairway. This does not apply to a porch or deck with only one or two steps. It may be possible to reverse the swing of the door to open away from the stairs. If this affects an egress route, however, approval from the local building authority may be required before a door swing is changed or a landing is installed.

For information regarding renovations that may require a new fire safety approval, see § 2600.14(c).

Inspection Procedures: Inspectors will examine stairways throughout the home to ensure that a landing of the required size is present.

Primary Benefit: Reduces the risk of falling when entering a stairwell.

94b	2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.
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Discussion: A nonskid surface means a surface that is not slippery. Examples of nonskid surfaces include carpeting, a nonskid wax, rubber or metal strips on the edges of the stairs, or textured paint. Rough texture cement on outside stairs is nonskid. Wood and concrete steps may or may not be slippery depending on the finish of the surface.

Inspection Procedures: Inspectors will examine the surface of all stairs and ramps in the home to ensure that nonskid material is present.

Primary Benefit: Reduces the risk of falling when ascending or descending stairs.

Furniture and Equipment

95	2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.
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Discussion: This requirement applies only to furniture and equipment accessible to residents.

Cosmetics versus Hazards - This regulation does not include cosmetic repairs such as worn fabric on a chair or dented tables. Only when hazardous conditions result from damage – such as exposed springs on a couch cushion, nails jutting from a table, or a frayed electrical cord – will such damage be considered a violation.

Inspection Procedures: Inspectors will examine all areas of the home to determine if furniture and equipment are clean, in good repair, and free of hazards. This regulation should be cited only if a more specific regulation relating to damaged furniture – such as § 2600.101(j)(1), relating to mattresses – does not exist.

Primary Benefit: Furniture and equipment that is clean, free of hazards, and in good repair helps to maintain sanitary conditions in the home and minimize the risk that residents will suffer an injury while using the furniture or equipment.

First Aid Kit

96a	2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.
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Discussion: This regulation requires that each item be stored together in a portable box or bin that can be transported easily if an injury occurs.

One kit containing all of the items specified by this regulation is required in each home. It is recommended that a first aid kit be provided on each floor of the home or, in a large home serving 30 or more residents, in each wing/area of the home.

Inspection Procedures: Inspectors will examine the contents of the home's first aid kit to determine if all required items are present.

Primary Benefit: Ensures that homes have the equipment needed to provide first aid in the event of an injury.

96b	2600.96(b) - Staff persons shall know the location of the first aid kit.
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Discussion: In this regulation, "staff persons" means all direct care staff, ancillary staff who provide first aid, and volunteers who provide first aid.

Inspection Procedures: Inspectors will interview staff to determine if they know the location of the first aid kit.

Primary Benefit: Allows staff to quickly retrieve the first aid kit in the event that a resident is injured

96c	2600.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.
<p>Discussion: In this regulation, "staff persons" means all direct care staff, ancillary staff who provide first aid, and volunteers who provide first aid.</p> <p>In certain cases, it may be necessary to make the first aid kit inaccessible to residents for safety reasons. The first aid kit may be stored in a locked area as long as all staff who would use the kit have independent access to the area (i.e., have keys to a locked door or know the code to use a keypad lock).</p> <p>Inspection Procedures: Inspectors will examine the location of the first aid kit and interview staff to determine if they can easily access the first aid kit.</p> <p>Primary Benefit: Allows staff to quickly retrieve the first aid kit in the event that a resident is injured.</p>	
Elevators and Stair Glides	
97	2600.97 - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa.Code Chapter 405 (relating to elevators and other lifting devices).
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will review the certificate of operation to determine if it is authentic and current.</p> <p>Primary Benefit: Reduces risk of injury to residents, staff, and visitors by ensuring that elevators and stair glides are safe and free of hazards.</p>	
Indoor Activity Space	
98a	2600.98(a) - The home shall have indoor activity space for activities such as reading, recreation and group activities.
<p>Discussion: The space required by this regulation may include a multi-purpose room, the home's dining area, and one or more furnished living room or lounge area (see § 2600.98(b)).</p> <p>Inspection Procedures: Inspectors will examine the home's physical site and interview staff and residents to determine if there is a location appropriate for holding activities.</p> <p>Primary Benefit: Dedicated activity space creates a home-like atmosphere and fosters community interaction.</p>	
98b1	2600.98(b)(1) - The home shall have at least one furnished living room or lounge area for residents, their families and visitors.
<p>Discussion: The home's living room should be furnished to allow comfortable interaction between residents, their families and visitors.</p> <p>Inspection Procedures: Inspectors will determine if the home is equipped with at least one living room or lounge area.</p> <p>Primary Benefit: Living rooms and lounge areas create a home-like atmosphere and foster community interaction.</p>	
98b2	2600.98(b)(2) - The combined living room or lounge areas shall accommodate all residents at one time.

Discussion: This regulation requires sufficient cumulative living rooms or lounge areas to ensure that all residents can be present in such an area at the same time. If there is one living room, it must be large enough to accommodate every resident in the home. If there is one living room and one lounge area, these spaces must be large enough to accommodate some residents in one space and the remaining residents in the other space. The dining area may not be counted as a “lounge space” for purposes of compliance with this regulation unless the area is thoroughly cleaned before and after it is used for dining and the combined living and dining space is large enough to accommodate all of the residents.

Inspection Procedures: Inspectors will determine if the home is equipped with enough living space to accommodate all residents at one time.

Primary Benefit: Ensures that residents who wish to lounge may do so at any time and without waiting for others to vacate a space.

98b3	2600.98(b)(3) - The living rooms and lounge areas shall contain tables, chairs and lighting to accommodate the residents, their families and visitors.
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Discussion: The home’s living room should be furnished to allow comfortable interaction between residents, their families and visitors.

Inspection Procedures: Inspectors will examine the home’s living areas to determine if the required furnishings are present.

Primary Benefit: Ensures that lounge areas are adequately furnished to meet residents’ needs.

98c	2600.98(c) - The home shall have a working television and radio available to residents in a living room or lounge area.
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Discussion: A television and radio are required in at least one living or lounge area.

Inspection Procedures: Inspectors will determine if the home has a working television and radio that are accessible to residents.

Primary Benefit: Television and radio entertainment can be educational or stimulating for residents.

Recreation Space

99	2600.99 - The home shall provide regular access to outdoor and indoor recreation space and recreational items, such as books, newspapers, magazines, puzzles, games, cards and crafts.
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Discussion: “Indoor recreation space” means the areas specified in § 2600.98(a)-98(b)(3). This regulation requires that such areas be equipped with recreational materials.

Outdoor recreation space may be a yard, porch, or a nearby park, if the park is within a reasonable walking distance and all residents served by the home are capable of walking there. It is recommended that the home have an outdoor space on the premises for recreation.

Inspection Procedures: Inspectors will interview residents to determine if they have regular access to outdoor and indoor recreation space, and will observe indoor space to determine if recreational and reading materials are present and accessible to residents.

Primary Benefit: Regular access to recreational space and materials promotes community interaction and can be educational and stimulating.

Exterior Conditions

100a

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Discussion: There is no single list of what constitutes a “hazard.” While some hazards may be obvious (such as broken glass on a walkway or poison ivy in an outdoor seating area), others will be dictated by the needs of the residents served in the home. For example, homes located close to busy roads or highways must ensure that the residents served in the home can safely navigate or avoid such areas, and homes with an unfenced pond, lake, or water feature on the premises must ensure that residents served in the home can safely avoid a body of water (many residents with dementia cannot do so). Potentially hazardous conditions will be determined on a case-by-case basis.

Inspection Procedures: Inspectors will examine all exterior areas of the home to determine if the building and grounds are in good repair and free of hazards. If an inspector identifies a potential hazard, the inspector will determine whether the potential hazard poses a risk to the population served by the home through interviews and record reviews.

Primary Benefit: Minimizes the risk of death or injury to residents when they are outdoors. Minimizes the risk of injury to residents when they are using outside areas for evacuation or recreation.

100b

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Discussion: All exterior doors, fire escapes, and exterior steps and ramps must be cleared of ice and snow within a short period of time after the snow stops to provide for safe egress in an emergency. A significant pile of leaves could be considered an obstruction. Leaves can be slippery when wet and cause an injury, so it is recommended that the home regularly remove leaves from egress routes and recreational areas. Equipment, furniture, or trash left unattended on a walkway, steps, ramps, or fire escape can be considered an obstruction.

Inspection Procedures: Inspectors will examine exterior egress routes and recreation areas to determine if these areas are cleared of snow, ice, and obstructions. Inspectors will allow the home a reasonable amount of time to clear ice and snow if inclement weather began or stopped shortly before or during an inspection.

Primary Benefit: Minimizes the risk of injury to residents when they are using outside areas for evacuation or recreation.

Resident Bedrooms

101a

2600.101(a) - Each single bedroom must have at least 80 square feet of floor space measured wall to wall, including space occupied by furniture.

Discussion: “Bedroom” means “living space occupied by a resident” for the purposes of compliance with this regulation.

In other words, the cumulative square footage of rooms that contain living areas and kitchenettes will be used to determine regulatory compliance. Square footage is the same whether or not a bedroom contains furniture. Closet space may not be counted as bedroom floor space.

It is important to remember that residents who use assistive devices such as wheelchairs may need extra space to navigate a bedroom. If a room has sufficient square footage to meet this regulatory requirement, but the resident occupying the room cannot safely navigate the room, the home may be in violation of § 2600.81(a)

Inspection Procedures: Inspectors will measure a sample of resident bedrooms and obtain the rooms’ square footage. The sample will be expanded if a noncompliant room is found.

The majority of bedrooms in a personal care home are rectangular. Square footage in a rectangular bedroom is obtained by multiplying room length by room width. For example, a room that is 10 feet wide and 10 feet long has

100 square feet of floor space.

- To obtain square footage in rooms that are trapezoidal (that is, where two walls are the same size and two walls are differently sized), measure the lengths of the differently-sized walls, add them together, and multiply the result by the maximum distance between the differently-sized walls divided by two.
- To obtain square footage in rooms that are triangular, measure the distance between the wall of middle length and the point where the other walls meet. Multiply the result by the length of the wall of middle length and divide the resulting figure by two.

To obtain square footage in rooms with more than 4 walls, split the room into smaller shapes and obtain the cumulative square footage.

Primary Benefit: Provides sufficient space to ambulate in the event of an emergency and offers residents a dignified amount of personal living space.

101b

2600.101(b) - Each shared bedroom must have at least 60 square feet of floor space per resident measured wall to wall, including space occupied by furniture.

Discussion: See § 2600.101(a).

Inspection Procedures: See § 2600.101(a).

Primary Benefit: See § 2600.101(a).

101c

2600.101(c) - Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space. A legal entity with a personal care home license for the home as of October 24, 2005, that has one or more bedrooms serving a resident with physical mobility needs as of October 24, 2005, shall be exempt from the requirements specified in this subsection for the bedroom. If a bedroom is exempt in accordance with this subsection, additional square footage may be required sufficient to accommodate the assistive devices of the resident with mobility needs.

Discussion: See § 2600.101(a) for information on square footage.

This regulation applies to residents whose mobility needs are physical. This does not apply to residents who are considered "residents with a mobility need" due to dementia or mental disability.

Physician's medical orders must be resident-specific. "Blanket orders" stating that each room in the home is acceptable for persons with mobility needs are not acceptable.

If a resident is mobile but uses an assistive device or other medical equipment, and is occupying a room under the October 24, 2005 exemption, the home must ensure that there is sufficient square footage to allow the resident to move about the room accommodating the assistive device or other medical equipment. Failure to do so may result in a violation of § 2600.81(a).

The grandfathering provision referenced in this regulation applies to individual residents, not rooms. If a resident with mobility needs occupies a room that is less than 100 square feet and was admitted prior to October 24, 2005, this regulation does not apply. When that resident leaves the home, another resident with mobility needs may not be served in the room (unless the resident has the medical exemption). Written documentation of the home's license status prior to October 24, 2005 and the resident's residency at the home prior to October 24, 2005 must be retained and available for review.

Inspection Procedures: See § 2600.101(a).

Primary Benefit: Provides sufficient space to ambulate in the event of an emergency, allows extra room for assistive devices or hands-on physical assistance from staff, and offers residents with mobility needs a dignified amount of personal living space.

101d	2600.101(d) - No more than four residents may share a bedroom.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will observe resident bedrooms and verify that no more than four persons occupy each room.</p> <p>Primary Benefit: Provides sufficient space to ambulate in the event of an emergency, offers residents a dignified amount of personal living space, and reduces the spread of communicable diseases.</p>	
101e	2600.101(e) - Ceiling height in each bedroom must be an average of at least 7 feet.
<p>Discussion: The term “average” allows the home to find the average height in a bedroom that has different heights in the ceiling (such as a room with eaves or a slanted ceiling).</p> <p>Inspection Procedures: If the ceiling is level, the inspector will measure the height of the ceiling to verify that it is at least seven feet. For a room with a slanted ceiling, inspectors will measure the distance from the floor to the highest point, the lowest point, and at least two other areas of varying heights that are centrally located between the identified high and low points. These four measurements will then be averaged to determine ceiling height.</p> <p>Primary Benefit: Adequate bedroom height prevents injury and offers residents a dignified amount of personal living space.</p>	
101f	2600.101(f) - Each bedroom must have a window with direct exposure to natural light.
<p>Discussion: This regulation requires that residents see natural light, not that rooms have a window with an outdoor view. Skylights and basement window wells that have direct exposure to natural light are permitted. Internal windows with a view to other external windows are permitted, but if the bedroom window opens onto a common area of the home a violation of resident privacy under § 2600.42(s) could be present.</p> <p>It is important the home regularly clear snow and ice from windows and leaves from window wells to ensure that light can penetrate the room.</p> <p>Windows are not required to be operable. Ventilation is regulated in § 2600.86.</p> <p>Inspection Procedures: Inspectors will examine bedroom windows throughout the home to determine if exposure to natural light is provided.</p> <p>Primary Benefit: Natural light provides both physiological and psychological benefits.</p>	
101g	2600.101(g) - A resident's bedroom shall be used only by the occupying resident and not for activities common to other residents.
<p>Discussion: Residents may visit or engage in activities with other residents in their bedrooms if they choose; this regulation prohibits using a resident's bedroom as a common activity space. For information regarding a resident's right to privately associate, organize and communicate, see § 2600.42(o).</p> <p>Inspection Procedures: Inspectors will interview residents to determine if group activities are held in bedrooms without permission.</p> <p>Primary Benefit: Protects residents' privacy and personal choice.</p>	
101h	2600.101(h) - A resident shall be able to access toilet, hand washing and bathing facilities without having to pass through another resident's bedroom.
<p>Discussion: Self-explanatory.</p>	

Inspection Procedures: Inspectors will examine the home's physical site to determine the accessibility of bathrooms.

Primary Benefit: This requirement preserves residents' privacy and dignity.

101i

2600.101(i) - A resident shall have access to his bedroom at all times.

Discussion: Homes may not prohibit residents from accessing their bedrooms for any reason. If the room must be cleaned, the home must arrange for cleaning services at a time that will not force the resident to leave his or her room. If a resident participates in programs outside the home as a condition of residency, the resident may not be denied access to his/her room as a means of forcing participation with a program.

Inspection Procedures: Inspectors will interview residents to determine if they can access their bedrooms at all times.

Primary Benefit: This requirement preserves residents' privacy, dignity, and independence.

101j1

2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

Discussion: A clean, safe, and well-constructed bed is a key element in a resident's overall quality of life.

Is an actual bed required? - A resident may choose to sleep in a sofa bed, lounge chair, or a futon. It is recommended but not required that the home have a physician's order stating that the resident would benefit from an alternate sleeping arrangement due to a medical condition. The resident's assessment and support plan should address the aforementioned medical condition, as well as any assistance and/or services the resident may need in regards to the alternative sleeping arrangement.

A frame is not required on a bed if the resident chooses to have it removed. A bed that is closer to the floor could prevent injury from falling out of bed, but it could also cause mobility issues due to the lower height of the mattress. It is recommended that the home have a physician's order stating that the resident would benefit from the frame being removed, and the home should document the sleeping arrangement on the resident's assessment and support plan.

"Fire Retardant" Mattresses - A legal entity with a personal care home license for the home as of October 24, 2005 is permanently exempt from the requirement for fire retardant mattresses, unless the home increases beyond its October 2005 licensed capacity. If the home's capacity is increased, only the new mattresses for the new capacity must be fire retardant.

A new home or a newly purchased home must meet this requirement. This includes sales and changes of legal entity. It is recommended, however, that even homes who are eligible for this grandfathering obtain fire retardant mattresses for every resident.

A mattress is recognized as "fire retardant" if the mattress tags are labeled with:

- Federal standard 16 CFR Part 1632
- Federal standard 16 CFR Part 1633
- California code standards (TB603 compliant).
- A fire retardant mattress pad treated with a chemical flame retardant is acceptable in place of the fire retardant mattress.

If a home's mattress tags are worn or torn and are unable to show that the mattress is fire retardant, the home may provide documentation directly from the manufacturer stating that the mattresses in question have passed fire retardant tests.

Use of One's Own Furniture - As required by § 2600.42(l), the resident may choose to bring some or all of his/her own furnishings to the home, but may not be required to do so. If a resident provides his/her own mattress, the mattress does not need to be fire retardant.

Inspection Procedures: Inspectors will examine resident beds to determine if they are clean and in good repair, and, if applicable, determine whether mattresses are fire retardant.

Primary Benefit: Beds that are clean, in good repair, and meet specific residents' needs reduce the risk of injury and provide comfort. Fire retardant mattresses minimize the risk of fire and injury in the event of a fire.

101j2

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

Discussion: A resident's wheelchair meets this requirement. A folding chair is permissible if it is sturdy, safe and has been approved by the resident. It is recommended the home document the use of these alternatives in the resident record.

Inspection Procedures: Inspectors will examine resident rooms to determine if chairs are present and meet the needs of the rooms' occupants.

Primary Benefit: A comfortable environment with appropriate furnishings raises the quality of life for residents.

101j3

2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

Discussion: Self-explanatory.

It is recommended that blankets fit the size of the resident's bed, be of varied weight and of sufficient quantity to accommodate the resident's needs during all seasons and medical conditions. Pillow types should accommodate the resident's preference, as practical and reasonable.

It is recommended that the home have a supply of bed linens for 1 ½ times the number of beds for each size of bed available (Example: 20 twin beds – 30 twin bed linens).

A resident may use heating pads or electric blankets as long as they are in good repair. Electric blankets can cause serious burns if not properly monitored, so it is important that the home assess the resident's ability to use these devices and perform regular checks to ensure injury does not occur. It is recommended that the use of heating pads or electric blankets be documented on the resident's assessment and support plan. The functionality of heating pads and electric blankets is governed by § 2600.95.

Inspection Procedures: Inspectors will examine resident bedrooms to determine if the required bed linens are present, clean and in good repair.

Primary Benefit: Bed linens provide comfort to residents. Cleanliness prevents infestation and the spread of disease.

101j4

2600.101(j)(4) - Each resident shall have the following in the bedroom: A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

Discussion: If a resident shares a bedroom with other residents, the chest of drawers and the closet may be shared with other residents, provided there is sufficient space.

It is recommended that each resident have his/her own dresser and closets have doors or curtains.

Wardrobes and other storage furniture are acceptable to meet this regulatory requirement.

Inspection Procedures: Inspectors will examine resident bedrooms to determine if storage space in drawers and closets is available.

Primary Benefit: Ensures that residents have a place to store clothing and personal belongings

101j5	2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.
<p>Discussion: If a resident shares a bedroom with other residents, the table may be shared with one other resident. The table must be accessible at each resident's bedside. It is recommended that each resident have his or her own bedside table or shelf.</p> <p>Inspection Procedures: Inspectors will examine resident bedrooms to determine if a bedside table or shelf is present.</p> <p>Primary Benefit: Bedside tables or shelves accommodate an accessible light source and personal belongings.</p>	
101j6	2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.
<p>Discussion: This requirement does not apply if a physician has documented in writing that this is not appropriate for behavioral health reasons.</p> <p>A mirror is not required if the assessment and support plan document the need for it to be removed or covered. Such assessments must be individualized, and not applied to a specific group of residents.</p> <p>If a resident shares a bedroom with other residents, the mirror may be shared with other residents.</p> <p>If the resident has a single room with an attached bathroom that contains a mirror, there does not need to be a second mirror in the bedroom.</p> <p>Inspection Procedures: Inspectors will examine resident bedrooms to determine if a mirror is present.</p> <p>Primary Benefit: A bedroom mirror provides residents with the ability to groom himself or herself in private.</p>	
101j7	2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.
<p>Discussion: If a resident shares a bedroom with other residents, the lamp may be shared with one other resident. Both residents must have bedside access to the on/off switch.</p> <p>Options for bedside lighting include a wall-mounted touch light, sound activated on/off switches, a remote control, or a light switch that turns on/off a light at any location in the room.</p> <p>A night light or a flashlight is acceptable as a light source if:</p> <ul style="list-style-type: none"> • The light is readily available within reach of the resident from his/her bedside at all times. • The light provides adequate illumination for safe ambulation in the resident's bedroom. • If a flashlight is used as a light source, the resident must be able to independently turn the flashlight on and off. <p>Safety and Choice - Many residents choose not to have lights at their bedside a matter of personal preference. However, bedside lamps have been shown to significantly reduce nighttime falls. As with all regulations, the Department will consider any requests to waive this regulation.</p> <p>Inspection Procedures: Inspectors will examine resident bedrooms to determine if a source of lighting is present that can be turned on/off at bedside and is appropriate to the needs of the resident.</p> <p>Primary Benefit: Provides residents with sufficient light to move safely around their room in the dark, reducing the risk of falls and injury.</p>	
101k	2600.101(k) - Cots and portable beds are prohibited.
<p>Discussion: Self-explanatory.</p>	

Inspection Procedures: Inspectors will examine resident bedrooms to determine if cots or portable beds are in use.

Primary Benefit: Beds that are clean, in good repair, and meet specific residents' needs reduce the risk of injury, provide comfort, and create a more dignified living environment.

101l

2600.101(l) - Bunk beds or other raised beds that require residents to climb steps or ladders to get into or out of bed are prohibited.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will examine resident bedrooms to determine if bunk beds or raised beds are in use.

Primary Benefit: Residents may not suffer a fall from or other injury from climbing steps to get into or out of bed.

101m

2600.101(m) - A bedroom may not be used as an exit from or used as a passageway to another part of the home unless in an emergency situation.

Discussion: A resident's bedroom may be used as an emergency exit if an egress route exists. During fire drills, this exit route should be used and practiced so that all residents know this emergency route. Residents should be instructed to use this exit only in response to an emergency and not as a regular passageway. If a resident's bedroom is used as an emergency exit, the bedroom door may not be locked at any time or a violation of § 2600.121(b) will be present.

Inspection Procedures: If a resident bedroom is present that can be accessed from multiple parts of the home or is equipped with an emergency exit, inspectors will interview residents to determine if it is used as a passageway at any time other than an emergency.

Primary Benefit: This requirement permits rapid egress in the event of an emergency while protecting residents' privacy.

101n

2600.101(n) - A resident may not be required to share a bedroom with an individual of the opposite sex.

Discussion: A resident may choose to share a bedroom with a member of the opposite sex. This choice should be documented by the home.

Inspection Procedures: Inspectors will interview residents to determine if any resident unwillingly shares a room with a member of the opposite sex.

Primary Benefit: Protects residents from the discomfort of an actual or perceived unwanted sexual living arrangement.

101o

2600.101(o) – The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Discussion: See § 2600.88(a).

Inspection Procedures: Inspectors will examine resident bedrooms to determine if surfaces are clean, in good repair, and free of hazards. Inspectors will verify that the room conditions, specifically walls, floors and ceilings, are appropriate for the individual needs of the residents occupying the rooms.

Primary Benefit: Walls, floors, and ceilings in bedrooms that are clean, free of hazards, and in good repair help to maintain sanitary conditions in the home and minimize the risk that residents will suffer an injury while ambulating.

101p	2600.101(p) - There must be doors on the bedrooms.
<p>Discussion: Self-explanatory. See "Egress" in "Regulatory Issues and Frequently-Occurring Situations" for information on locks on resident doors.</p> <p>Inspection Procedures: Inspectors will examine resident bedrooms to determine if doors are present.</p> <p>Primary Benefit: Bedroom doors provide privacy for residents.</p>	
101q	2600.101(q) - Space for storage of personal property shall be provided in a dry, protected area.
<p>Discussion: A reasonable amount of storage space for storage of the resident's personal items must be provided by the home.</p> <p>Inspection Procedures: Inspectors will interview the administrator and examine the home's physical site to determine if storage space is provided.</p> <p>Primary Benefit: Protects residents' rights to personal possessions and ensures that such possessions will be protected from damage or theft.</p>	
101r1	2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will examine resident bedrooms to determine if the required window coverings are present.</p> <p>Primary Benefit: Window coverings provide residents with privacy.</p>	
101r2	2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.
<p>Discussion: Sheer shades or sheer curtains do not meet the intent of this regulation. Window coverings should fully cover the window and be of a material that provides residents with privacy.</p> <p>Inspection Procedures: Inspectors will examine window coverings in resident bedrooms to determine if they are clean, in good repair, and provide privacy.</p> <p>Primary Benefit: Window coverings provide residents with privacy.</p>	
Bathrooms	
102a	2600.102(a) - There shall be at least one functioning flush toilet for every six or fewer users, including residents, staff persons and household members.
<p>Discussion: This regulation requires an actual toilet, not a urinal or adult toileting chair. See "Adult Toileting Chairs" in "Regulatory Issues and Frequently-Occurring Situations" for more information.</p> <p>Inspection Procedures: Inspectors will count the number of residents, staff and other occupants in the home, and verify if the home has enough toilets to meet the 1:6 ratio</p> <p>Primary Benefit: Ensures that there are sufficient toilets to meet residents' needs such that residents may urinate or defecate without waiting.</p>	

102b	2600.102(b) - There shall be at least one sink and wall mirror for every six or fewer users including residents, staff persons and household members.
<p>Discussion: A large wall mirror extending over more than one sink will be counted as individual mirrors equal to the number of sinks that it covers.</p> <p>“Household members” includes all individuals who live in the home and/or who use the sinks, including non-residents and staff persons. This does not include visitors.</p> <p>Inspection Procedures: Inspectors will count the number of residents, staff, and other occupants in the home who use the sinks, and verify if the home has enough sinks and mirrors to meet the 1:6 ratio</p> <p>Primary Benefit: Ensures that there are sufficient sinks and mirrors to meet residents’ needs such that residents may engage in self-care activities without waiting.</p>	
102c	2600.102(c) - There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.
<p>Discussion: A legal entity with a personal care home license for the home as of October 24, 2005 is exempt from this requirement, unless the home increases beyond its October 2005 licensed capacity. A new home, or newly purchased home, must meet this requirement. If a home is exempt, there shall be at least one bathtub or shower for every 15 or fewer users.</p> <p>“Household members” includes all individuals who live in the home and/or who use the bathtub or shower, including non-residents and staff persons. This does not include visitors.</p> <p>Inspection Procedures: Inspectors will count the number of residents, staff and other occupants in the home, and verify if the home has enough bathtubs or showers to meet the 1:6 ratio.</p> <p>Primary Benefit: Ensures that there are sufficient bathing facilities to meet residents’ needs such that residents may engage in bathing activities without waiting.</p>	
102d1	2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.
<p>Discussion: Grab bars, hand rails or assist bars should be located at reasonable locations in toilet and bath areas to provide for resident safety. The home should determine the appropriate number and location of grab bars based on the needs of the residents served.</p> <p>Inspection Procedures: Inspectors will examine bathrooms throughout the home to determine if grab bars, handrails, or assist bars are present.</p> <p>Primary Benefit: Grab bars, handrails, or assist bars prevent injurious falls and allow residents to engage in self-care if desired.</p>	
102d2	2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will examine the floor of bathtubs and showers to determine if slip-resistant surfaces are present.</p> <p>Primary Benefit: Prevents injurious falls while bathing.</p>	
102e	2600.102(e) - Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.
<p>Discussion: In a multi-occupant bathroom, curtains are not usually appropriate as privacy screen, as their use would constitute a violation of privacy pursuant to § 2600.42(s).</p>	

Inspection Procedures: Inspectors will examine bathrooms throughout the home to ensure that privacy is afforded to residents through the use of a door or partition

Primary Benefit: Doors and partitions in bathrooms ensure privacy.

102f

2600.102(f) - An individual towel, washcloth and soap shall be provided for each resident.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview residents to determine if they have been provided with a towel, washcloth, and soap.

Primary Benefit: Individual towels, washcloths, and soap prevent the spread of disease

102g

2600.102(g) - Individual toiletry items including toothpaste, toothbrush, shampoo, deodorant, comb and hairbrush shall be made available to residents who are not recipients of SSI. If the home charges for these items, the charges shall be indicated in the resident-home contract.

Discussion: The home is required to provide these items at no additional cost to residents who receive the personal care home supplement. See § 2600.27(d)(1).

Inspection Procedures: Inspectors will interview residents to determine if they have been provided with the required toiletry items, and will verify that residents who receive the personal care home supplement are not being charged for these items. Inspectors will review resident contracts to determine if the cost of these items for residents who pay privately is listed.

Primary Benefit: The availability of these items enables residents to practice good hygiene and prevents the spread of disease.

102h

2600.102(h) - Toilet paper shall be provided for every toilet.

Discussion: Homes occasionally provide each resident with his/her own roll of toilet paper or require residents to ask for toilet paper, usually because one or more residents of the home misuse the toilet paper as a result of mental illness. This practice is not acceptable, as it violates this and other regulations. If a resident "hordes" toilet paper or deliberately clogs the toilet with it, these behaviors must be addressed in accordance with § 2600.201.

Inspection Procedures: Inspectors will examine bathrooms throughout the home to determine if toilet paper is present.

Primary Benefit: Ensures that personal hygiene is maintained in a dignified manner.

102i

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Discussion: Soap dispensers are not required for a bathroom used by only one resident (or one shared only by spouses). Labeling of bar soap is not required for a bathroom used by only one resident (or shared only by spouses).

Inspection Procedures: Inspectors will examine bathrooms throughout the home to determine if soap dispensers or labeled bar soap is present.

Primary Benefit: Ensures that personal hygiene is maintained.

102j	2600.102(j) - Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.
<p>Discussion: It is important that residents maintain possession of their own towels, washcloths and other toiletry items to prevent use by multiple residents. It is recommended that residents keep these items in their bedrooms.</p> <p>Inspection Procedures: Inspectors will interview residents to determine how they obtain towels and washcloths and where such items are stored.</p> <p>Primary Benefit: Individual towels and washcloths that are in the possession of the resident prevent the spread of disease.</p>	
102k	2600.102(k) - Use of a common towel is prohibited.
<p>Discussion: To prevent use of a common towel, a home should have one of the following three hand-drying options located at or near each bathroom sink:</p> <ul style="list-style-type: none"> • Paper towels (to be discarded after each use) • A mechanical air blower • Individual cloth hand towels that are labeled with the names of each resident who uses the bathroom <p>Inspection Procedures: Inspectors will examine bathrooms throughout the home to determine if unlabeled cloth towels are present, and will interview residents to determine if multiple residents use a single towel. Note: the absence of any means of hand-drying option should be considered a violation of § 2600.85(a), not this regulation. Additionally, the observation of an unlabeled cloth towel without additional evidence is not sufficient evidence of common towel use.</p> <p>Primary Benefit: Individual cloth towels, air blowers, and paper towels prevent the spread of disease.</p>	
102l	2600.102(l) - Shelves or hooks for the resident's towel and clothing shall be provided.
<p>Discussion: It is recommended that shelves or hooks be present in each bathroom and each resident bedroom.</p> <p>Inspection Procedures: Inspectors will examine bathrooms throughout the home to determine if shelves or hooks are present.</p> <p>Primary Benefit: Residents have a place to hang towels, robes, or other personal items.</p>	

Food Service

103a

2600.103(a) - A home shall have access on the grounds to an operable kitchen with a refrigerator, sink, stove, oven, cooking equipment and cabinets or shelves for storage. If the kitchen is not in the home, the home shall have a kitchen area with a refrigerator, cooking equipment, a sink and food storage space.

Discussion: This regulation does not require the full-service kitchen to be present in the home; it may be in another building on the same grounds. The “kitchen area” required in the home is meant to allow residents to prepare food or snacks independently in a manner that is consistent with the home’s rules and the residents’ assessment-support plans. The home’s kitchen area must include, at a minimum:

- A microwave
- Food storage areas
- A refrigerator
- A food preparation sink separate from bathroom facilities.

If the full-service kitchen is present in the home but is unsafe for residents to access, a separate kitchen area must be provided.

Inspection Procedures: Inspectors will observe the full-service kitchen and kitchen areas (if applicable). Inspectors will interview residents and staff to determine whether residents have access to the kitchen areas at all times in accordance with the home’s rules and the residents’ assessment-support plans.

Primary Benefit: Ensures that homes have the necessary equipment to prepare meals, and that residents have the means to store and prepare food independently.

103b

2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

Discussion: Wood is a porous surface. Vinyl, Formica, and other laminates may also be porous if badly cracked. Proper sanitization of kitchen surfaces may involve completing the cleaning process with a commercial sanitizing agent or bleach solution of at least 1 part bleach per 10 parts of water.

Inspection Procedures: Inspectors will observe kitchen surfaces to ensure that the surfaces are not of a porous material. Inspectors will interview staff to verify that surfaces are properly sanitized. If possible, inspectors will observe the sanitization process.

Primary Benefit: Protects residents from food-borne illnesses.

103c

2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

Discussion: Proper food protection means protection from all forms of contamination, including contamination from dirt, insects, bacteria, and pesticides that may be present on produce and other foodstuffs.

Inspection Procedures: Inspectors will observe food storage, preparation, and serving procedures to verify that food is protected from contamination.

Primary Benefit: Protects residents from food-borne illnesses.

103d

2600.103(d) - Food shall be stored off the floor.

Discussion: Food items and their original packaging may not be in direct contact with the floor. They may be stored in crates, on pallets, or on plastic trays that are in contact with the floor.

Inspection Procedures: Inspectors will observe food storage areas.

Primary Benefit: Protects food from contaminants on the floor or which may be spilled on the floor.

103e	2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.
<p>Discussion: "Leftover food" means quantities of prepared foods that were not served to residents. Leftover food must be labeled with the name of the food and the date it was prepared. A home may save a serving of food for a resident who missed a meal due to absence from the home, but this too must be labeled with the name of the food and the date it was prepared.</p> <p>Food that has been served to a resident must be discarded regardless of the amount of food actually eaten.</p> <p>Inspection Procedures: Inspectors will observe leftovers in storage, and will ask staff persons who prepare food to describe the home's food storage procedures.</p> <p>Primary Benefit: Provides information regarding the identity of food items and the length of time food has been in storage, preventing cross-contamination of food and the use of expired food items.</p>	
103f	2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.
<p>Discussion: Thermometers are not required in private refrigerators in resident rooms, only in appliances storing the home's food supply. Built-in thermometers are acceptable.</p> <p>Inspection Procedures: Inspectors will observe the home's frozen and refrigerated food storage areas to verify that thermometers are present and that food is stored at the required temperatures. If necessary, inspectors will verify temperature readings on the home's thermometers with Department thermometers. Inspectors will take readings at times when temperatures have not been affected by the opening and closing of appliances associated with mealtimes.</p> <p>Primary Benefit: Ensures that foods are stored at safe temperatures.</p>	
103g	2600.103(g) - Food shall be stored in closed or sealed containers.
<p>Discussion: Sealed containers include airtight plastic boxes or bags. Food prepared and stored briefly before service does not need to be in a sealed container.</p> <p>Inspection Procedures: Inspectors will observe food storage areas.</p> <p>Primary Benefit: Ensures that food is stored safely and protected from spoilage or infestation by insects and rodents.</p>	
103h	2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.
<p>Discussion: Food thawed "under cool water" means food placed under cool running water of less than 70°F or submerged in a sealed container in water of less than 70°F (if the latter options is used, water must be changed to maintain a temperature of less than 70°F). Food may not be thawed under cool water for more than two hours.</p> <p>Inspection Procedures: Inspectors will observe the home's process for thawing food, or will ask staff persons who prepare food to describe the home's procedures for thawing food.</p> <p>Primary Benefit: Protects food from dangerous bacteria while thawing.</p>	

Discussion: Foods with expiration dates on labels may not be used past the date on the label and must be discarded.

"Best if used by" and "Sell by" dates are not expiration dates. Except for "Use-by" dates, product dates don't always refer to home storage and use after purchase. "Use-by" dates usually refer to best quality and are not safety dates. If product has a "Use-by" date, follow that date. If product has a "Sell-by" date or no date, cook or freeze the product by the times on the charts below:

Fresh Foods

Food	Use Within
Poultry	2 days
Beef, Veal, Pork and Lamb	5 days
Ground Meat and Ground Poultry	2 days
Fresh Variety Meats (Liver, Tongue, Brain, Kidneys, Heart, Chitterlings)	2 days
Cured Ham, Cook-Before-Eating	7 days
Sausage from Pork, Beef or Turkey, Uncooked	2 days
Eggs	5 weeks

Source: United States Department of Agriculture

Processed Foods

Processed Product	If Unopened, Use Within	After Opening, Use Within
Cooked Poultry	4 days	4 days
Cooked Sausage	4 days	4 days
Sausage, Hard/Dry, shelf-stable	6 weeks	3 weeks
Corned Beef, uncooked, in pouch with pickling juices	7 days	4 days
Vacuum-packed Dinners, Commercial Brand with USDA seal	2 weeks	4 days
Bacon	2 weeks	7 days
Hot dogs	2 weeks	1 week
Luncheon meat	2 weeks	5 days
Ham, fully cooked	7 days	Slices = 3 days Whole = 7 days
Ham, canned, labeled "keep refrigerated"	9 months	4 days
Ham, canned, shelf stable	2 years	5 days
Canned Meat and Poultry, shelf stable	5 years	4 days

Source: United States Department of Agriculture

Frozen foods and food in original but opened containers that are not listed on this chart must be used with the period of time specified on the packaging (such as "use within 7 days of opening") or within 6 months, whichever is less.

To measure when the allotted time for use has past, all of the above food items must be dated when purchased, or some other system to conclusively measure food purchase dates must be employed.

"Spoiled" foods develop a bad odor, flavor, or appearance due to spoilage bacteria. If a food has developed such characteristics, it may not be used.

While most dents on canned products are due to handling damage, dents can result from harmful bacteria. For this reason, no dented cans may be used.

Inspection Procedures: Inspectors will observe expiration dates on food stored in the home. If a product is not dated and the home does not have some other method of conclusively determining when food was purchased, a violation of this regulation will be cited.

Primary Benefit: Ensures that food is safe for use.

103j	2600.103(j) - Eating, drinking and cooking utensils shall be washed, rinsed and sanitized after each use by a method specified in 7 Pa.Code Chapter 46, Subchapter D (relating to equipment, utensils and linen).
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Discussion: 7 Pa.Code § 46.715(c)(1) requires that utensils be “effectively washed to remove or completely loosen soils by using the manual or mechanical means necessary, such as the application of detergents containing wetting agents and emulsifiers; acid, alkaline, or abrasive cleaners; hot water; brushes; scouring pads; high-pressure sprays; or ultrasonic devices”.

Durable plates, cups, and utensils must be washed after each use. Disposable plates, cups, and utensils must be disposed of after each use.

Inspection Procedures: Inspectors will observe use of kitchenware, and will interview staff about use and washing of plates, cups, and utensils.

Primary Benefit: Ensures that utensils are appropriately cleaned to prevent the spread of disease.

Dining Room

104a	2600.104(a) - A dining room area shall be equipped with tables and chairs and be able to accommodate the maximum number of residents scheduled for meals at any one time.
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Discussion: This regulation prohibits homes from forcing residents to stand during meals as a result of insufficient space. “Maximum number of residents scheduled for meals” allows the home to have multiple serving times.

Inspection Procedures: Inspectors will examine dining room space and interview residents to determine if there is enough space for residents to eat in the dining room during each serving time or meal.

Primary Benefit: A dining room that accommodates many residents at once promotes community and ensures that residents may sit while dining.

104b1	2600.104(b)(1) - Dishes, glassware and utensils shall be provided for eating, drinking, preparing and serving food.
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Discussion: Self-explanatory.

Inspection Procedures: Inspectors will examine the kitchen and observe meals and food preparation (if possible) to determine if appropriate dishes, glassware, and utensils are available.

Primary Benefit: Dishes, glassware, and utensils allow residents to eat in a dignified manner.

104b2	2600.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.
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Discussion: Self-explanatory.

Inspection Procedures: Inspectors will examine dishes, glassware, and utensils to determine if they are clean and free of chips and cracks.

Primary Benefit: This requirement helps to maintain sanitary conditions and reduces the risk of resident injury or illness. Chipped, cracked glassware can harbor harmful bacteria.

104b3	2600.104(b)(3) - Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.
<p>Discussion: The home may use disposable paper and plastic products for special occasions (such as an outdoor picnic), for an intermittent, casual meal (such as a box lunch) or during a temporary malfunction of the dishwasher.</p> <p>Inspection Procedures: Inspectors will examine the kitchen and observe meals (if possible) to determine if the home uses paper or plastic products, and will interview staff to confirm observations regarding cups, plates, and utensils.</p> <p>Primary Benefit: Regular use of plates, utensils, and cups that are not paper or plastic creates a dignified and homelike environment for residents.</p>	
104c	2600.104(c) - Condiments shall be available at the dining table.
<p>Discussion: Condiments may be provided at a central dining location, rather than on each table, as long as they are readily available to all residents.</p> <p>Inspection Procedures: Inspectors will examine the home's dining room or kitchen to determine if condiments are available to residents.</p> <p>Primary Benefit: Condiments increase meal quality and create a homelike environment for residents.</p>	
104d	2600.104(d) - Adaptive eating equipment or utensils shall be available, if needed, to assist residents in eating at the table.
<p>Discussion: "Adaptive eating equipment" means devices that assist a resident with a physical disability to feed him/herself independently. It is important that the home document the need for adaptive eating equipment during the preadmission screening process for each resident. Staff should regularly observe and assist residents at meal time to ensure that resident needs are met. The assessment and support plan should also document this need.</p> <p>Inspection Procedures: Through record review and staff interviews, inspectors will determine if any residents require adaptive eating equipment or utensils. Inspectors will observe meals (if possible) and examine the home's kitchen to determine if these utensils are available as needed.</p> <p>Primary Benefit: Residents who are provided with adaptive eating utensils are provided with a greater level of independence during meals.</p>	
104e	<p>2600.104(e) - Breakfast, midday and evening meals shall be served to residents in a dining room except in the following situations:</p> <ol style="list-style-type: none"> (1) Service in the resident's room shall be available at no additional charge when the resident is unable to come to the dining room due to illness. (2) When room service is available in a home, a resident may choose to have a meal served in the resident's room. This service shall be provided at the resident's request and may not replace daily meals in a dining room.
<p>Discussion: A resident may opt to have his/her meals (as many as (s)he likes) served in his/her room if such a service is available, but the home cannot create a policy where room service replaces meals served in a dining room for one or all residents. The home must provide group dining service. The home may charge for this special service if specified in the resident-home contract.</p> <p>Inspection Procedures: Inspectors will observe meals (if possible) and interview staff and residents regarding group dining and room service.</p> <p>Primary Benefit: Group dining service promotes community and raises the quality of life for all residents, and allows staff to provide emergency services should a resident choke on food</p>	

Laundry

105a

2600.105(a) - Laundry service for bed linens, towels and personal clothing shall be provided by the home, at no additional charge, to residents who are recipients of or eligible applicants for Supplemental Security Income (SSI) benefits.

Discussion: Laundry service does not include dry cleaning or special handling procedures (such as hand-washing).

Residents may wash/dry their own laundry if they choose to do so; this is permissible as long as the resident is capable and has been assessed as being safe with detergents that may be poisonous (see § 2600.82(c)).

Inspection Procedures: Inspectors will review resident contracts and interview the administrator to determine if residents who receive SSI are charged for laundry service.

Primary Benefit: Ensures that clean laundry and clothing are provided to all residents regardless of income level.

105b

2600.105(b) - Laundry service for bed linens, towels and personal clothing for the residents who are not recipients of SSI shall be provided by the home unless otherwise indicated in the resident-home contract.

Discussion: The home may charge a fee for laundry services for non-SSI residents if specified in the contract. See § 2600.105(a).

Inspection Procedures: Inspectors will determine if laundry service is being provided, and review the resident-home contract to determine if charges apply to residents who pay privately that receive laundry service. Inspectors will also verify that the home is adhering to their laundry service policy and contracts.

Primary Benefit: Ensures that clean laundry and clothing are provided to all residents, and that residents are aware of any charges for this service prior to admission.

105c

2600.105(c) - The supply of bed linens and towels shall be sufficient to ensure a complete change of bed linen and towels at least once per week.

Discussion: It is recommended that the home have a supply of bed linens for 1 ½ times the number of beds for each size of bed available (Example: 20 twin beds – 30 twin bed linens).

Inspection Procedures: Inspectors will examine the home's linen supply to ensure there is enough for a complete change of linen and towels at least once per week.

Primary Benefit: Ensures that residents are provided clean linen and towels sufficient to maintain sanitary conditions.

105d

2600.105(d) - Bed linens and towels shall be changed at least once every week and more often as needed to maintain sanitary conditions.

Discussion: Bed linens, washcloths, and towels must be changed and laundered immediately following any contact with blood, urine, feces, or other unclean substances.

Inspection Procedures: Inspectors will examine linens and towels in the home to ensure that they are clean, and will interview staff and residents to determine how often linens and towels are changed

Primary Benefit: Ensures that sanitary conditions are maintained.

105e	2600.105(e) - Clean linens and towels shall be stored in an area separate from soiled linen and clothing.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will examine the storage locations of clean and soiled linens and towels and verify that they are separate.</p> <p>Primary Benefit: Ensures that clean linens are not soiled by dirty linens.</p>	
105f1	2600.105(f)(1) - Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning.
<p>Discussion: It is recommended that the home label each resident's clothing and carefully check each label as the clothing is sorted and returned to the resident.</p> <p>Inspection Procedures: Inspectors will interview staff to determine the system in place that ensures resident laundry is not misplaced, and will interview residents to determine if laundry is ever lost.</p> <p>Primary Benefit: Ensures that residents' clothes are not lost or misplaced.</p>	
105f2	2600.105(f)(2) - The resident's clean clothing shall be returned to the resident within 24 hours after laundering.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will interview staff to determine the system in place that ensures resident laundry is returned within 24 hours, and will interview residents to determine if laundry is not returned within 24 hours.</p> <p>Primary Benefit: Ensures that residents have sufficient clothing to meet their needs.</p>	
105g1	2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.
<p>Discussion: Dryer fires are the third most common source of fires in personal care homes. This requirement applies to all clothes dryers, even commercial-grade dryers labeled "clean lint trap weekly." It is recommended that the home post a sign near every dryer that reads, "Remove lint after every cycle" to remind staff of the importance of this task.</p> <p>Inspection Procedures: Inspectors will examine the lint traps in the home's dryers to determine if a large accumulation of lint has built up.</p> <p>Primary Benefit: Greatly reduces the chance of fire in the home.</p>	
105g2	2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.
<p>Discussion: Due to the risk of fire, it is important that the home be familiar with the manufacturer's instructions and have the internal and external ductwork regularly cleaned.</p> <p>It is recommended that the home keep documentation of any maintenance or cleaning of the ductwork, and that it was completed in accordance with the manufacturer's instructions.</p>	

If the original instructions have been misplaced, homes may contact the manufacturer to obtain a copy of the instructions. If the manufacturer is no longer in business, instructions from a fire-safety expert will be accepted as compliance.

Inspection Procedures: Inspectors will interview the administrator regarding ductwork maintenance and cleaning, and verify that it is in accordance with the manufacturer's instructions.

Primary Benefit: Greatly reduces the chance of fire in the home

Swimming Areas

106

2600.106 - If a home operates a swimming area, the following requirements apply:
(1) Swimming areas shall be operated in accordance with applicable laws and regulations.
(2) Written policy and procedures to protect the health, safety and well-being of the residents shall be developed and implemented.

Discussion: It is recommended that the written policy regarding residents and swimming pools include the following:

1. Physical protections that are in place, such as fencing or lifeguards that ensure safe use and supervision of the swimming pool.
2. Admission criteria that ensures physical protections are sufficient to prevent drowning or injury.
3. A description of home rules regarding the swimming pool and strict enforcement of said rules.

Inspection Procedures: If the home has a swimming pool, inspectors will review the home's written policy regarding its use, and will review resident records and conduct staff interviews to determine if the policy is implemented.

Primary Benefit: The risk of resident injury related to the presence and use of a swimming pool is minimized.

Emergency Preparedness

107a

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Discussion: The municipality is the city, borough, or township in which the home is located. If the municipality does not have a plan, the county plan is acceptable. The home only needs to have the public portion of the plan, including the portion dealing with the general evacuation procedures for the community, or for care facilities in particular.

Homes that are unable to obtain a copy of the municipal emergency management plan should contact the Department's Operator Support Hotline.

Inspection Procedures: Inspectors will verify that the home has obtained the plan.

Primary Benefit: Ensures that homes are familiar with the local emergency management agency's plans and procedures in the event of a general emergency.

107b

2600.107(b) - The home shall have written emergency procedures that include the following:
(1) Contact information for each resident's designated person.
(2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
(3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
(4) Means of transportation in the event that relocation is required.
(5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
(6) Alternate means of meeting resident needs in the event of a utility outage.

Discussion: The “contact telephone numbers” required are for the office of the local emergency management agency and for the Pennsylvania Emergency Management Agency.

If the home has different procedures for different types of emergencies (such as fires, floods, tornadoes, bomb threat, hostage event, terror events, and so on), the “duties, and responsibilities of staff persons” must reflect what staff will do in each of the different scenarios.

The home should take into consideration the different responses necessary to address emergencies affecting only the home and emergencies affecting the entire community or region.

If a home is located within 10 miles of a nuclear power plant, the home must include in its Emergency Preparedness plan a plan to evacuate to a location at least 10 miles from the power plant should an evacuation be ordered by emergency management officials. (Q/A October 2014-2600.107(b))

Inspection Procedures: Inspectors will review the home’s emergency procedures and verify that all of the required elements are present.

Primary Benefit: Ensures that the home is prepared to respond to localized and general emergencies.

107c

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Discussion:

Food - The number of meals needed for a three-day supply is determined by adding the number of residents in a home, multiplying the result by 3 meals, and multiplying that number by 3 days. The home must demonstrate that there is sufficient food to last for 3 days.

Homes may use the general stock of nonperishable food as the emergency supply, but it is recommended that homes prepare a separate supply just for emergencies. A three-day food supply should require no refrigeration, minimal or no preparation or cooking, and little or no water. A sample menu appears below.

Grains (Bread, Cereal, Rice and Pasta Group)		
Quantity	Item	Servings
3	Single-serving packages ready-to-eat cereal	3
1	9-oz. box wheat crackers	9
1	4.2 oz bag mini rice cakes	6
1	1.5-oz. granola bar	1
Total # Servings (one person, three days)		19
Fruits		
Quantity	Item	Servings
1	6-oz. can orange juice	1
2	4-oz. can mixed fruit	2
1	.75-oz. fruit roll	1
2	1.5-oz. box raisins	2
2	8.45-oz. box apple juice	2
2	4-oz. cups apple sauce	2
Total # Servings (one person, three days)		10

107c continued

Vegetables		
Quantity	Item	Servings
1	11.5-oz. can vegetable juice	2
1	8.5-oz. can peas & carrots	2
1	8.75-oz. can cream style corn	2
1	8-oz. can cut green beans	2
1	14.5-oz. can stewed tomatoes	2
Total # Servings (one person, three days)		10
Meat & Beans (Meat, Poultry, Fish, Dry Beans, Eggs & Nuts)		
Quantity	Item	Servings
1	15-ounces canned beans	2
1	2-oz. can chicken (3-oz)	1
1	3.25-oz. can tuna	1
1	12-oz. jar peanut butter	6
Total # Servings (one person, three days)		10
Milk (Milk, Yogurt & Cheese)		
Quantity	Item	Servings
6	8-oz. boxes of shelf-stable milk or enriched soy milk	6
1	8.75-oz. box shelf-stable processed cheese	3
Total # Servings (one person, three days)		9

Water – Emergency response agencies advise that every home should store at least one gallon of water per person per day. Therefore, a home must have at least one gallon of water per person per day, stored at the home, unless the home has a contract in place with a water supplier who can immediately deliver the necessary amount of water needed upon request. (Q/A September 2014-2600.107(c))

Additionally, in determining adequate quantities, take the following into account:

- Individual needs vary, depending on age, physical condition, activity, diet, and climate.
- Persons who are ill may need more water.
- Very hot temperatures may double the amount of water needed.
- A medical emergency might require additional water.

107c continued

Water Storage - To prepare the safest and most reliable emergency supply of water, it is recommended that homes use commercially bottled water. Keep bottled water in its original container and do not open it until it needs to be used.

Preparing Containers of Water - If homes prepare their own containers of water, it is recommended that homes use food-grade water storage containers from surplus or camping supplies stores to use for water storage. Before filling with a container, thoroughly clean the containers with dishwashing soap and water, and rinse completely so there is no residual soap. To fill the bottle, add water to the top with regular tap water. If the tap water has been commercially treated from a water utility with chlorine, homes do not need to add anything else to the water to keep it clean. If the water homes are using comes from a well or water source that is not treated with chlorine, homes may treat the water as follows:

Add 16 drops (1/8 teaspoon) of bleach per gallon of water, stir, and let stand for 30 minutes. The water should have a slight bleach odor. If it doesn't, then repeat the dosage and let stand another 15 minutes. If it still does not smell of chlorine, discard it and find another source of water. If the procedure was effective, tightly close the container using the original cap. Be careful not to contaminate the cap by touching the inside of it. Place a date on the outside of the container. Store in a cool, dark place, and replace the water every six months if not using commercially bottled water.

Other chemicals, such as iodine or water treatment products sold in camping or surplus stores that do not contain 5.25 to 6.0 percent sodium hypochlorite as the only active ingredient, are not recommended and should not be used. (Source for above information: The United States Federal Emergency Management Agency)

A contract with a local bottled water supplier is acceptable if it includes:

- The amount of water to be delivered
- A guarantee that the water will be delivered immediately upon request, 24-hours-per-day
- A guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

Homes may use a combination of onsite storage and water delivery. For example, if a bottled water supplier cannot guarantee immediate delivery, but can guarantee delivery within 24 hours, then the home may store a one-day supply of water and rely on the supplier to provide water for the remaining 48 hours.

If a home is on public water, the home's hot water tank is not acceptable to augment or fulfill the requirement for an emergency water supply. The home needs to have a 3-day supply of emergency water separate from the water in the home's hot water tank. (Q/A May 2015-2600.107(c))

An emergency water supply is not needed if the home has a private well or cistern and can demonstrate that the water will be accessible and safe for drinking in the event of an emergency, including power outage. This must include the ability to pump water and to run any necessary purification systems. Water may not be stored in previously used containers.

Inspection Procedures: Inspectors will observe the home's food and water supply in accordance with the above to verify that a three-day supply is present. It is the home's responsibility to demonstrate that food and water supplies are sufficient to last for three days. If food or water is present but was prepared or stored in an unsafe fashion, it may be a violation of § 2600.85.

Primary Benefit: Ensures adequate food and water supplies in the event of an emergency.

107d

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Discussion: The home should document the annual review of the emergency procedures and any changes made to the procedures.

No acknowledgement or approval from the local emergency management agency is required.

Inspection Procedures: Inspectors will review documentation of the annual review and submission of the home's emergency procedures.

Primary Benefit: Ensures that local emergency management officials are aware of the homes emergency procedures.

Firearms and Weapons

108

2600.108 - Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only when the following conditions are met:

- (1) Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' room or in a common living area.
- (2) Ammunition shall be contained in a locked area separate from firearms and weapons, and located in a place other than the residents' room or in a common living area.
- (3) The key to the locked cabinet containing the firearms, weapons and ammunition shall be in the possession of the administrator or a designee.
- (4) The administrator or a designee shall be the only individual permitted to open the locked cabinet containing the firearms and weapons and the locked area containing the ammunition.
- (5) If a firearm, weapon or ammunition is the property of a resident, there shall be a written policy and procedures regarding the safety, access and use of firearms, weapons and ammunition. A resident may not take a firearm, weapon or ammunition out of the locked cabinet into living areas.

Discussion: Weapons include firearms and other objects intended to inflict harm, such as stun guns, martial arts weapons, clubs, and bladed weapons such as swords, daggers, and fighting knives.

Pocketknives, lock blades and other utility-type knives with blades that do not exceed 3 inches in length are not weapons. If a resident cannot safely use or possess these items, the restriction should be indicated on the resident's assessment and support plan.

The home may prohibit weapons altogether, but the prohibition must be specified in the home rules.

Inspection Procedures: Inspectors will ask the administrator if the home permits firearms or other weapons and, if so, verify that there are procedures in place for storing them.

Primary Benefit: Permits residents and operators to store weapons on the premises in a manner that protects residents from accidental injury.

Pets

109a

2600.109(a) - The home rules shall specify whether the home permits pets on the premises.

Discussion: Exposure to animals is beneficial to residents' psychological health and well-being. If pets are permitted in the home, the home should specify in its home rules what kinds of pets are permitted (i.e. cats, dogs, birds, etc).

Inspection Procedures: Inspectors will review the home's rules to determine if they specify whether the home permits pets on the premises.

Primary Benefit: Using the home rules to address whether the home permits pets or not helps future prospective residents determine whether or not the home can meet their needs.

<p>109b</p>	<p>2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.</p>
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will review all veterinary documentation kept by the home for any cats and/or dogs present at the home to determine if the cats and/or dogs have a current rabies vaccination from a licensed veterinarian.</p> <p>Primary Benefit: Rabies is a serious, fatal disease that is transmittable to humans. The rabies vaccine protects humans from their pets should those pets be bitten by rabid bats, coyotes, raccoons, foxes or other animals.</p>	
<p>109c</p>	<p>2600.109(c) - Pets that are accessible to the residents shall be in good health and non-aggressive to the residents.</p>
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will observe the pets in the home to determine if the pets are in good health and are non-aggressive to the residents.</p> <p>Primary Benefit: Pets that are in good health are less likely to transmit diseases or other negative effects (such as fleas, ticks; etc) to residents living in the home. Pets that exhibit non-aggressive behavior are also less likely to put residents living in the home at risk for bites, scratches and other injuries relating to aggressive animals.</p>	
<p>109d</p>	<p>2600.109(d) - If a home has additional charges for pets, the charges shall be included in the resident-home contract.</p>
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will review the home's resident-home contract to ensure that if the home has additional charges for pets, the charges are included in the resident-home contract.</p> <p>Primary Benefit: Listing the additional charge for pets in the resident-home contract helps future prospective residents determine whether or not the home can meet their needs.</p>	

FIRE SAFETY

Unobstructed Egress

121a

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Discussion: See "Egress" in "Regulatory Issues and Frequently-Occurring Situations" for more information.

Inspection Procedures: In accordance with the "Egress" narrative, inspectors will verify the following while inspecting the home's physical site:

1. Egress routes are unblocked and unobstructed
2. Only acceptable locks and devices are in use
3. Delayed locking devices are being used as specified in the narrative
4. Courtyards not located in secured dementia care units are being used as specified in the narrative

Primary Benefit: It is important to keep exits unblocked so people can escape in an emergency situation.

121b

2600.121(b) - Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

Discussion: Any locking device that requires a key or other manual device that can be removed, misplaced or lost is not permitted under any circumstances – even if the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority. Such a device would be a violation of § 2600.123(a). Moreover, even if written approval or a variance has been obtained for a device which prevents immediate egress, the home may not use a device that completely prevents egress, as such a device would be a mechanical restraint (see § 2600.202). Therefore, the only device that prevents immediate egress that is permissible outside of a secured dementia care unit is a delayed locking device. See "Egress" in "Regulatory Issues and Frequently-Occurring Situations" for more information about delayed locking devices.

Inspection Procedures: In accordance with "Egress" in the "Regulatory Issues and Frequently-Occurring Situations" narrative, inspectors will verify the following while inspecting the home's physical site:

1. Only acceptable locks and devices are in use
2. Delayed locking devices are being used as specified in the narrative

Primary Benefit: If an egress-route door is locked with a device that prevents immediate egress, people will be unable to escape in the event of a fire or other emergency.

Exits

122

2600.122 - Unless otherwise regulated by the Department of Labor and Industry, the Department of Health or the appropriate local building authority, all buildings must have at least two independent and accessible exits from every floor, arranged to reduce the possibility that both will be blocked in an emergency situation.

Discussion: This applies to every floor used by the residents, including basements and attics, even if used only occasionally. It is permissible to restrict access to floors by residents to eliminate the need for a second exit from a floor.

Construction Information - Fire escapes should be of a permanent construction affixed to the building. Fire escapes may be of any construction material.

Installation of an interior or exterior exit requires fire safety approval from the applicable local or state building authority. The building authority has the expertise and authority to decide what is and is not acceptable in accordance with the PA Construction Code. The Department cannot determine whether new construction meets building codes. In order to accept new construction of an exit, or alteration of an existing exit building code approval under § 2600.14(c) is required.

Portable Ladders and Window Exits - A waiver request may be submitted to allow the use of a portable ladder if a fire escape cannot be constructed due to the physical layout of the building or if a fire escape is not permitted due to local building requirements. The waiver should address the physical capabilities of the residents to use the portable ladder and include documentation from a local building/fire authority indicating that an external exit route cannot be constructed due to the physical layout of the building or if a fire escape is not permitted due to local building requirements.

Fire exits should be through a door and not a window; however, a waiver will be considered if the home can demonstrate the following conditions:

1. The window exit was approved under applicable building codes in effect at the time of construction.
2. There is a specific written statement from a fire safety expert describing the window exit in detail and stating the exit is safe, accessible, and useable.
3. Demonstration and documentation that all residents can safely use the exit.

Inspection Procedures: Inspectors will verify that there are two independent and accessible exits from every floor, including floors at grade level. If inspectors are unsure whether a specific home requires a second exit from a given floor, inspectors will seek guidance from a licensing administrator.

Primary Benefit: Residents have a greater chance of escaping a home during a fire or other emergency when multiple means of egress exist.

Emergency Evacuation

123a

2600.123(a) - Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Discussion: See § 2600.121(a)-(b) and "Egress" in "Regulatory Issues and Frequently-Occurring Situations."

Inspection Procedures: In accordance with "Egress" in the "Regulatory Issues and Frequently-Occurring Situations" narrative, inspectors will verify while inspecting the home's physical site that only acceptable locks and devices are in use.

Primary Benefit: If an egress-route door is locked with a key or other manual device, which has been removed, misplaced, or lost, people will be unable to escape in the event of a fire or other emergency.

<p>123b</p>	<p>2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.</p>
<p>Discussion: The items required to be posted include:</p> <ol style="list-style-type: none"> 1. The emergency preparedness plan for the municipality in which the home is located. See § 2600.107(a). 2. Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and emergency care of residents. See § 2600.107(b)(3). 3. Means of transportation in the event that relocation is required. See § 2600.107(b)(4). <p>Inspection Procedures: Inspectors will verify that the required items are posted during the physical site inspection.</p> <p>Primary Benefit: Posting the required information allows for easy access to critical information by laypersons during an emergency.</p>	
<p>123c</p>	<p>2600.123(c) - <u>For a home serving 9 or more residents</u>, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.</p>
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will verify that diagrams showing all of the required information are posted on each floor during the physical site inspection.</p> <p>Primary Benefit: Emergency evacuation diagrams help residents and visitors escape in the event of a fire or other emergency.</p>	
<p>123d</p>	<p>2600.123(d) - If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.</p>
<p>Discussion: "Above or below grade level" means any floor that does not have a door leading directly to solid ground. This applies to every floor above or below grade level that is accessed by residents with mobility needs, including basements and attics, even if used only occasionally.</p> <p>The fire-safe area must be large enough to accommodate all residents with mobility needs, or there must be multiple fire-safe areas on each floor sufficient to accommodate all residents with mobility needs. If mobile residents also evacuate to the fire-safe areas during fire drills or actual emergencies, the fire-safe area(s) must be large enough to accommodate everyone that will use the area(s).</p> <p>A resident who is independently mobile with an assistive device such as a walker or wheelchair will be considered a resident with mobility needs if the resident requires assistance to evacuate from floors above or below grade level. See "Fire Drills" in "Regulatory Issues and Frequently-Occurring Situations" for information about fire drills and evacuation.</p> <p>Inspection Procedures: Inspectors will identify all residents with mobility needs through records and interviews. Inspectors will verify that residents with mobility needs either reside on the ground floor (grade level) of the home, or that a fire-safe area(s) large enough to accommodate everyone who uses the area(s) is present on each floor where a resident with mobility is served.</p> <p>Primary Benefit: Residents with mobility needs require assistance from staff to evacuate in the event of a fire or other emergency; therefore, the evacuation of residents with mobility needs takes longer than the evacuation of mobile residents. Fire-safe areas allow residents with mobility needs to be quickly evacuated to a safe place in the event of a fire or other emergency.</p>	

Notification of Local Fire Officials

124

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Discussion: It is strongly recommended that the home contact the local fire department before sending this information. Explain this requirement and ask how the information should be presented and whether additional information is required (i.e., a list of resident names, specific bedroom numbers, etc).

The notification should include the following information, at a minimum:

- The total capacity of the home.
- A description of the general layout of the home (number of floors, wings, etc). A diagram or blueprint of the home is acceptable.
- A general description of the mobility needs of the residents served. This need not be resident-specific; a description of the mobility needs of residents the home is willing to serve will suffice.

This information needs to be sent when the home begins operation (either as new construction or when under new ownership). It should be updated when any of the information that appears above (or is requested by the fire department) changes.

It is recommended that written notification be sent by certified mail or facsimile to ensure documentation of receipt of the information by the fire company.

Inspection Procedures: Inspectors will review the documentation submitted to the local fire company to verify that it contains the above information. Inspectors will verify through the interview process and by measuring compliance with § 2600.14(c) and § 2600.223 that the information is accurate and current.

Primary Benefit: In the event of a fire or other emergency, the local fire department will usually arrive within a matter of minutes. Having advance knowledge of the layout of the home and the needs of the residents will help the fire department evacuate residents quickly.

Flammable and Combustible Materials

125a

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

Discussion: "Near" means "touching" or "close enough to be ignited by the heat source." It is recommended that these materials not be stored under stairs or near egress paths to ensure that escape routes are not blocked by flames in the event of a fire.

"Combustible materials" means "materials that rapidly ignite, producing heat and/or light"; "flammable materials" means "materials capable of being readily or easily ignited."

Inspection Procedures: Inspectors will inspect all heat sources and hot water heaters during the physical site inspection. Inspectors will verify that combustible and flammable materials are not present in these areas.

Primary Benefit: Combustible and flammable materials can be ignited by heat sources, leading to explosions and fires.

125b

2600.125(b) - Combustible materials shall be inaccessible to residents.

Discussion: This does not include personal items such as hair spray, matches, lighters, or aerosol air fresheners. Remember that residents' assessments and support plans (see § 2600.225 and § 2600.227) must indicate that residents can safely use these items.

"Combustible materials" means "materials that rapidly ignite, producing heat and/or light"; "flammable materials" means "materials capable of being readily or easily ignited."

Inspection Procedures: Inspectors will observe all areas of the home carefully during the physical site inspection for unsecured combustible materials. Inspectors will check storage areas that contain such materials to ensure that the areas are secured.

Primary Benefit: Combustible materials can be ignited by heat sources, sparks, or static electricity, causing injury to residents or damage to the home.

Furnaces

126a

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Discussion: Examples of a "trained maintenance staff person" include a person who has been trained by the company that installed the furnace or by a professional cleaning company.

It is strongly recommended that homes install carbon monoxide alarms unless they are operated solely by electric power (that is, if they do not have a furnace). Alarms should be placed at least 5 feet above the floor, or on the ceiling near each bedroom area, and approximately 5 feet from each fuel burning appliance. Fuel burning appliances include non-electric powered furnaces, cloth dryers, and stoves. Carbon monoxide alarms must be approved by the Underwriters Laboratories, and bear the label "UL2034." Manufacturer's directions must be followed regarding the proper installation and maintenance of the device.

Inspection Procedures: Inspectors will review the home's documentation of furnace inspection and maintenance.

Primary Benefit: Ensures that the home's furnace will produce heat and that residents are protected from carbon monoxide poisoning.

126b

2600.126(b) - Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Discussion: This cleaning may be conducted by a professional furnace cleaning company or a staff person of the home who is knowledgeable of the manufacturer's instructions.

If the original instructions have been misplaced, homes may contact the manufacturer to obtain a copy of the instructions. If the manufacturer is no longer in business, instructions from a professional cleaning company will be accepted as compliance.

Inspection Procedures: Inspectors will review the home's documentation that the furnace was cleaned, and will interview maintenance staff (if present) regarding the cleaning frequency and process.

Primary Benefit: Ensures that the home's furnace will produce heat and that residents are protected from carbon monoxide poisoning.

Space Heaters

127a

2600.127(a) - Portable space heaters are prohibited.

Discussion: Portable space heaters are extremely dangerous, and have resulted in many fires. All types of portable space heaters are prohibited. A portable space heater means any type of heater that is not hard-wired with permanent connectors and not permanently installed. Any type of heater that is designed by the manufacturer to be moved from place to place is considered portable and is prohibited.

Portable space and kerosene heaters are prohibited throughout the entire home, including all areas of the building such as staff areas, offices, conference rooms, laundry rooms and staff/operator private dwelling areas. If the home is located in a public building such as an apartment building, this requirement applies only to the areas of the building used by the residents.

If a Packaged Terminal Air Conditioner (PTAC) is designed to be plugged into a normal outlet, and is installed in accordance with the manufacturer's instructions, then the PTAC unit does not need to be hardwired. (Q/A October 2015-2600.127(a))

Inspection Procedures: Inspectors will examine the physical site and interview staff and residents to determine if portable heaters are used.

Primary Benefit: Portable space heaters are a frequent cause of fire and cause burns to residents who come into contact with them. Residents are protected from fire and injury by this prohibition.

127b

2600.127(b) - Nonportable space heaters must be well vented and installed with permanent connections and protectors.

Discussion: Non-venting gas fireplaces and nonportable space heaters are permitted if installed, used, and inspected in accordance with the manufacturer's instructions.

Inspection Procedures: Inspectors will examine the home's physical site and interview the administrator regarding the presence, use, and installation of any nonportable space heaters.

Primary Benefit: Minimizes the risk of fire due to improper installation of heating devices.

Supplemental Heating Sources

128a

2600.128(a) - The use of kerosene burning heaters is prohibited.

Discussion: This requirement is similar to the prohibition of space heaters in § 2600.127(a). Kerosene burning heaters are a fire risk, can produce noxious fumes and carbon monoxide and can cause burns to residents. Kerosene heaters are prohibited throughout the entire home, including all areas of the building such as staff areas, offices, conference rooms, laundry rooms and staff/operator private dwelling areas. If the home is located in a public building such as an apartment building, this requirement applies only to the areas of the building used by the residents.

Inspection Procedures: Inspectors will review the physical site and interview staff and residents to determine if kerosene burning heaters are used.

Primary Benefit: Residents are protected from fire and injury by this prohibition.

128b	2600.128(b) - Wood and coal burning stoves shall be used only if a local fire department or other municipal fire safety authority, professional cleaning company or trained maintenance staff person inspects and approves them annually. Wood and coal burning stoves that are used as a regular heating source shall be cleaned every year according to the manufacturer's instructions. Documentation of wood and coal burning stove inspections and cleanings shall be kept.
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Discussion: If wood or coal burning stoves are located in an area that is accessible to residents, it is important that the home assess all residents to ensure that stoves do not pose a risk to them. As required by § 2600.128(c), screens and protective guards will ensure that residents do not suffer burns or other injury due to the use of stoves.

Inspection Procedures: If the home is equipped with a wood or coal burning stove, inspectors will review documentation that the stove has been inspected and approved within the last 12 months by the appropriate authority. If the stove is a primary heat source, inspectors will review documentation that it has been cleaned within the last 12 months.

Primary Benefit: Minimizes the risk of fire and carbon monoxide poisoning.

128c	2600.128(c) - Wood and coal burning stoves must be securely screened or equipped with protective guards while in use.
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Discussion: Self-explanatory. See § 2600.128(b).

Inspection Procedures: If the home is equipped with a wood or coal burning stove, inspectors will determine if it is properly screened or equipped with protective guards.

Primary Benefit: Screens and protective guards prevent residents from suffering a burn or other injury, and prevent fires due to hot coals escaping the stoves.

Fireplaces

129a	2600.129(a) - A fireplace must be securely screened or equipped with protective guards while in use.
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Discussion: There is no required height or width, but it is important that the screen or guard provide sufficient coverage of the fireplace to prevent ashes and sparks from exiting the fireplace. The screen or guard should also prevent residents from coming into contact with heat and ash.

Inspection Procedures: If the home is equipped with a fireplace, inspectors will determine if it is properly screened or equipped with a protective guard.

Primary Benefit: Fireplace screens and guards protect residents from injury and reduce the risk of fire.

129b	2600.129(b) - A fireplace chimney and flue shall be cleaned when there is an accumulation of creosote. Written documentation of the cleaning shall be kept.
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Discussion: Fireplaces and chimneys may be cleaned by the home's maintenance staff. It is recommended that this cleaning be conducted at least annually to prevent the build-up of creosote. This requirement does not apply if the fireplace is not used.

Inspection Procedures: If the home is equipped with a fireplace that is used, inspectors will review documentation that the chimney has been cleaned. If the most recent cleaning was more than 12 months before the date of the inspection, inspectors will recommend that the home have the chimney cleaned again as soon as possible.

Primary Benefit: Creosote accumulation is the leading cause of structure fires that begin in a fireplace. This required cleaning reduces the risk of fire

Smoke Detectors and Fire Alarms

130a

2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

Discussion: "Automatic smoke detector" means a device activated automatically by the detection of heat and/or smoke that has been approved by the Department of Labor and Industry, the appropriate local building authority or local fire safety expert, or listed by Underwriters Laboratories.

If a home is equipped with interconnected smoke detectors and is found to be out of compliance with this requirement in one or more locations, an additional detector that is not interconnected may be installed to achieve compliance.

The detectors must be located in common hallways (see § 2600.130(b)). Additional detectors may be placed inside the bedrooms.

Inspection Procedures: Inspectors will review the home's physical site. Distance is obtained by standing directly below a hallway detector and measuring the distance to the floor at the center of the doorway entering a bedroom.

Primary Benefit: The deadliest fires occur when residents are sleeping. Smoke detectors in hallways alert residents of smoke or fire before the smoke or fire enters the room, allowing the resident time to wake and react. Although smoke detectors in resident bedrooms are not required, they are recommended in case a fire starts in the room.

130b

2600.130(b) - The smoke detectors specified in § 2600.130(a) shall be located in hallways.

Discussion: See § 2600.130(a).

Inspection Procedures: See § 2600.130(a).

Primary Benefit: See § 2600.130(a).

130c

2600.130(c) - Smoke detectors and fire alarms must be of a type approved by the Department of Labor and Industry, the appropriate local building authority or local fire safety expert, or listed by Underwriters Laboratories.

Discussion: Most commercial smoke detectors and fire alarms are listed by Underwriters Laboratories.

Inspection Procedures: Inspectors will request documentation that the home's equipment meets one or more of these requirements. If the home has an interconnected detector system installed prior to the issuance of the home's certificate of occupancy, the system is compliant. If the home is in compliance with § 2600.132(b), the equipment is compliant.

Primary Benefit: Approved smoke detectors and fire alarms ensure that the devices will function properly in the event of a fire.

130d

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

Discussion: "Each floor" includes any floor of the home accessible to residents, including the basement and attic if accessible. This does not include a crawl space, but does include an area accessible by pull-down steps accessible to and used by the residents.

It is recommended that all homes serving eight or fewer residents have at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.

Wireless fire systems must communicate with other fire devices in the home to be considered "interconnected".

Smoke detectors and fire alarms must be of a type approved by the Department of Labor and Industry, the appropriate local building authority or local fire safety expert, or listed by Underwriters Laboratories. (Q/A April 2016-2600.130(d))

Inspection Procedures: Inspectors will verify that this requirement is met by observing the system during the physical site inspection and reviewing documentation that the system is interconnected and functional.

Primary Benefit: Fires can spread quickly. If a fire occurs in one section of the home, alarms that sound throughout the home will alert all residents of the need to evacuate or prepare for evacuation.

130e

2600.130(e) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

Discussion: This does not apply to all residents who have a hearing impairment, only those who cannot hear the detector or alarm. Many individuals who have hearing impairments can hear alarms.

Each resident must be alerted to the fire alarm at all times while awake or sleeping – residents who are unable to hear the smoke detector or fire alarm must have the same notice as a hearing person.

Each staff person who cannot hear the detector or alarm must be notified immediately so that they can assist residents to evacuate and to evacuate themselves.

Acceptable signaling devices include:

- Strobe lights approved by Underwriters Laboratories, have a single intensity of 75cd or higher, and have a flash rate of 1-3 flashes per second. If a resident/staff person is unable to hear the smoke detector or fire alarm system, then all of the detectors and the alarm system in all areas of the home accessible to the particular resident must be equipped with a strobe light.
- A personal body device that vibrates when the alarm sounds.
- A pillow that vibrates when the alarm sounds (for use when sleeping)
- Hearing dogs

It is not acceptable for a staff person to alert a resident in lieu of a signaling device.

Remember that residents' needs can differ based on the degree of their impairment and the specific situation. For example, a resident may be able to hear a fire alarm during the day when using a hearing aid, but not while asleep when the aid is removed. Therefore, a combination of the devices may be appropriate based on each resident's needs.

Inspection Procedures: Inspectors will determine if a resident has a hearing impairment that does not allow the resident to hear the fire alarm or smoke detector via interviews and review of assessments and support plans. Inspectors will determine if a staff person has such a hearing impairment by interviewing the administrator. If one or more residents or staff persons have a hearing impairment, inspectors will verify that they are able to be alerted when an alarm sounds.

Primary Benefit: A device that alerts residents and staff who are hearing impaired of a fire offers them the same protection from fires as residents and staff who are not hearing impaired. Use of a device instead of a person eliminates the possibility that a resident will not be alerted if the staff are incapacitated.

130f

2600.130(f) - Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Discussion: The required monthly testing of each smoke detector and fire alarm may be completed during the monthly fire drill. A separate monthly test is not required. See § 2600.132(d) and “Fire Drills and Evacuations” in the “Regulatory Issues and Frequently-Occurring Situations” section for information about fire drills and evacuation. If the alarm system is interconnected, testing of the master alarm system as a whole unit to test the supervision of the circuit loop, with monitoring to be certain that each individual alarm is working, is sufficient for the monthly fire alarm testing.

Inspection Procedures: See § 2600.132(d).

Primary Benefit: Testing smoke detectors and fire alarms ensures that they will function in the event of a real fire.

130g

2600.130(g) - If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

Discussion: Homes should have a procedure in place to verify detector/alarm functionality daily. This procedure can be very simple, such as designating a person to look at the master alarm panel and verify that the system is operational or instructing direct care staff to listen for the “chirping” sound indicating a dying battery.

Inspection Procedures: During the initial walk-through, inspectors will ask if the fire and smoke alarms are functioning properly. Inspectors will observe the master alarm panel and/or individual smoke detectors during the physical site inspection. If the alarm panel indicates that the system is not functioning, or if there is a reason to believe a smoke detector is not working, inspectors will notify the administrator immediately. Inspectors will request that the home implement its emergency procedures (see § 2600.130(h)) and that the home make plans to repair the system immediately. In some cases, referral to local code enforcement may be required. Inspectors may contact a licensing administrator for guidance if necessary.

Primary Benefit: A malfunctioning smoke detector will not protect residents from injury or death in the event of a fire. In some cases, a malfunctioning alarm system is also a violation of local building codes.

130h

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Discussion: It is recommended that the fire-safety expert who performs the home's fire-safety inspection (see § 2600.132(b)) assist the home in developing these procedures. In the absence of a fire-safety expert's guidance, the Department will accept Fire Watch procedures as defined by the National Fire Protection Agency. In some cases, additional staff may be required to implement the procedures (see § 2600.60(c)).

“The home's emergency procedures” refers to the emergency procedures required by § 2600.107(b).

Inspection Procedures: Inspectors will review the home's emergency procedures to determine that the required procedures are present. If a system is discovered to be inoperable during an inspection, inspectors will verify that the home implements or has implemented the procedures.

Primary Benefit: A malfunctioning smoke detector will not protect residents from injury or death in the event of a fire. Fire Watch is a temporary alternative to a smoke detector.

130i	2600.130(i) - <u>In homes housing five or more residents with mobility needs</u> , the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service approved by the local fire department, if this service is available in the community.
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Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review documentation verifying that the required system is in place. If necessary, inspectors may contact the fire department or monitoring service to confirm functionality.

Primary Benefit: Residents with mobility needs require assistance from staff to evacuate in the event of a fire or other emergency; therefore, the evacuation of residents with mobility needs takes longer than the evacuation of mobile residents. An alarm system that notifies emergency responders expedites the arrival of firefighters to assist in evacuation and extinguishing the blaze.

Fire Extinguishers

131a	2600.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.
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Discussion: "Each floor" includes any floor of the home accessible to residents and staff, including the basement and attic if accessible. This does not include a crawl space, but does include an area accessible by pull-down steps accessible to the residents. If neither residents nor staff persons have access to a floor (except of course to test the detector), a fire extinguisher is not required on that floor. If anyone uses the floor, even for storage, an extinguisher is required.

Inspection Procedures: Inspectors will check each floor of the home during the physical site inspection to verify the presence of fire extinguishers.

Primary Benefit: Easily-accessible fire extinguishers offer staff and residents the chance to extinguish a fire before it spreads.

131b	2600.131(b) - If the indoor floor area on a floor including the basement or attic is more than 3,000 square feet, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 3,000 square feet of indoor floor space.
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Discussion: See § 2600.131(a).

Inspection Procedures: See § 2600.131(a).

Primary Benefit: See § 2600.131(a).

131c	2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in § 2600.131(a).
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Discussion: "Each kitchen" refers only to full-service kitchens, not kitchenettes located in individual rooms or in other areas of the home.

Commercial kitchens are exempt from this requirement.

Inspection Procedures: Inspectors will check each kitchen area in the home during the physical site inspection to verify the presence of a 2A-10BC fire extinguisher or its equivalent.

Primary Benefit: Fire extinguishers with a 2A-10BC rating are able to extinguish fires involving ordinary combustibles (such as paper or wood), flammable liquids, and electricity. Kitchens fires are likely to include one or more combustible types. The numbers refer to the "amount" of fire the extinguisher will extinguish

131d	2600.131(d) - Fire extinguishers must be listed by Underwriters Laboratories or approved by Factory Mutual Systems.
<p>Discussion: Most commercial fire extinguishers are listed by Underwriters Laboratories or approved by Factory Mutual Systems.</p> <p>Inspection Procedures: Inspectors will request documentation that the home's equipment meets one or more of these requirements. In many cases, the extinguisher itself will bear a seal of approval.</p> <p>Primary Benefit: Approval of fire extinguishers ensures that the devices will function properly in the event of a fire.</p>	
131e	2600.131(e) - Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.
<p>Discussion: It is recommended that fire extinguishers remain unlocked. In some cases, locking the extinguisher is necessary to prevent residents from misusing them.</p> <p>Training in the use of fire extinguishers is required by § 2600.65(a)(5).</p> <p>Inspection Procedures: Inspectors will verify that fire extinguishers are not locked during the physical site inspection. If an extinguisher is locked, inspectors will interview staff to ask how it would be immediately unlocked in the event of a fire.</p> <p>Primary Benefit: Easily accessible fire extinguishers offer staff and residents the chance to extinguish a fire before it spreads.</p>	
131f	2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.
<p>Discussion: Inspections/approvals may be done by the extinguisher manufacturer or a company that employs a fire safety expert. Most fire extinguishers bear a tag showing that an inspection has been completed.</p> <p>Documentation showing inspection and approval of each extinguisher in the home by a fire safety expert may be kept electronically or in a paper file in the home's office.</p> <p>Inspection Procedures: Inspectors will review the inspection tags or other documentation verifying that each extinguisher has been inspected within the past year.</p> <p>Primary Benefit: Inspection of fire extinguishers ensures that they will function in the event of a real fire.</p>	
Fire Drills	
132a	2600.132(a) - An unannounced fire drill shall be held at least once a month.
<p>Discussion: Please see "Scheduling the Drill" in "Fire Drills and Evacuations" in "Regulatory Issues and Frequently-Occurring Situations."</p> <p>Inspection Procedures: Inspectors will review fire drill records for the past six months. Inspectors will interview staff persons and residents about fire drills, and whether advance notice of a drill is provided.</p> <p>Primary Benefit: Unannounced drills ensure that staff and residents will be prepared to evacuate without hesitation in the event of a real fire.</p>	

132b

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Discussion: Unlike the requirements of § 2600.132(d), the person who completes the fire-safety inspection and supervised fire drill may be an employee of the home. Remember that the person who completes the inspection must meet the definition of “fire-safety expert”; the person may not be an employee who was trained by a fire-safety expert.

There is no requirement for what must be included in a “fire safety inspection.”

Inspection Procedures: Inspectors will review the home’s documentation of a completed fire safety inspection. If necessary, inspectors may contact the fire-safety expert who completed the inspection to verify that the documentation is accurate.

Primary Benefit: Identifying and correcting unsafe conditions helps prevent fires from occurring.

132c

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Discussion: Homes may capture additional data about fire drills if desired. Please see “Recording Drill Data” in “Fire Drills and Evacuations” in “Regulatory Issues and Frequently-Occurring Situations.”

Inspection Procedures: Inspectors will review the home’s fire drill documentation to verify that all of the required information is captured.

Primary Benefit: Recording fire drill information helps homes ensure compliance with all of the regulations relating to fire drills, and to identify and correct problems with evacuation.

132d

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

Discussion: Many homes report confusion regarding this regulation primarily because it contains two requirements – the need for a designated time, and the need for a designated area (if one exists). Another way of describing this requirement is as follows: If, during fire drills and actual emergencies...

...all residents evacuate outside of the building, then a fire-safety expert must determine the maximum amount of time residents have to get outside when the fire alarm sounds. **Exceeding the maximum time to evacuate during a fire drill as identified by a fire safety expert is a violation, regardless of whether an additional drill was held later in the month. (Q/A September 2014-2600.132(d))**

...all residents evacuate to internal areas, then a fire-safety expert must determine the maximum amount of time residents have to get to the internal areas when the fire alarm sounds, **AND** designate the internal areas as “fire-safe areas”.

...some residents evacuate to internal areas and others evacuate outside of the building, then a fire-safety expert must determine **ONE** maximum amount of time for residents to get outside and to the internal areas, **AND** designate the internal areas as “fire-safe areas.”

A home must have newly updated written documentation each year from a fire safety expert, even if no physical modifications have been made to the building, and must be able to demonstrate that the person completing the documentation is a fire-safety expert.

See “Fire Drills and Evacuations” in “Regulatory Issues and Frequently-Occurring Situations” for more information.

The “2 ½ Minute” Evacuation Time - Since 2005, the Department has taken the position that homes are not required to have designated maximum evacuation times if all residents are able to evacuate the entire building within 2 ½ minutes from the time the alarm sounds to the time when the last resident enters the fire safe area(s) or exits the outside door. Many homes have interpreted this to mean that the Department expects all homes to evacuate all residents in 2 ½ minutes, but that is not the case; the 2 ½ minute time window allows homes that are unable to secure a maximum evacuation time from a fire-safety expert an alternative means of compliance, and is therefore meant to help homes. The 2 ½ minute time was selected because it appears in almost all other human-care regulations administered by the Department. Remember that fire-safe areas must always be designated in writing by a fire-safety expert, even if the expert will not designate a maximum evacuation time.

Inspection Procedures: The home’s fire drill record will be reviewed by inspectors to ensure that residents are regularly evacuated within 2 ½ minutes or within the time specified by a fire-safety expert. If a maximum evacuation time and/or internal fire-safe areas have been designated, inspectors will verify that the person who made the designation is a fire-safety expert. If the home has multiple fire-safe areas and/or residents with mobility needs, inspectors will verify that there are sufficient staff on duty at all times to evacuate residents in accordance with the home’s evacuation plan (note that insufficient staffing will be a violation of § 2600.60(a)-(c)). In some cases, observation of a fire drill may be required to verify that evacuation can be successfully completed.

Primary Benefit: Evacuation within the maximum evacuation time prevents fire-related death and injury.

132e

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

Discussion: In order to cause minimal disruption to the residents, the sleeping-hour fire drill may be held within 30 minutes after residents are asleep or within 30 minutes before they normally wake. However, it is strongly recommended that the sleeping-hour drill be held between 2:00 AM and 4:00 AM.

“Sleeping hours” means “11:00 PM to 7:00 AM” unless the home can demonstrate that another time period more accurately reflects normal sleeping hours. For example, if most (more than half) of the residents go to sleep at 10:00 PM and wake at 6:00 AM, 10:00 PM to 6:00 AM may be used as sleeping hours when measuring compliance with this regulation.

Inspection Procedures: The home’s fire drill record will be reviewed by inspectors to verify that a fire drill has been conducted during sleeping hours within the past six months. If the home uses home-specific sleeping hours, inspectors will verify that the sleeping hours used are accurate based on staffing records, staff interviews, and resident interviews.

Primary Benefit: It is critical to practice response and evacuation while residents are asleep, since an individual’s response time and actions when waking from sleep are reduced, and because most fire deaths occur during sleeping hours.

132f

2600.132(f) - Alternate exit routes shall be used during fire drills.

Discussion: In order to practice using alternate routes, the home should vary the location of the hypothetical fire during each drill. This may be done by simulating a blocked door or egress path (placing a large display/poster of a hypothetical fire in an exit path) and practicing to evacuate through an alternate path of egress.

If the home has internal fire-safe areas, it is recommended that the hypothetical fire should be located in each fire-safe area at least once every two calendar years.

For more information, please see “Fire Drills and Evacuations” in “Regulatory Issues and Frequently-Occurring Situations.”

Inspection Procedures: The home’s fire drill record will be reviewed by inspectors to verify that alternate routes are used during fire drills. Inspectors will interview the administrator and staff to verify that the location of the “fire” varies from one drill to the next.

Primary Benefit: Varying the location of the fire and the exit routes used ensures that staff and residents are prepared to respond to different fire scenarios.

132g

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Discussion: When planning drills, homes should consider what human resources would be available in the event of a real fire at any given time, and the requirements of the home’s evacuation plan. For example, if direct staff from a nursing facility collocated in the same building or in adjoining buildings assist in drills, then the same staff must be available to assist in evacuating residents during an actual fire emergency, even if those staff must also assist residents from the skilled nursing facility. Additionally, adding staff during fire drills to accomplish a successful evacuation not only makes the drill a worthless exercise, it puts residents at risk if a real fire occurs. In other words, homes may not practice evacuating residents using resources that won’t be available in a real fire.

For more information, please see “Fire Drills and Evacuations” in “Regulatory Issues and Frequently-Occurring Situations.”

Inspection Procedures: The home’s fire drill record will be reviewed by inspectors to verify that drill dates and times are appropriately staggered. Staffing records will be compared to the fire drill log to determine whether additional staff are on duty during fire drills. If ancillary staff, volunteers, staff from other homes, or nursing facility staff participate in drills, inspectors will verify that these resources will be available at all times and during actual emergencies.

Primary Benefit: Staggering drill dates and times ensures that staff and residents are prepared to respond to different fire scenarios, and that staff on all shifts are properly trained in evacuation procedures.

132h

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Discussion: §2600.132(h) intends that the home designate one meeting place either away from the building or within a fire safe area to which all residents must evacuate within the time specified in writing by a fire safety expert. This allows for staff persons and emergency personnel to quickly determine if all residents have evacuated. However, if it is absolutely necessary, due to exit paths and mobility needs of the residents, to have multiple external meetings places, staff must be able to check all meeting places within 30 seconds (in person or through electronic communication such as cell phones or walkie-talkies) to ensure all residents' supervision needs are met. (Q/A January 2019-2600.132(d), (h))

There may be more than one internal designated meeting if the home is equipped with more than one fire-safe area, in that each area will have a designated meeting place (common space) within the fire-safe area. Staff should immediately assure that the fire safe area is sealed/secured (all doors closed) and then alert residents to be ready to evacuate from the fire safe area if necessary should the fire spread or should fire officials recommend evacuation. Remember that a sufficient number of staff must be present on each shift at all times to allow homes to account for the number of residents in each area and to ensure that residents' supervision needs are met pursuant to §2600.60(a). This is also important during drills to verify that evacuations are completed within the time specified by a fire-safety expert. Equipping staff with communication devices is recommended in the fire safe areas to be able to immediately talk with staff in all of the other fire safe areas to ensure that all residents in the home are accounted for. Each staff person must be trained to know to which fire safe area (s)he is to be present in if a fire or fire drill occurs.

Inspection Procedures: For evacuations to the outside of the building, inspectors will verify that there is at least one designated meeting place. If there are two outside meeting places, inspectors will verify that there is a communication and accounting system in place, and that a procedure is in place to account for residents by name. For internal evacuations, inspectors will verify that a sufficient number of staff are present on each shift to successfully evacuate residents and account for residents in each fire safe area.

Primary Benefit: Designated meeting places and communication systems ensure that residents are accounted for during actual fires to ensure total evacuation and prevent death or injury from wandering.

132i

2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the home's fire drill records to verify that an alarm was sounded during each drill. If necessary, inspectors will interview residents and staff to confirm that alarms sound when drills are held.

Primary Benefit: Sounding the alarm simulates what would happen in an actual fire, and also meets the requirements of § 2600.130(f).

132j

2600.132(j) - Elevators may not be used during a fire drill or a fire.

Discussion: Self-explanatory.

Inspection Procedures: If the home is equipped with elevators, inspectors will verify that they are not used during drills by interviewing staff and residents

Primary Benefit: Elevators may be inoperative during fires, causing people to become trapped in the building.

Exit Signs

133a1

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Discussion: These regulations do not require "EXIT" signs to be illuminated, but local building codes may require illumination. Homes should check with their local building authority to learn if illuminated signs are required.

Inspection Procedures: Inspectors will check each exit door during the physical site inspection and verify that an exit sign is posted at the door.

Primary Benefit: Large homes (i.e., serving more than eight people) have more doors that could be mistaken as exits. Labeling exits helps people escape during a fire or other emergency.

133a2

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will check the access routes to each exit not immediately visible during the physical site inspection to verify that signs indicating the direction to travel are present.

Primary Benefit: Large homes (i.e., serving more than eight people) have hallways and rooms that may visually obstruct exit paths. Labeling exit paths helps people escape during a fire or other emergency.

133a3

2600.133(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will check each exit door during the physical site inspection and verify that the posted exit sign meets the height and width requirements.

Primary Benefit: Signage may be obscured by smoke during fires. Large lettering helps people locate exit doors.

RESIDENT HEALTH

Resident Medical Evaluation and Health Care

141a1

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Discussion: This seemingly straightforward regulation is a source of much confusion for many personal care homes.

It is important to remember that the primary focus of this requirement is the need for residents to be evaluated by a physician, physician's assistant or certified registered nurse practitioner – NOT that a form be properly completed. The Department specifies a form simply to ensure that all of the required elements of the evaluation are performed during the evaluation (see § 2600.141(a)(2)).

Compliance with this regulation is achieved by following three basic steps:

1. A resident is evaluated *in person* by a physician, physician's assistant, or certified registered nurse practitioner within the specified timeframe. The evaluation includes checking everything required by § 2600.141(a)(2).
2. The evaluation results are documented on the Department's Documentation of Medical Evaluation (DME) form.
3. The physician, physician's assistant, or certified registered nurse practitioner who completed the evaluation signs and dates the DME form, certifying that the information is true and that it was established via an in-person examination.

Homes are PERMITTED to:

- Complete all or a portion of the DME prior to the in-person evaluation, except for the "Medical Professional Information" section, and present the DME to the physician, physician's assistant or certified registered nurse practitioner for signature at the time of the examination.
- Complete all or a portion of the DME after an in-person evaluation that was performed within the timeframes specified by this regulation, except for the "Medical Professional Information" section, and present the completed form to the physician, physician's assistant or certified registered nurse practitioner for signature in person, by facsimile, or via electronic mail.
- Correct a DME upon discovering that the physician, physician's assistant or certified registered nurse practitioner has recorded inaccurate information or omitted information, IF a registered nurse (RN) or licensed practical nurse (LPN) contacts the person who performed the evaluation, AND receives permission from that person to correct the DME, AND documents the date, time, and person spoken to on the DME next to the correction.

Homes are PROHIBITED from:

- Completing the “Medical Professional Information” section, unless the home employs a physician, physician’s assistant or certified registered nurse practitioner.
- Completing all or a portion of the DME without an in-person evaluation.
- Completing all or a portion of the DME after an in-person evaluation that was performed outside of the timeframes specified by this regulation.
- Changing the content of a DME without the consent of the person who performed the evaluation, or changing the content of a DME by someone who is not a registered nurse (RN) or licensed practical nurse (LPN).

It is strongly recommended that homes carefully review DME forms completed by a physician, physician’s assistant, or certified registered nurse practitioner to verify that all of the required information was recorded. Although the evaluations must be completed by medical professionals, homes are responsible for ensuring that the evaluations were complete and that the DMEs were filled out in their entirety.

This requirement applies to respite care if respite care is provided for a resident for more than 30 days in a 12-month period. One medical evaluation is required per year. If a resident is readmitted within the same year, a new medical evaluation is not required unless the resident’s medical condition has changed since the prior evaluation.

Inspection Procedures: Inspectors will review DMEs to verify that the date recorded in the “Date Resident Evaluated” section of the DME is within the allowable timeframes. If post-evaluation edits were made to the DME, inspectors will verify the credentials of the person who made the edits, that the person who completed the evaluation was contacted, and that the contact was properly documented. If necessary, inspectors will verify with the physician, physician’s assistant or certified registered nurse practitioner that the resident received an in-person evaluation on the date recorded.

Primary Benefit: Accurate medical information helps homes decide whether a resident’s needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents’ medical needs will be met.

141a2	2600.141(a)(2) - The medical evaluation must include the following: <ol style="list-style-type: none">(1) A general physical examination by a physician, physician’s assistant or nurse practitioner.(2) Medical diagnosis including physical or mental disabilities of the resident, if any.(3) Medical information pertinent to diagnosis and treatment in case of an emergency.(4) Special health or dietary needs of the resident.(5) Allergies.(6) Immunization history.(7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.(8) Body positioning and movement stimulation for residents, if appropriate.(9) Health status.(10) Mobility assessment, updated annually or at the Department’s request.
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Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review DMEs to verify that the medical evaluation included all of the required elements. If an element is not recorded on the DME, but the home is able to obtain evidence that the in-person evaluation did include the element by the exit conference on the last day of the inspection, there is no regulatory violation. If necessary, inspectors may verify with the physician, physician’s assistant or certified registered nurse practitioner that corrected information is valid.

Primary Benefit: Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met

141b1

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

Discussion: See § 2600.141(a)(1). In this case, "annually" means "within 12 months of the most recent medical evaluation that included all of the elements at § 2600.141(a)(2)." Additionally, the Department allows a 15-day grace period for completion of the annual evaluation, so annually actually means "within 12 months and 15 days of the most recent medical evaluation that included all of the elements at § 2600.141(a)(2)."

Inspection Procedures: See § 2600.141(a)(1) and (2). Remember that homes have a 15-day grace period to ensure completion of the evaluation.

Primary Benefit: Accurate, updated medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

141b2

2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

Discussion: See § 2600.141(a)(1).

What does "if the medical condition of the resident changes" mean? The Department interprets "medical condition" to mean disease, disorders, injuries, and health situations (such as pregnancy or elective surgery) that might affect a person's health, benefit from medical assistance, or have implications for medical treatment. A new medical evaluation is required when:

- The resident has contracted, been diagnosed with, or suspected of having a previously-undiagnosed disease or disorder.
Example: A resident develops symptoms consistent with diabetes.
- An existing disease or disorder changes such that the resident's medical and/or care needs are affected.
Example: A resident's arthritis worsens such that she complains of pain or decreased mobility.
- The resident suffers an injury that changes his/her medical and/or care needs for an extended period of time.
Example: A resident breaks a hip after an injurious fall.
- A health situation occurs that will have any impact on the resident's current medical treatment and/or care needs.
Example: A resident elects to have his/her shoulder replaced.
- At the request of the Department.

Clearly, a "change in medical condition" will usually be determined by a medical professional after the home identifies a *potential* change in a resident's medical condition. Therefore, it's strongly recommended that homes include a blank DME form with the information required by § 2600.143(b) when the resident receives emergency medical attention, and that a blank DME form accompanies the resident to every medical appointment where a medical change may be identified, in case a change is identified. Remember, the form is required **ONLY** if the conditions change.

Inspection Procedures: Inspectors will interview the administrator and/or "wellness" staff to determine the home's procedure for identifying the need for a new medical evaluation. If a change in any resident's condition is observed while reviewing resident records, inspectors will ask whether a new evaluation was completed.

Primary Benefit: Accurate, updated medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

Assistance with Health Care

142a

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Discussion: "Health status" means "a general assessment of the resident's overall physical, behavioral, and mental health". A decline in health status may be determined by observed changes in behavior at the home, or determined by a physician during a medical evaluation (see § 2600.141(a)(2)-(9)).

Assisting the resident to secure resident medical care may include:

- Explaining the need for the medical care to the resident
- Assisting the resident to identify a provider to provide healthcare
- Scheduling an appointment with the provider on behalf of the resident
- Transporting or arranging transportation to the provider
- Documenting new or additional needs on the resident's assessment and support plan
- Implementing the new support plan, OR determining that the decline in health status and additional needs does not allow the home to continue serving the resident.

Assisting the resident to secure resident medical care DOES NOT include:

- Forcing the resident to accept health care (see § 2600.142(b))
- Paying for the healthcare or treatment
- Providing the healthcare or treatment, unless equipped and contractually obligated to do so
- Continuing to care for a resident whose needs can no longer be met at the home.

Inspection Procedures: Inspectors will interview the administrator and/or "wellness" staff to determine the home's procedure for assisting residents to secure medical care. Inspectors will review cases where such assistance has been provided to ensure that the maximum possible amount of assistance was provided.

Primary Benefit: Knowledge of a resident's overall health status allows homes to meet residents' needs, determine whether the resident's needs have advanced or declined such that the home can no longer meet such needs, and ensure that residents receive the best and most appropriate medical care.

142b

2600.142(b) - If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for health care shall be documented in the resident's record.

Discussion: Many homes have been subject to licensing enforcement action for failure to take appropriate action when a resident refuses medical care. While homes cannot force a resident to seek such care, there are several steps homes can take to encourage the resident to accept care AND protect themselves:

1. Make "willingness to accept routine medical or dental examination or treatment" part of the home's written criteria for admission (see § 2600.223(a)).
2. Make "acceptance of routine medical or dental examination or treatment" part of the home's rules.
3. Determine why the resident is refusing medical care. It may be that the resident is iatrophobic (afraid of doctors) or suffering from some other phobia. Assistance from community agencies (see § 2600.222) may be helpful in encouraging the resident to accept care.
4. Consider discharge for chronic refusal. Posing a danger to oneself and repeated, documented violation of the home's rules are grounds for discharge pursuant to § 2600.228(h)(1) and (7). Refusal to accept medical care and documentation of refusal to seek medical care on more than two occasions is sufficient documentation of rule violation. While no one wants to discharge an otherwise-cooperative resident, continued noncompliance with this regulation may lead to licensing enforcement action.

Documentation of the home's attempts to educate and inform the resident are essential to protect the home in the event that the resident suffers harm from the absence of medical care.

Inspection Procedures: Inspectors will interview the administrator and/or “wellness” staff to determine the home’s procedure for managing resident refusals of routine medical or dental care. Inspectors will review cases where a resident has refused care, if any, and verify that the home has taken appropriate action.

Primary Benefit: Routine medical care can prevent more serious health-related situations at a later date. Additionally, homes that do not encourage residents to seek care may be subject to licensing enforcement action or criminal charges if a resident suffers harm as a result of his/her refusal.

142c

2600.142(c) - If a resident has a serious medical or dental condition, reasonable efforts shall be made to obtain consent for treatment from the resident or the resident’s designated person.

Discussion: See § 2600.142(b). Both the resident and the resident’s designated person should be contacted if the resident has a serious medical or dental condition. If the medical or dental condition requires immediate medical attention, homes should call 911 immediately, *even if the resident requests otherwise*. If a home believes that a resident is refusing treatment because (s)he is incapable of understanding the consequences of his/her refusal, the home should immediately seek assistance from crisis intervention to establish whether the resident is competent to make decisions.

Inspection Procedures: Inspectors will interview the administrator and/or “wellness” staff to determine the home’s procedure for obtaining consent for treatment. Inspectors will review cases where a resident has refused to provide consent, if any, and verify that the home has taken appropriate action. If during the inspection process a resident who appears to have an untreated medical condition is identified, inspectors will notify the administrator immediately.

Primary Benefit: Treatment of serious medical conditions is essential to ensure resident health and safety. Additionally, homes that do not encourage residents to seek care may be subject to licensing enforcement action or criminal charges if a resident suffers harm as a result of his/her refusal.

142d

2600.142(d) - The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician’s assistant or certified registered nurse practitioner.

Discussion: See § 2600.142(a)-(c).

Inspection Procedures: See § 2600.142(a)-(c).

Primary Benefit: See § 2600.142(a)-(c).

Emergency Medical Plan

143a

2600.143(a) - The home shall have a written emergency medical plan that includes the following:
(1) The hospital or source of health care that will be used in an emergency. This shall be the resident’s choice, if possible.
(2) Emergency transportation to be used.
(3) An emergency-staffing plan.

Discussion: Many homes report confusion regarding this regulation primarily because the plan must address both individual residents and the entire population. It is strongly recommended that a home’s plan work in conjunction with the requirements at § 2600.143(b). For example, the home could include the resident’s choice of hospital or source of health care in the information required by § 2600.143(b)(11), and indicate in the emergency medical plan that the hospital or source of health care to be used will be included with the resident’s emergency health information.

Inspection Procedures: Inspectors will review the home's Emergency Medical Plan to verify that all of the required information is contained in the plan.

Primary Benefit: The Emergency Medical Plan is a plan that ensures immediate and direct access to medical care and treatment for serious injury, illness or both. Having a thorough, informative Emergency Medical Plan is essential to provide emergency medical care of residents.

143b

2600.143(b) - The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention:

- (1) The resident's name and birth date.
- (2) The resident's Social Security number.
- (3) The resident's medical diagnosis.
- (4) The resident's physician's name and telephone number.
- (5) Current medications, including the dosage and frequency.
- (6) A list of allergies.
- (7) Other relevant medical conditions.
- (8) Insurance or third party payer and identification number.
- (9) The power of attorney for health care or health care proxy, if applicable.
- (10) The resident's designated person with current address and telephone number.
- (11) Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable.

Discussion: Homes must have the above information available for each resident, which can be accessed quickly in the event of an emergency. It is strongly recommended that homes create a separate document that is used for this purpose that can be accessed quickly and transported with the resident in an emergency situation.

Inspection Procedures: Inspectors will begin by reviewing the home's emergency medical and health information as required by the regulation. Inspectors may ask staff members of the home how the home plans to provide resident medical and health information in the event of an emergency.

Primary Benefit: Having emergency medical and health information for each resident helps to ensure immediate and direct access to medical care and treatment for serious injury, illness or both. Having thorough, informative emergency medical and health information is beneficial to emergency medical responders for the emergency medical care of residents.

Use of Tobacco

144b

2600.144(b) - The home rules shall specify whether the home is designated as smoking or nonsmoking.

Discussion: A home may prohibit smoking in the home or on the premises. A home may permit smoking only in a separate, enclosed room designated as a smoking room or in a designated area outside the home. This policy must be applied to all residents, staff persons, visitors and other individuals in the home.

If the home changes its smoking policy, § 2600.42(d) requires that written notice must be provided to the residents and the residents' designated persons 30 days prior to the date the change takes effect.

The Clean Indoor Air Act - Personal care homes are considered "public places" under the Clean Indoor Air Act (35 P.S. § 637.1 – 637.11) and thus are subject to those regulations as well. According to the act, personal care homes must post a sign at each entrance that states "Smoking Permitted in Designated Areas Only" or "No Smoking." The international "No Smoking" symbol is also permitted. It is recommended that "Smoking Permitted" signs be posted at outdoor designated smoking areas. If the building is a multi-purpose building (such as a building that has independent living and/or skilled nursing as well as personal care services), signs shall be posted at every entrance to the personal care home part of the building. Smoking is not permitted in independent apartments that are intermingled with personal care home apartments, as the building is being used to provide food or health care-related services and is subject to the smoking ban.

Inspection Procedures Inspectors will examine the home's rules to determine if they have established a written policy on smoking.

Primary Benefit: Ensures that current and potential residents clearly understand the home's smoking policy.

144c

- 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
- (1) Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.
 - (2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.
 - (3) Prohibition of the use of tobacco during transportation by the home.

Discussion: This regulation requires that the home develop smoking procedures and that those procedures be put into place.

§ 2600.144(c)(1)- The policy must include safeguards to prevent fire hazards, which the Department interprets to require:

- Fireproof receptacles and ashtrays.
- Direct outside ventilation and no interior ventilation from interior smoking rooms through other parts of the home. It is recommended that the exhaust fan be running continually while individuals are smoking and for a reasonable period following smoking.
- Fire-resistant furniture in both interior and exterior smoking areas . Furniture is considered fire-resistant if it is made of solid wood construction, with no cushions or upholstery, or is made of hard plastic or resin-like substances. It is recommended that homes do not use table umbrellas unless they are a reasonable distance from fireproof receptacles and ashtrays or are made of a fire resistant material.
- Fire extinguishers in interior smoking rooms.
- That smoking areas be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits. For the purposes of applying this regulation, "safe distance" means far enough away to prevent a fire in the smoking area from igniting heat sources, hot water heaters, combustible or flammable materials and so that residents are not exposed to second-hand smoke.
- That tobacco products may not be smoked during transportation provided by the home.

It is recommended that this policy also include:

- The location of the home's designated smoking areas.
- The use of fireproof receptacles and ashtrays.
- How staff must respond to a fire in a designated smoking area, including evacuation and the location of the designated area's fire extinguisher.

The requirement for fire resistant furniture applies to outside furniture (including table umbrellas) as well as inside furniture. Furniture is considered fire resistant if it is made of solid wood construction, with no cushions or upholstery, or is made of hard plastic or resin-like substances. Furniture with cushions or upholstery may be used as long as they are equipped with tags confirming that it meets California's standards (by stating on the tag that it has met California's requirements). Furniture treated with a flame resistant product is not fire resistant, as there is no way of knowing if the flame resistant product was applied correctly to the furniture, or even applied at all. Homes may not use a flame resistant product on furniture in order to meet the regulation. Until a federal standard is passed, Pennsylvania will defer to California's standards (as California is known for having the most stringent testing standards in regards to fire resistant products). If the furniture passes California's standards (by stating on the tag that it has met California's requirements), then the furniture is acceptable for use in Pennsylvania. (Q/A April; 2016-2600.144(c)(1))

Pennsylvania's Clean Indoor Air Act does not include e-cigarettes at this time and therefore, those devices are not prohibited. The Department of Health (DOH) has not issued a formal statement related to these devices, however, DOH encourages businesses to include e-cigarettes in their own tobacco-free policies since e-cigarettes are not currently regulated by the FDA and can be harmful to residents, employees, and visitors. (Q/A July 2015-2600.18; .144(c), (d))

Inspection Procedures: Inspectors will review the home's fire safety policy and procedures, and interview staff and residents to determine if the policy is known and implemented. Inspectors will examine the home's designated smoking area(s) and vehicle to ensure that the policy is followed

Primary Benefit: Greatly reduces the risk of fire associated with unsafe smoking., and ensures that both residents and staff know what must be done in the event of a fire.

144d

2600.144(d) - Smoking outside of the smoking room is prohibited.

Discussion: This regulation applies to interior smoking rooms only.

Inspection Procedures: During the home's physical site inspection, inspectors will examine resident rooms and other areas of the home for evidence that smoking occurs outside of the smoking room.

Primary Benefit: Greatly reduces the risk of fire in a personal care home.

NUTRITION

Nutritional Adequacy

161a

2600.161(a) - Meals shall be offered that meet the recommended dietary allowances established by the United States Department of Agriculture.

Discussion: If a physician or other medical professional has recommended, in writing, an alternate diet for the resident, the medically prescribed diet shall be followed.

If there is a written physician's order of a serious medical condition or allergy, the home shall consult the physician as to the procedures to be followed.

Inspection Procedures: Inspectors will review the home's menus, as well as interview the administrator, staff, and/or residents of the home to determine if the home's meals meet the recommended dietary allowances established by the United States Department of Agriculture. Inspectors may also be present during the home's mealtime to observe the meals served by the home.

Primary Benefit: The recommended dietary allowances established by the United States Department of Agriculture are intended to reflect the best scientific judgment on nutrient allowances for the maintenance of good health and to serve as the basis for evaluating the adequacy of diets of groups of people.

161b

2600.161(b) - At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

Discussion: For information on nutritionally-balanced meals, please visit the United States Department of Agriculture's internet website.

Inspection Procedures: Inspectors will review the home's menus, as well as interview the administrator, staff, and/or residents of the home to determine if the home's meals meet the recommended dietary allowances established by the United States Department of Agriculture. Inspectors may also be present during the home's meal time to observe the meals served by the home.

Primary Benefit: A person's body requires a constant input of energy and nutrients at least three times a day for proper nutrition.

161c

2600.161(c) - Additional portions of meals and beverages at mealtimes shall be available for the resident.

Discussion: This regulation does not mean that unlimited amounts of food or beverages have to be provided. This regulation also does not mean that a full second meal must be available; or that all food items served at the meal must be available for second helpings (for example, the home may offer second helpings of salad and fruits only).

Inspection Procedures: Inspectors will review the home's menus, as well as interview the administrator, staff, and/or residents of the home to determine if the home provides additional portions of meals and beverages at mealtimes to residents.

Primary Benefit: It is important that a person's appetite is satiated, and that a resident is not left feeling hungry after a meal.

161d

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the home's menus and resident records, as well as interview the administrator, staff, and/or residents of the home to determine if any established special dietary needs of a resident are being met by the home.

Primary Benefit: It is important to follow the directions of a physician, physician's assistant, certified registered nurse practitioner, or dietitian regarding special dietary needs for a resident. A home not following a resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner, or dietitian may generate dire health consequences for the resident.

161e

2600.161(e) - Dietary alternatives shall be available for a resident who has special health needs or religious beliefs regarding dietary restrictions.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the home's menus and resident records, as well as interview the administrator, staff, and/or residents of the home to determine if any dietary alternatives are being provided by the home. Inspectors may also be present during the home's meal time to observe the meals served by the home.

Primary Benefit: It is important that the home make dietary alternatives available for residents who have special health needs so that residents have a choice of food that meets their health needs. Homes providing dietary alternatives for residents who have certain religious beliefs help the residents to ensure that they are fulfilling precedents established by their religion.

161f

2600.161(f) - Drinking water shall be available to the residents at all times.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the home's physical site for the location of drinking water, as well as interview the administrator, staff, and/or residents of the home to determine if drinking water is available to residents at all times.

Primary Benefit: It is important that a person stay hydrated at all times; water is the life sustaining drink to humans and is essential to the survival of all organisms. Staying hydrated is especially important for older persons, as older persons are at particular risk for dehydration.

Meals

162a

2600.162(a) - There may not be more than 15 hours between the evening meal and the first meal of the next day. There may not be more than 6 hours between breakfast and lunch, and between lunch and supper.

Discussion: This requirement does not apply if a resident's physician has prescribed otherwise.

Inspection Procedures: Inspectors will review the home's menus and resident records, as well as interview the administrator, staff, and/or residents of the home to determine the amount of time between meals served at the home.

Primary Benefit: A person's body requires a constant input of energy and nutrients at least three times a day for proper nutrition. A home which does not provide meals within the regulatory time requirement may put a resident's health in jeopardy.

162b

2600.162(b) - When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator, staff, and/or residents of the home to determine if food adequate to meet daily nutritional requirements is available and offered to the resident when a resident misses a meal.

Primary Benefit: A person's body requires a constant input of energy and nutrients at least three times a day for proper nutrition. Residents who miss a meal and are not offered food adequate to meet daily nutritional requirements may be putting their health in jeopardy.

162c

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Discussion: "Conspicuous and public place" means that the menu must be posted at a height where each resident can see it (including a height appropriate to residents who use a wheelchair), in large print for ease of reading, and in a format and print that is legible.

Inspection Procedures: Inspectors will inspect the home to determine the location of the menu, that the menu is prepared one week in advance, and that the menu is being followed. Inspectors may also be present during the home's mealtime to observe the meals served by the home.

Primary Benefit: Having a menu that is prepared one week in advance and is followed is beneficial for residents so they can plan their meals in advance. For example, if a resident does not like a specific food item, the resident can arrange for in advance an alternate meal on the day that the food item is served.

162d	2600.162(d) - Past menus of meals that were served, including changes, shall be kept for at least 1 month.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will inspect the home's meal records for the past month.</p> <p>Primary Benefit: Verifies that the home's meals regularly meet the recommended dietary allowances established by the United States Department of Agriculture.</p>	
162e	2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).
<p>Discussion: "Conspicuous and public place" means that the menu must be posted at a height where each resident can see it (including a height appropriate to residents who use a wheelchair), in large print for ease of reading, and in a format and print that is legible.</p> <p>Inspection Procedures: Inspectors will review the home's menus, as well as interview the administrator, staff, and/or residents of the home to determine if changes to the menu are made in advance of the meal. Inspectors may also be present during the home's meal time to observe the meals served by the home.</p> <p>Primary Benefit: Having a menu that is posted in a conspicuous and public place in the home and is accessible to a resident in advance is beneficial for residents so they can plan their meals in advance. For example, if a resident does not like a specific food item, the resident can arrange for in advance an alternate meal on the day that the food item is served.</p>	
Personal Hygiene for Food Service Workers	
163a	2600.163(a) - Staff persons, volunteers and residents involved in the storage, preparation, serving and distributing of food shall wash their hands with hot water and soap prior to working in the kitchen areas and after using the bathroom.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will inspect the home's kitchen (during food preparation time if possible), as well as interview the administrator and staff to determine if everyone involved in the storage, preparation, serving and distributing of food washes their hands with hot water and soap prior to working in the kitchen areas and after using the bathroom.</p> <p>Primary Benefit: Persons who wash their hands with hot water and soap prior to working in kitchen areas and after using the bathroom are practicing good sanitary guidelines. Washing your hands with hot water and soap prior to working in kitchen areas and after using the bathroom helps to ensure that germs are not transmitted to others.</p>	
163b	2600.163(b) - Staff persons, volunteers and residents shall follow sanitary practices while working in the kitchen areas.
<p>Discussion: Self-explanatory.</p>	

Inspection Procedures: Inspectors will inspect the home's kitchen (during food preparation time if possible), as well as interview the administrator and staff to determine if everyone working in the kitchen areas follows sanitary practices.

Primary Benefit: Persons who practice good sanitary guidelines help to ensure that germs are not transmitted to others.

163c

2600.163(c) - Staff persons, volunteers and residents involved with the storage, preparation, serving and distributing of food shall be in good health.

Discussion: "In good health" means that the staff person has no communicable disease that can be communicated through the air or through physical contact that may likely occur during his or her food service activities.

Inspection Procedures: Inspectors will inspect the home's kitchen (during food preparation time if possible), as well as interview the administrator and staff to determine if everyone involved with the storage, preparation, serving and distributing of food is in good health.

Primary Benefit: Persons who practice good sanitary guidelines (such as ensuring that (s)he is in good health) help to ensure that germs are not transmitted to others.

163d

2600.163(d) - Staff persons, volunteers and residents who have a discharging or infected wound, sore, lesion on hands, arms or any exposed portion of their body may not work in the kitchen areas in any capacity.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the home's kitchen (during food preparation time if possible), as well as interview the administrator and staff to determine if anyone who has a discharging or infected wound, sore, lesion on hands, arms or any exposed portion of their body is not working in the kitchen areas in any capacity.

Primary Benefit: Persons who practice good sanitary guidelines (such as ensuring that (s)he is in good health) help to ensure that germs are not transmitted to others.

Withholding or Forcing of Food Prohibited

164a

2600.164(a) - A home may not withhold meals, beverages, snacks or desserts as punishment.

Discussion: Food and beverages may be withheld in accordance with prescribed medical or dental procedures.

Inspection Procedures: Inspectors will interview the administrator, staff, and/or residents to determine if the home withholds meals, beverages, snacks or desserts as punishment.

Primary Benefit: It is not healthy for a resident to have meals, beverages, snacks or desserts withheld. Doing as such may jeopardize a resident's health.

164b

2600.164(b) - A resident may not be forced to eat food.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator, staff, and/or residents to determine if the home forces residents to eat food.

Primary Benefit: A resident has the right to not eat; this is a matter of dignity and respect. In addition, forcing a resident to eat may cause choking.

164c

2600.164(c) - If a resident refuses to eat or drink continuously during a 24-hour period, the resident's primary care physician and the resident's designated person shall be immediately notified.

Discussion: Written documentation of refusal to eat or drink shall be kept. Notification of the physician and designated person shall be documented. Continued notification of the physician is required until the physician directs a plan of treatment.

Fasting based on religious practices does not require a report to the physician as long as this is documented in the resident's assessment and support plan.

Inspection Procedures: Inspectors will review resident records, as well as interview the administrator, staff, and/or residents to determine if the home notifies the resident's primary care physician and the resident's designated person if a resident refuses to eat or drink continuously during a 24-hour period.

Primary Benefit: It is important for the resident's primary care physician and the resident's designated person to know about the resident's refusal to eat or drink continuously during a 24-hour period so that an alternate plan may be put into place.

164d

2600.164(d) - If a resident has a cognitive impairment that affects the resident's ability to consume adequate amounts of food and water, a staff person shall encourage and remind the resident to eat and drink.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review resident records, as well as interview the administrator, staff, and/or residents to determine if the home notifies the resident's primary care physician and the resident's designated person if a resident refuses to eat or drink continuously during a 24-hour period.

Primary Benefit: It is important that a resident consumes adequate amounts of food and water for proper nutrition. Reminders may encourage the resident to make good choices in terms of his/her health.

TRANSPORTATION

Transportation

171b1

2600.171(b)(1) - If staff persons or volunteers of the home provide transportation for the residents, all vehicle occupants shall be in an appropriate safety restraint at all times the vehicle is in motion.

Discussion: An "appropriate safety restraint" usually means seatbelts, but may include other devices based on the needs of the residents.

Inspection Procedures: Inspectors will interview staff persons who provide transportation to ensure residents are always in an appropriate safety restraint when being transported in a vehicle by a staff person or volunteer. Vehicles present during the inspection that staff persons or volunteers use to transport residents will be inspected by the inspectors to ensure the vehicles have proper safety restraints.

Primary Benefit: Safety restraints prevent serious injuries in accidents.

171b2

2600.171(b)(2) - If staff persons or volunteers of the home provide transportation for the residents, the driver of a vehicle shall be 18 years of age or older and possess a valid driver's license.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the driver's licenses (or copies of licenses) of staff and volunteers who transport residents to ensure they have a valid driver's license and they are at least 18 years of age.

Primary Benefit: Ensures that residents will be transported by a person licensed to do so.

171b3

2600.171(b)(3) - If staff persons or volunteers of the home provide transportation for the residents, the driver of the home vehicle cannot be a resident.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator and staff to determine if residents provide transportation services for the home.

Primary Benefit: The home is responsible for resident health, safety and well-being. This regulation prevents that responsibility from being shifted to a resident.

171b4

2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

Discussion: This requirement does not apply to a driver or transportation staff person hired prior to October 24, 2005.

Inspection Procedures: Inspectors will review documentation of the direct care staff person training in § 2600.65 for staff persons and volunteers who provide transportation services and determine if there is always a staff person trained in the areas required by § 2600.65 present when a resident is transported.

Primary Benefit: Ensures that residents are able to receive ADL assistance from a qualified individual when being transported.

171b5	2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will inspect the vehicles that are used by staff persons and volunteers (if the vehicles are present during the inspection) to ensure a first aid kit with the required contents is available in each vehicle.</p> <p>Primary Benefit: Ensures that essential items for basic emergency medical care are present in case of an emergency.</p>	
171b6	2600.171(b)(6) - If staff persons or volunteers of the home provide transportation for the residents, during vehicle operations the driver may only use a hands-free cellular telephone.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will interview staff and volunteers who provide transportation services to determine if hands-free cellular phones are used.</p> <p>Primary Benefit: Use of hands-free devices minimizes the risk of traffic accidents.</p>	
171b7	2600.171(b)(7) - If staff persons or volunteers of the home provide transportation for the residents, transportation shall include, when necessary, an assistant to the driver who assists the driver to escort residents in and out of the home and provides assistance during the trip.
<p>Discussion: When a home provides transportation for residents, the home is required to provide an assistant to the driver when necessary to ensure the health and safety of residents, based on resident needs as articulated in the resident's assessment and support plan. This assistance may include escorting the resident into and from the medical practitioner's office. Consequently, the home may provide similar assistance to residents who are transported to medical appointments by other public or private means of transportation. (Q/A October 2014-2600.107(b)(7))</p> <p>"When necessary" means if specified in the residents' support plan or to ensure a resident is not left alone when a staff person helps another resident. If such assistance requires assistance with ADLs, the driver's assistant must have the training required by § 2600.65.</p> <p>Inspection Procedures: Inspectors will interview staff and volunteers who provide transportation services to determine if sufficient staff persons are present when transporting residents.</p> <p>Primary Benefit: Ensures that there are sufficient staff persons available during transport to meet residents' needs.</p>	
171c	<p>2600.171(c) - The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:</p> <ol style="list-style-type: none"> (1) Vehicle registration. (2) Valid driver's license for each vehicle operator. (3) Vehicle insurance. (4) Current inspection. (5) Commercial driver's license for vehicle operator if applicable.
<p>Discussion: This requirement applies only to vehicles owned by the home and not to personal vehicles belonging to staff persons or volunteers (in other words, if a staff person occasionally drives a resident in his personal vehicle, such as for an unexpected appointment or if the home's vehicle is unavailable, the home does not need copies of this information). However, if a staff person's vehicle is regularly used to provide transportation services to residents as part of the transportation services offered by the home, this information must be maintained on file.</p>	

Inspection Procedures: Inspectors will review documentation of the registration, operator’s driver’s licenses, insurance, current state inspection and, if applicable, operators’ CDLs for each vehicle used to transport residents.

Primary Benefit: Ensures that the home’s vehicles and vehicles of staff who regularly transport residents are in compliance with Pennsylvania traffic codes.

171d

2600.171(d) - The home shall assist a resident with the coordination of transportation to and from medical appointments, if requested by the resident, or if indicated in the resident’s support plan.

Discussion: This regulation requires homes to assist residents to arrange transportation to medical appointments if the home does not provide transportation services, or if there is a fee to use the home’s transportation service that the resident cannot afford or does not wish to pay for.

Inspection Procedures: Inspectors will interview staff persons and residents to ensure the home assists residents with coordination of transportation to medical appointments if the resident requires assistance.

Primary Benefit: Ensures that residents have access to transportation services, even if such services are not provided by the home.

MEDICATIONS

Self-Administration

181a

2600.181(a) - A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.

Discussion: This regulation requires that homes provide assistance to residents that wish to and are able to self-administer medications. Please see “Medication Administration” in “Regulatory Issues and Frequently-Occurring Situations” for more details on self-administration of medications.

Inspection Procedures: Inspectors will interview staff and residents to determine what assistance is provided by staff to residents who self-administer medications. Inspectors will review resident records for residents who self-administer to determine what assistance is needed and if it is being provided.

Primary Benefit: Provides residents who administer their own medications with basic assistance in medication management to maximize their independence.

181b

2600.181(b) - If assistance includes helping the resident to remember the schedule for taking the medication, the resident shall be reminded of the prescribed schedule.

Discussion: Self-explanatory. Please see “Medication Administration” in “Regulatory Issues and Frequently-Occurring Situations” for more details on self-administration of medications.

Inspection Procedures: Inspectors will interview staff and residents and will review resident records for residents who self-administer to verify that this service is provided if needed.

Primary Benefit: See § 2600.181(a).

181c	2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.
<p>Discussion: Self-explanatory. Please see "Medication Administration" in "Regulatory Issues and Frequently-Occurring Situations" for more details on self-administration of medications.</p> <p>Inspection Procedures: Inspectors will review the resident's medical evaluation results and assessment and support plan to determine if the resident has been assessed as being capable of self-administering medications.</p> <p>Primary Benefit: Ensures that residents who wish to self-administer medications are able to do so safely.</p>	
181d	2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.
<p>Discussion: Self-explanatory. Please see "Medication Administration" in "Regulatory Issues and Frequently-Occurring Situations" for more details on self-administration of medications.</p> <p>Inspection Procedures: Inspectors will inspect the room of a resident who self-administers medications to verify that the medications are safely stored. Inspectors may interview the residents who store their own medications to ensure they keep them locked.</p> <p>Primary Benefit: Permits residents to self-administer medications while minimizing the risk of damage to the medications or misuse of the medications by others.</p>	
181e	2600.181(e) - To be considered capable to self-administer medications, a resident shall: <ul style="list-style-type: none"> (1) Be able to recognize and distinguish his medication. (2) Know how much medication is to be taken. (3) Know when medication is to be taken.
<p>Discussion: Please see "Medication Administration" in "Regulatory Issues and Frequently-Occurring Situations" for details on self-administration of medications.</p> <p>Inspection Procedures: Inspectors will interview residents who self-administer medications to determine if they are able to recognize their medication, know how much medication to take, and know when to take the medication.</p> <p>Primary Benefit: Ensures that residents who wish to self-administer medications are able to do so safely.</p>	
181f	2600.181(f) - The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.
<p>Discussion: This regulation requires that homes keep an updated record of all of the medications that a resident who self-administers his/her medications is currently taking.</p> <p>Inspection Procedures: Inspectors will review the records of residents who self-administer medications to determine if it includes a current list of all of the resident's medications.</p> <p>Primary Benefit: Ensures that staff will be able to provide accurate information regarding a resident's medication in the event that the resident is incapacitated.</p>	

Medication Administration

182a

2600.182(a) - A home may provide medication administration services for a resident who is assessed to need medication administration services in accordance with § 2600.181 (relating to self-administration) and for a resident who chooses not to self-administer medications. If a home does not provide medication administration services, the resident shall be referred to an appropriate assessment agency.

Discussion: This regulation permits homes to administer medications to residents who are unable or unwilling to self-administer medications. Homes are not required to provide medication administration services. Homes may make the ability to self-administer medications a condition for residency in the home's rules (see § 2600.228).

Inspection Procedures: Not applicable; failure to refer a resident to an appropriate assessment agency will be addressed pursuant to § 2600.228.

Primary Benefit: Permits homes to administer medications to residents.

182b

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Discussion: Please see "Medication Administration" in "Regulatory Issues and Frequently-Occurring Situations" for information about who may administer medications. For information on § 2600.182(b)(4), please see § 2600.190(a).

Inspection Procedures: For homes that provide medication administration services, inspectors will review the qualifications of staff persons who administer medications to verify that such staff persons are qualified to do so. Note: A violation of this regulation is to be cited if someone other than the professionals listed administer medications.

Primary Benefit: Ensures that medication will be administered safely and in accordance with best practices by trained professionals.

182c

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

Discussion: Please see "Medication Administration" in "Regulatory Issues and Frequently-Occurring Situations" for more information.

Inspection Procedures: Inspectors will interview staff persons who administer medications and observe medication administration to verify that it is completed as required.

Primary Benefit: Ensures that medication is administered correctly and safely.

Storage and Disposal of Medications and Medical Supplies

183a1

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

Discussion: The original label for prescription medications must be the original pharmacy label (see § 2600.184(a)).

Please see "Medication Administration" in "Regulatory Issues and Frequently-Occurring Situations" for information on removing medication from a container in advance of a scheduled administration time.

Inspection Procedures: Inspectors will inspect the medications to ensure they are kept in the original labeled containers, and that the medications are not removed more than two hours before administration.

Primary Benefit: Reduces the possibility of misplacing medications or administering the wrong medication to a resident.

183a2

2600.183(a)(2) - Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview staff persons who administer medications to determine if insulin injections, epinephrine injections and sterile liquids are administered immediately after removal from the container. Inspectors will inspect the medications to ensure none of the medications listed have been removed from the container and have not been administered.

Primary Benefit: Ensures resident safety by administering the medication immediately and not leaving the medication open to contamination or accidental use by or for another resident.

183b

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the medications and syringes stored by the home and stored by residents to determine if they are kept in an area or container that is locked. Inspectors may interview residents who store their own medications to ensure they keep them locked.

Primary Benefit: Medications and syringes will be safe from contamination, spillage or theft and residents who are unable to self-administer medications will be safe from harming themselves with the medications.

183c

2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect any refrigerated medications to ensure they are kept in a locked refrigerator, a refrigerator that is in a locked room or a locked container inside a refrigerator.

Primary Benefit: Refrigerated medications will be safe from contamination, spillage, theft, or misuse of the medications by residents who cannot self-administer medications.

183d

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Discussion: This regulation requires the disposal of medications that have been discontinued or prescribed for residents who no longer reside in the home.

A home may store medications and/or vaccines intended for staff members of the home on the premises of the home. However, medications and/or vaccines which are only intended for staff members of the home should be stored separately from the residents' medications in a locked area that is inaccessible to residents.

Inspection Procedures: Inspectors will inspect the medications stored by the home to determine if they are still prescribed for administration and administered to residents who still reside in the home.

Primary Benefit: Ensures the home does not keep medications that are for residents no longer living in the home or that have been discontinued.

183e

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Discussion: This does not apply to a resident who self-administers his or her medication and stores his or her medication in his or her room.

Some medications, such as insulin, often have instructions to be stored within a certain temperature range. The home should pay special attention to the medication labels and manufacturer's instructions of medications to ensure they are stored properly.

Inspection Procedures: Inspectors will inspect the medications to determine if they are organized, stored in a clean area and stored in accordance with the manufacturer's instructions.

Primary Benefit: Ensures that medications will be stored in a manner that prevents damage or loss.

183f

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Discussion: "No longer served at the home" means "permanently relocated and no longer living in the home". Acceptable disposal methods include:

- Adding a small amount of water to a solid drug, or some absorbent material such as cat litter, sawdust or flour to liquid drugs to discourage any unintended use of the drug.
- Double seal the container in another container or heavy bag to prevent easy identification of the drug container or to prevent a glass container from breaking.
- Any written disposal instructions by a pharmacist.

For homes that use a medication system which packages all of a resident's medication into a single cassette (rather than multiple blister packs), the home should send the whole cassette of medication back to the pharmacy, where the pharmacy can properly dispose of the discontinued medication and repackage the rest of the current medication for the home. (Q/A December 2015-2600.183(f))

The DEA's Disposal Act amended the Controlled Substances Act to allow ultimate users to deliver unused pharmaceutical controlled substances to appropriate entities for disposal in a safe and effective manner. The goal of the Disposal Act is to encourage public and private entities to develop a variety of methods of collection and

disposal in a secure, convenient, and responsible manner. The Act permits long term care facilities including personal care homes to dispose of a current or former resident's pharmaceutical controlled substances. The Act provides additional options for disposal and does not prohibit any methods currently used by long term care facilities that are consistent with Federal, State, tribal, and local laws and regulations. The DEA's new final rule provides additional options for disposal, such as depositing discontinued or expired medications into an authorized collection receptacle located at the facility. An authorized retail pharmacy or a hospital/clinic with an on-site pharmacy may install, manage and maintain a collection receptacle at a long-term care facility. The DEA's new final rule does not change the medication disposal methods which personal care homes have already been practicing under the 2600 regulations. (Q/A October 2014-2600.183(f))

Inspection Procedures: Inspectors will interview staff to determine if the medications are destroyed in a safe manner. Inspectors may interview staff to determine if medications are given to the resident or designee when the resident permanently leaves the home.

Primary Benefit: Ensures the home properly destroys medications to prevent abuse.

Labeling of Medications

184a

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

Discussion: This regulation applies as follows:

- For bottles – the label must appear on each bottle.
- For blister packs – the label must appear on the blister pack, not on each individual dose.
- For unit dose dispensers – the label must appear on the dispenser, not on each individual dose.
- For insulin pens that have been opened where the manufacturer allows opened pens to be stored at room temperature-the label must have the resident's first and last name, date it was opened, and the staff's initials that opened the insulin pen. If the home has a resealable bag with the label, the home can store the opened insulin pens in the resealable bag. This would not be considered dispensing. (Q/A April 2017-2600.184(a))
- For sample packs of medications – the prescribing physician should include documentation that contains the above information.
- For medication studies – Labels produced by the persons conducting the study that contain the information required by (1), (2), and (4).
- The date required by (3) is no longer recommended by the National Association of Boards of Pharmacy to be documented on the label due to Uniform Prescription Labeling. This date is no longer required.

Inspection Procedures: Inspectors will inspect the prescription medications to determine if each original container is labeled with the resident's name, name of medication, dosage, administration instructions and name and title of prescriber.

Primary Benefit: Reduces the possibility that medication will be administered to the wrong resident or improperly administered.

184b

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Discussion: Self-explanatory.

Homes may keep stock bottles of OTC medications for ad-hoc administration to residents, but homes are responsible for ensuring that residents may take OTC medications without causing allergic reactions or impacting prescription medications prescribed to the resident.

Inspection Procedures: Inspectors will inspect the OTC medications and CAM to determine if they are labeled with the resident's name.

Primary Benefit: It will be clear to the home's staff persons as to whom the OTC medication or CAM belongs.

184c

2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a).

Discussion: For sample medications, separate written instructions by the prescriber must be kept with the sample medications (not necessarily a pharmacy label). Sample medications must be labeled with the medication name (must be the product label) and stored together with the prescriber's written instructions.

Inspection Procedures: Inspectors will inspect the sample prescription medications to determine if they have written instructions kept with them that include the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

Primary Benefit: Ensures that all sample prescription medications will be properly labeled to avoid any confusion as to what the medication is, the dosage, when the medication was prescribed, how to administer the medication or to whom it belongs

Accountability of Medication and Controlled Substances

185a

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Discussion: Medical equipment should be regarded in the same manner as medications, as follows:

- Medical equipment should be stored in a safe and secure manner.
- Staff should be properly trained in the use of medical equipment.
- Medical equipment should be maintained and cleaned as per the manufacturer's instructions.
- Medical equipment should be accessible to the resident at all times, and should only be used by the particular resident that it is recommended for.

Inspection Procedures: Inspectors will review the home's procedures to determine if the home has developed and implemented the required procedures.

Primary Benefit: Reduces the risk that medications and medical equipment will be misplaced, lost, or misused.

185b	<p>2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:</p> <ol style="list-style-type: none"> (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.
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Discussion: "Controlled substances" means any Schedule 2, 3, or 4 medication. The Department recommends that it be part of the home's policy to call the police if there are missing medications and if there is suspicion of theft or other criminal activity. It is also recommended that all controlled substances be double-locked and counted each shift, with the count documented by 2 staff persons and a supervisor.

Inspection Procedures: Inspectors will review the home's procedure to determine if all the requirements of this regulation are included.

Primary Benefit: Reduces the risk that medications and medical equipment will be misplaced, lost, or misused

Prescription Medications

186a	<p>2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.</p>
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Discussion: This regulation requires medications to be prescribed by someone legally permitted to do so. "Prescription orders shall be kept current" means that homes must follow the most current prescription orders for a resident (i.e. dosage changes, changes in administration times, etc).

Inspection Procedures: Inspectors will review the orders for the prescription medications to determine if they are current and if they were prescribed in writing by an authorized prescriber.

Primary Benefit: Ensures that medications are prescribed by a person authorized to do so, and that residents receive medications in accordance with current orders.

186b	<p>2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.</p>
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Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the prescription orders, medications and medication records to ensure residents are only receiving medications prescribed for them.

Primary Benefit: Ensures residents do not receive medications that were not prescribed for them.

186c	<p>2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.</p>
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Discussion: A written order by a prescriber is required to change or stop a medication. A change in a medication may be sent to the home or a pharmacy by a prescriber through a facsimile or an email. This change must be documented on the medication administration record. The restriction relating to accepting oral orders applies only to a prescription medication.

Oral orders by a prescriber may only be received by a registered nurse (RN) or licensed practical nurse (LPN). If a RN or LPN takes an oral order from a prescriber the Department recommends the following:

- The change is immediately documented by the RN/LPN in the medication record.

- The RN/LPN communicates directly with all staff persons responsible for the administration of the medication.
- The RN/LPN follows-up with the physician to receive a written order from the physician within 48 hours.
- A label is placed on the medication reading “New Orders – See MAR” such that the original label is still visible.

Emergency Medication System Machines - It is permissible for homes to use emergency medication system machines. However, these machines are permitted if they are accessible to licensed nurses only. Licensed nurses (RNs or LPNs) must manage the ordering of the emergency doses. Direct care staff should work from a written order provided by the prescriber, or the information written onto the MAR from the nurse taking the verbal order.

Tackle Boxes- Tackle boxes with a lock may not be used as an emergency medication system machine. The use of a tackle box system outside of a hospital setting lacks sufficient safeguards that are built into emergency medication machines. (Q/A October 2017-2600.186(c))

Inspection Procedures: Inspectors will review the prescription orders, medications and medication records to ensure a written order is present as needed for any changes in medication and that the medication administration record (MAR) was updated when the home received written notice of the change.

Primary Benefit: Ensures that changes in medication are made by a person authorized to do so, and that staff have the most current information available to avoid medication errors.

Medication Records

187a

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

Discussion: The medication administration record is commonly referred to as the MAR. Proper MAR use is critical, as it:

- Creates a record of proper medication administration
- Allows physicians and emergency personnel to know when a medication was last administered
- Creates a system to account for medications, especially controlled substances.

What medications must be recorded on the MAR?

- Prescription medications
- OTC medications
- Vitamins
- CAM

What medications are not required to be recorded on the MAR?

- Nutritional supplements
- Special diets

Nutritional supplements and special diets do not need to be recorded on the MAR, but the home must be aware of and provide nutritional supplements and special diets if ordered by a physician.

Remember, homes are responsible for ensuring that residents may take OTC medications without causing allergic reactions or impacting prescription medications prescribed to the resident.

What administration information must be recorded on the MAR? If several pills are packaged together in one blister pack and administered together at the same time, information for each pill in the blister must be listed individually on the MAR; the reason for this relates to residents' right to refuse medications. If a person refuses to take a pill or if one or more of the pills in the blister is not administered, the home must have a means of documenting the refusal.

The administration of a medication by a source outside of the home (such as a monthly scheduled injection in a physician's office or medication administered while visiting family) **should not** be documented on the MAR for the home. Only medication given by staff members of the home are to be documented on the MAR. However, any documentation given to the resident as a result of receiving administration of a medication by a source outside of the home (such as invoices, doctor's notes; etc) should be kept in the resident's record for reference purposes.

Diagnosis must be included because the same medications may be used to treat different conditions.

If there is a specific time of administration listed on the medications record, such as 8:00 AM and 8:00 PM, the actual clock time of each administration is not required to be recorded. The record can simply include staff initials. This means the medication was given within 60 minutes plus or minus the specified time. If the medication record does not list a clock time (such as am, pm, at breakfast, after lunch) the exact time of administration must be recorded.

Other information - Pro re nata (PRN) means on an "as needed" basis.

"Special precautions" include any specific administration instructions such as: causes drowsiness, take with food, do not take with certain types of other drugs, and so on.

The medication record may include the staff person's initials (in lieu of the staff person's full name) if there is a master key showing each staff person's initials, his or her full printed name, and his or her signature/signature stamp, so the individual staff person can be linked to the specific MAR entry.

Electronic Signatures - An electronic signature is permissible, as long as the computer system allows only the appropriate person to sign that a medication was administered to a resident.

Inspection Procedures: Inspectors will review the medication record and the medications kept by the home to ensure all residents who receive medication administration services have a complete MAR that is kept current.

Primary Benefit: The home's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed

187b

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the MAR and interview staff persons to determine if the MAR is documented at the time the medication is administered.

Primary Benefit: Ensures MAR accuracy by minimizing the chances of documentation mistakes if a resident refuses a medication.

187c

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Discussion: It is recommended that the home keep documentation of prescriber notification of residents' refusal to take a medication and the prescriber's response.

Inspection Procedures: Inspectors will review the MARs and documentation of notifying the prescriber of the residents' refusal to take a medication.

Primary Benefit: Ensures resident safety and protects the home if refusal of medication can lead to health complications.

187d

2600.187(d) - The home shall follow the directions of the prescriber.

Discussion: This includes the direction of a prescribed treatment, such as the use of medical equipment or therapy.

Inspection Procedures: Inspectors will review the prescription orders, medications and medication records to ensure directions of the prescriber are followed.

Primary Benefit: Ensures that residents receive medications and treatments as ordered by a physician.

Medication Errors

188b

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Discussion: Medication errors include the following:

- Failure to administer a medication.
- Administration of the wrong medication.
- Administration of the wrong amount of medication.
- Failure to administer a medication at the prescribed time.
- Administration to the wrong resident.
- Administration through the wrong route.

A medication *refusal* is not a medication *error*, but refusals must be reported in accordance with § 2600.187(c). Medication errors must be reported to the Department as well. See § 2600.16.

This applies to medication errors by residents who are self-administering if the medication error is known to the home.

Inspection Procedures: Inspectors will review documentation of the reporting of medication errors in order to determine if they were reported immediately as required.

Primary Benefit: Ensures that medication errors are handled appropriately to avoid resident injury as a result of the error.

188c

2600.188(c) - Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review records for residents affected by medication errors to determine if documentation of the medication error and the prescriber's response are in the record.

Primary Benefit: Protects the home by documenting consultation with a prescriber in response to a medication error.

188d	2600.188(d) - There shall be a system in place to identify and document medication errors and the home's pattern of error.
<p>Discussion: The Department recommends that the home have a written policy addressing this system. The home's written policy can be as simple as describing the system itself and how the home trains the staff to use the system. The home's written policy should describe how the home documents and identifies medication errors, and how they identify patterns of error. Having an established written policy provides a better guideline for following proper procedure and providing sufficient training of all staff working in the home.</p> <p>Inspection Procedures: Inspectors will review the written policy if the home has established one. If not, inspectors will interview staff to determine if the home has an operating system that identifies and documents medication errors and the home's pattern of errors.</p> <p>Primary Benefit: Allows the home to identify and prevent chronic medication errors.</p>	
188e	2600.188(e) - There shall be documentation of the follow-up action that was taken to prevent future medication errors.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will review the home's documentation of any follow-up action taken to prevent medication errors</p> <p>Primary Benefit: Protects the home by documenting steps to prevent medication errors.</p>	
Adverse Reaction	
189a	2600.189(a) - If a resident has a suspected adverse reaction to a medication, the home shall immediately consult a physician or seek emergency medical treatment. The resident's designated person shall be notified, if applicable.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will interview the administrator to determine if any residents have been suspected of experiencing an adverse reaction to a medication. If any residents have been suspected of experiencing an adverse reaction to a medication, inspectors will interview the administrator to determine if a physician was immediately consulted or if emergency medical treatment was immediately sought and if the resident's designated person was notified, if applicable.</p> <p>Primary Benefit: Ensures that residents will receive medical attention in the event of a medication-related emergency.</p>	
189b	2600.189(b) - The home shall document adverse reactions, the prescriber's response and any action taken in the resident's record.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will review the resident's record to determine if documentation of the prescriber's response and documentation of any action taken is present for a resident who has been suspected of experiencing an adverse reaction to a medication.</p> <p>Primary Benefit: Protects the home by creating a record of actions taken in response to an adverse reaction to a medication.</p>	

Medication Administration Training

190a

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Discussion: The Department's approved medications administration course is the Office of Developmental Program's "Train-the-Trainer" course. The course is designed such that once people complete the course offered by the Department, they can train other people to safely administer medications. People who attend the course are taught how to provide initial training and how to complete an "annual practicum".

A person who wishes to attend the Train-the-Trainer course may not attend the course until (s)he has successfully completed a medication administration training by an individual who has completed the Department-approved Train-the-Trainer course. After successful completion of the medication administration course, an individual is then permitted to attend the Train-the-Trainer course. In other words, a person must be trained by a trainer before (s)he can take the Train-the-Trainer course.

Trainers (those that took the Trainer-the-Trainer course) are required to monitor the trained (the people who they train) by observing the trained staff administer medications. The number depends on how much time the person has been giving medications and how much time since the person took the original course. The trainer must also review some MARs using a standard rubric. This also depends on which year post initial training a person is in. This constitutes the annual practicum. Trainers that administer medication as well as provide training are required to do the same thing as the students; this can be done by another trainer or by a practicum observer. Trainers are required to take a recertification class every three years.

In order to meet this requirement, as well as § 2600.190(b), a staff member who passed the medication administration course initially must complete the annual practicum as defined by the course every year. The medication administration course/test does not have to be completed every two years. **If a direct care staff person misses only one quarterly MAR review, the home would document the absence and there would be no need for remediation. (Q/A July 2015-2600.190(a))**

Licensed homes are eligible to send an employee to training. Persons who attend the Trainer-the-Trainer course must be an employee of a personal care home in Pennsylvania.

Individuals who completed the Train-the-Trainer course for the Office of Developmental Programs (formerly the Office of Mental Retardation [OMR]) after fall 2004 are permitted to train personal care home staff if they have completed the new Train-the-Trainer course. Anyone who has completed the Train-the-Trainer course prior to Fall 2004 must take the new course before providing any training.

A non-medically licensed staff person is permitted to administer medications by nebulizer treatment or by insertion of suppositories following successful completion of the medication administration training in § 2600.190, as well as specific training conducted by a local clinician. A local clinician includes:

- A doctor
- An RN,
- An LPN
- A pharmacist who is familiar with the resident's needs.
- A licensed respiratory therapist

Training in the administration of suppositories and nebulizer treatments should be individualized for each resident; however, if the same administration technique is being taught, group training is acceptable.

A direct care staff person who has successfully completed the educational and training requirements as defined in § 2600.190(a) and § 2600.190(b) may administer epinephrine or insulin injections only. This regulation strictly limits direct care staff to being able to administer these 2 kinds of injections only.

A non-medically licensed staff person is permitted to administer liquid narcotics, following successful completion of the medication administration training in § 2600.190. The medication administration training teaches staff how to keep a log with a count of the medications for controlled substances.

A home is not required to have its own trainer. A home may work with other personal care homes or community homes for individuals with intellectual disabilities to secure a qualified trainer. **The trainer must work for a licensed legal entity that uses the training. This includes legal entities licensed under the following regulations: 2380, 2600,**

2800, 3800, 6400, 6600 or Adult Day Living Centers. Independent trainers who do not work for a legal entity licensed under any of the specified regulations may NOT provide this training. (Q/A January 2015-2600.190(a))

Inspection Procedures: Inspectors will review the staff training records to determine if non-medically licensed staff persons who administer medications have complied with the above requirements.

Primary Benefit: Staff persons will be trained in the proper procedures to safely and correctly administer medications to residents.

190b

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Discussion: A Department-approved diabetes education program is one provided by an individual who is a certified diabetes instructor who has been trained by the National Certification Board for Diabetic Educators. The diabetic education program will include training on drawing up and administering insulin.

Certified Diabetes Educators can be found through the following sources:

- The Education Department of local hospitals
- The American Association of Diabetes Educators
- The American Diabetes Association (ADA)
- The Department of Health's local diabetes consultants
- The Joslin Diabetes Center with West Penn Hospital (Western Region Only)

Nurse Practitioners with an Advanced Diabetes Management Certification are also permitted to provide the diabetes patient education program.

Direct care staff must complete the Department-approved medications administration course, as well as successfully complete a Department-approved diabetes education program within the past 12 months, in order to perform blood glucose testing. (Q/A September 2014-2600.190(b))

Inspection Procedures: Inspectors will review the training records for non-medically licensed staff persons who administer insulin injections to determine if they have successfully completed a Department-approved diabetes patient education program within the past 12 months AND the training required by § 2600.190(a).

Primary Benefit: Ensures that staff who administer insulin do so in a safe manner.

190c

2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Discussion: This regulation includes documentation of both § 2600.190(a) and (b).

Inspection Procedures: See § 2600.190(a) and (b).

Primary Benefit: Allows the home to track medication and diabetes training to ensure all staff who administer medications and/or insulin have received the necessary training.

Resident Education

191

2600.191 - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Discussion: This right permits a resident to refuse medications if the resident believes an error as defined at § 2600.188(a) will occur.

“Resident education” means informing the resident of this right upon admission. Documentation of informing the resident of his or her right upon admission satisfies this requirement for documentation.

This resident right should be included in the list of rights provided to and explained to the resident and the resident’s designated person upon admission. See § 2600.41.

The Department recommends that the home include in the resident-home contract the resident’s right to question or refuse a medication if the resident believes there may be a medication error.

Inspection Procedures: Inspectors will review documentation of resident education of their right to question or refuse a medication if (s)he believes there may be a medication error. Inspectors may also interview residents to verify compliance.

Primary Benefit: Protects residents’ right to refuse medications that they believe will be erroneously administered.

SAFE MANAGEMENT TECHNIQUES

Safe Management Techniques

201	2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.
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Discussion: “Positive interventions” are alternatives to punitive actions prohibited by Chapter 2600. If a home chooses to serve residents with dangerous or problematic behaviors, it is strongly recommended that all staff at the home receive training in safe management techniques.

Inspection Procedures: If the home serves residents with dangerous or problematic behaviors, inspectors will interview the administrator and staff at the home to ensure that these behaviors are managed appropriately.

Primary Benefit: Ensures that residents’ behavioral needs are met in the least restrictive way possible.

Prohibitions

202	<p>2600.202 - The following procedures are prohibited:</p> <ol style="list-style-type: none"> (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission). (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident’s body, is prohibited. (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident’s ability to move his arms, legs, head or other body parts freely, is prohibited.
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Discussion: Restraint use is expressly prohibited in personal care homes. The safe management techniques

described in § 2600.201 are alternatives to these practices.

Seclusion includes but is not limited to locking a resident in a room or area of the home such as a closet or basement from which the resident is physically prevented from leaving.

Aversive conditioning includes but is not limited to:

- Misting or squirting a resident with water
- Subjecting the resident to offensive smells
- Subjecting the resident to loud noises
- Withholding a resident's shoes or clothing to prevent elopement.

Pressure point techniques include but are not limited to applying pressure to a resident's limbs or head to cause pain.

Chemical restraints include but are not limited to the deliberate administration, with or without the resident's knowledge, of drugs or chemicals (prescribed or otherwise) to control a resident's behavior. **Medications should not be given without the resident's knowledge if the resident is capacitated. Residents have the right to refuse medication. Refusals shall be reported to the prescribing physician in accordance with § 2600.187(c). (Q/A July 2015-2600.202)**

Medications in gel form, including Ativan, are permitted as long as the resident has a doctor's order and the medication is not used as a chemical restraint to control episodic behavior. A resident should be informed that medication in the form of gel is being administered.

Mechanical restraints include but are not limited to:

- Reclining chairs from which the resident cannot exit independently, **unless prescribed by a physician for maintenance of body posture, or in cases where the resident is capable of readily and independently exiting the chair at will. (Q/A August 2015-2600.202)**
- Lap belts that residents cannot remove independently
- Blankets tucked so that the resident's movement is limited
- Bedrails that prevent a resident from exiting the bed.
- Handcuffs
- Anklets
- Wristlets
- Camisoles
- A helmet with fasteners
- Muffs and mitts with fasteners
- Waist straps
- Head straps
- Papoose boards
- Chest restraints

Manual restraints include but are not limited to:

- Physically blocking a doorway to prevent resident egress
- Holding a resident's hands to prevent movement
- Placing of hands on a resident's shoulders to prevent the resident from standing
- Employing any hold, such as a basket-hold, that restricts resident movement.

The following are not considered to be restraints:

- Secured dementia care units
- Doors used for egress routes from rooms and from the building equipped with electronic card operated systems or other devices which prevent immediate egress of residents from the building, provided that the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority for use of such devices.

"Posy vests" or "lap belts" used to prevent injurious falls, if the fall risk is due to a physical lack of trunk support/core strength, and is considered a medical necessity by a physician. The need for such items must be documented in Section 4 of the Department's Documentation of Medical Evaluation form.

Any device that a resident can operate independently and without assistance (such as a bedrail or reclining chair).

Inspection Procedures: Inspectors will review residents' records, interview staff, and observe residents during the course of the inspection. If prohibitions are identified, inspectors will direct the home to immediately remove the restraint and add additional staff as needed to meet residents' needs. Inspectors may contact the regional office with any questions about restraint use.

Primary Benefit: Protects residents' rights to be free from restraints, treated with dignity and respect, and be served in the least-restrictive setting possible.

SERVICES

Activities Program

221a

2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

Discussion: Activities may be planned and conducted at the home (such as games or music performances), or may be off-site activities (such as shopping trips or sporting events). Since the activity program must promote involvement with other residents, family, and the community, it is recommended that different group activities are incorporated to accommodate residents' likes, dislikes, and interests.

Inspection Procedures: Inspectors will review the content of the weekly activity calendar required by § 2600.221(c) and any other documents relating to the home's activity program. Inspectors will verify that the activities promote each resident's active involvement with other residents, the resident's family, and the community. Inspectors will verify that activities are provided and appropriate by interviewing the administrator and/or activities director and residents.

Primary Benefit: Increased physical and mental activity by the residents will improve overall health of the residents, reduce resident behavior problems, improve the quality of life for residents, and attract new residents to the home.

221b

2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Discussion: Activities should be offered in accordance with § 2600.42(c). Examples of appropriate activities include but are not limited to:

- Gross motor activities, such as dancing, stretching, and other exercise.
- Self-care activities, such as personal hygiene.
- Social activities, such as games, music and holiday and seasonal celebrations.
- Crafts, such as sewing, decorations, and pictures.
- Sensory and memory enhancement activities, such as review of current events, movies, storytelling, picture albums, cooking, pet therapy, and reminiscing.
- Outdoor activities, as weather permits, such as walking, gardening, and field trips.

Inspection Procedures: See § 2600.221(a).

Primary Benefit: Appropriate and diverse activities will be more attractive to residents and will encourage greater participation.

221c

2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Discussion: In order to be "current," the weekly activity calendar must include all activities and be revised if the planned activity changes.

Inspection Procedures: Inspectors will review the content of the weekly activity calendar. If activities are scheduled to occur on the day of the inspection, inspectors will observe the activities to verify that they match the calendar. If no activities are scheduled on the day of the inspection, inspectors will interview staff and residents who participated in the last scheduled activity to verify that it matched the activity calendar.

Primary Benefit: Knowing when activities are offered will help residents decide which activities to participate in and allow them to plan their week accordingly.

Community Social Services

222

2600.222 - Residents shall be encouraged and assisted in the access to and use of social services in the community which may benefit the resident, including a county mental health and mental retardation program, a drug and alcohol program, a senior citizens center, an area agency on aging or a home health care agency.

Discussion: It is recommended that homes be familiar with services offered in the community, both governmental and non-governmental. Homes are encouraged to keep contact information for these agencies on hand and to integrate community services into the residents' assessments (see § 2600.225(a)-(c)) and support plans (see § 2600.227(a)-(d)).

Inspection Procedures: Inspectors will interview the administrator and/or social services director. Inspectors will ask how the home encourages access to and use of community services.

Primary Benefit: Integrating community services with the home's operation can improve the quality of residents' lives and assist the home in meeting residents' needs.

Description of Services

223a

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:
 (1) The scope and general description of the services and activities that the home provides.
 (2) The criteria for admission and discharge.
 (3) Specific services that the home does not provide, but will arrange or coordinate.

Discussion: Compliance with this regulation is critical to ensuring that homes serve only those residents whose needs can be met in the home. Homes must be very careful about admitting residents who have dangerous behaviors, who need extensive medical care, or who have personal care/supervision needs that require additional staffing. Once a resident is admitted to the home, the resident may not be discharged except in accordance with § 2600.228.

"Scope and general description of the services and activities that the home provides" means services the home is able to offer to resident. Remember that the home is obligated to provide these services, so service descriptions should be very specific. **Properly licensed health care professionals who own, operate, or are employed by a personal care home may provide services within their licensed scope of practice to residents of the home. Depending on the type of licensed health care professional employed by the home, these services could include, but are not limited to: nursing assessments; wound care; administration of medications by injection; catheter care; taking physician orders by telephone; and nebulizer treatments. Personal care homes may not require residents to use in-house medical providers. (Q/A October 2014-2600.223(a))**

"Criteria for admission and discharge" means the physical, social, and behavioral needs that the home can and cannot meet. These criteria are among the most important standards a home can develop, as homes who admit residents that cannot be safely served frequently struggle with regulatory compliance.

"Specific services that the home does not provide, but will arrange or coordinate" means that a resident with specific needs may be served in a home, but some of the needs will have to be met by outside sources such as local community services (see § 2600.222).

Inspection Procedures: Inspectors will obtain and review the description of services to ensure that 1) it exists and 2) the three elements required by the regulation are present.

Primary Benefit: A comprehensive, specific Description of Services protects residents from seeking admission to a home that cannot meet their needs, and protects homes from admitting a resident who the home cannot serve safely. It also clarifies exactly what the home will and will not do which limits disputes about the home's responsibilities in the event of discharge or denied admission.

223b

2600.223(b) - The home shall develop written procedures for the delivery and management of services from admission to discharge.

Discussion: At first glance, this regulation appears to be very similar to other procedural requirements in Chapter 2600. What this regulation actually requires is a written process to describe how the home functions. The process is operational, sequential, and specific to the home in question. The good news is that most homes already have a process like this in place - it just is not in writing. To create the procedures, think about what happens from the moment a home assesses a potential resident to the time the resident leaves the home: a preadmission screening is completed, a resident-home contract is signed, resident rights are explained and protected, residents' funds are managed, assessments and support plans are completed, and discharge procedures are performed. "Delivery and management" of these services simply means who will perform each step and when the person will perform it. Make sure that each step in the process is in accordance with applicable regulations.

Inspection Procedures: Inspectors will obtain and review the written procedures. Inspectors will verify that the following items are addressed: preadmission screening completion, resident-home contracts, fund management, assessments, support plans, and discharge procedures.

Primary Benefit: These procedures designate responsibility for specific tasks and specify exactly what those tasks require, ensuring that all of the processes required by regulation are completed and that each staff person is aware of what is expected of him or her.

Preadmission Screening

224a

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Discussion: Prior to admission, an individual preadmission screening must be done for each resident to determine if the home can meet the needs of the resident. This includes safety needs (such as staffing, fire safety) and health needs (such as medication administration). Admission should be based on the program of services provided by the home, as specified in § 2600.223(a).

The preadmission screening may be completed on the day of admission or within 30 days prior to admission. A copy of the prescreening form is available from the personal care home regional office or on the Department's web site.

Please see "The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices" in the "Regulatory Issues and Frequently-Occurring Situations" section.

Inspection Procedures: Inspectors will review resident records to determine if the home is in compliance with the regulation.

Primary Benefit: Ensures that the home can safely meet a resident's needs prior to admission.

224b	2600.224(b) - An applicant whose personal care service needs cannot be met by the home shall be referred to a local appropriate assessment agency.
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Discussion: "Appropriate assessment agency" means an organization serving adults who are older or adults with disabilities, such as a county mental illness/intellectual disability agency, a drug and alcohol agency, an area agency on aging or another human service agency or an individual in an occupation maintaining contact with adults who are older and adults with disabilities, such as medicine, nursing or rehabilitative therapies.

Inspection Procedures: Inspectors will review resident records, as well as interview the administrator, staff, and/or residents to determine if the home is in compliance with the regulation.

Primary Benefit: It is important that a person find a home that can provide the services (s)he needs; if a home cannot meet the personal care service needs required by the person, it is important that (s)he be referred to an agency which can meet the person's needs.

224c	2600.224(c) - The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and mental retardation program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.
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Discussion: "Referral agent" means an agency or individual who arranges for or assists, or both, with placement of a resident into a personal care home.

Inspection Procedures: Inspectors will review resident records to determine if the preadmission screening is completed by the administrator, designee, or a representative of the referral agency.

Primary Benefit: Having the administrator or designee complete the preadmission screening ensures consistency; the administrator and/or designee also are aware of what services the home offers and does not offer.

Initial and Annual Assessment	
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225a	2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.
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Discussion: The Department uses a single document to both assess a resident's needs and develop a plan to meet those needs. This form is known as the Resident Assessment-Support Plan, or RASP. A copy of the RASP is available on the Department's website or by contacting the Operator Support Hotline.

Use of this form is required, unless the home creates a document that captures the same information as the RASP. For more information about RASP use, please review the instructions that accompany the form and see "The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices" in the "Regulatory Issues and Frequently-Occurring Situations" section.

Inspection Procedures: Inspectors will review resident records to determine if the home is in compliance with the regulation.

Primary Benefit: Allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

225c	2600.225(c) - The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.
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Discussion: Self-explanatory. For more information about RASP use, please review the instructions that accompany the form and see “The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices” in the “Regulatory Issues and Frequently-Occurring Situations” section.

Inspection Procedures: Inspectors will review resident records, as well as interview the administrator, staff, and/or residents of the home to determine if the home is in compliance with the regulation.

Primary Benefit: Allows homes to create a comprehensive profile of a resident’s needs and serves as the basis for the plan to meet those needs.

225d	2600.225(d) - If the resident's physician or appropriate assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.
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Discussion: Residents may be discharged prior to the 30-day notice period required by § 2600.228 if needed to secure appropriate placement.

“Appropriate assessment agency” means an organization serving adults who are older or adults with disabilities, such as a county mental illness/intellectual disability agency, a drug and alcohol agency, an area agency on aging or another human service agency or an individual in an occupation maintaining contact with adults who are older and adults with disabilities, such as medicine, nursing or rehabilitative therapies. “Higher level of care” means any location where a resident’s needs can be met.

Inspection Procedures: Inspectors will review resident records, as well as interview the administrator, staff, and/or residents of the home to determine if the home is in compliance with the regulation.

Primary Benefit: It is important that a resident is placed in a setting that has the ability to safely serve the resident’s needs. Generating a plan for placement of the resident in collaboration with the resident or designated person, or both, is highly beneficial to the resident.

Mobility Criteria	
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226a	2600.226(a) - The resident shall be assessed for mobility needs as part of the resident’s assessment.
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Discussion: For more information about mobility needs and RASP use, please review the instructions that accompany the form and see “The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices” in the “Regulatory Issues and Frequently-Occurring Situations” section.

Inspection Procedures: Inspectors will review resident records to determine if the home is in compliance with the regulation.

Primary Benefit: Assessing a resident’s mobility needs benefits both the resident and the home. The resident’s needs including mobility are identified and services can be arranged, as well as the home can accommodate for the resident’s needs by possibly locating the resident’s bedroom in a more accessible location.

226b	2600.226(b) - If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will review the physical site of the home, as well as resident records to determine if the home is in compliance with the regulation.</p> <p>Primary Benefit: Mobility needs impact almost every aspect of a resident's daily life. It is important that the resident's needs are assessed and addressed if the resident has or develops a mobility need.</p>	
226c	2600.226(c) - The administrator shall notify the Department's personal care home regional office within 30 days after a resident with mobility needs is admitted to the home or the date when a resident develops mobility needs.
<p>Discussion: Written notice to the Department is not required; however, the home must maintain a current list of residents with mobility needs in compliance with the definitions in the regulations, for onsite review by the Department at any time or to mail to the Department upon request.</p> <p>Inspection Procedures: Inspectors will review resident records to determine if the home is in compliance with the regulation.</p> <p>Primary Benefit: Ensures that the home is aware of the number of residents with mobility needs in order to staff appropriately.</p>	

Development of the Support Plan

227a	2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.
<p>Discussion: The Department uses a single document to both assess a resident's needs and develop a plan to meet those needs. This form is known as the Resident Assessment-Support Plan, or RASP. A copy of the RASP is available on the Department's website or by contacting the Operator Support Hotline.</p> <p>Use of this form is required, unless the home creates a document that captures the same information as the RASP. For more information about RASP use, please review the instructions that accompany the form and see "The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices" in the "Regulatory Issues and Frequently-Occurring Situations" section.</p> <p>Inspection Procedures: Inspectors will review resident records, as well as interview the administrator, staff, and/or residents of the home to determine if the home is in compliance with the regulation.</p> <p>Primary Benefit: Ensures that each resident's needs are met, and that accountability for meeting those needs is firmly established.</p>	
227c	2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.
<p>Discussion: See § 2600.227(a).</p> <p>Inspection Procedures: Inspectors will review resident records, as well as interview the administrator, staff, and/or residents of the home to determine if the home is in compliance with the regulation.</p>	

Primary Benefit: Ensures that each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established.

227d

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the costs of these medical and behavioral care services.

Discussion: See § 2600.227(a). **Personal care homes must document and provide, or arrange for, personal care services to meet the needs of residents as indicated by the residents' current medical evaluations and assessments. This includes "mental health and other behavioral care services" necessary to meet resident needs. For homes providing secured dementia care, or those serving people with dementia and related conditions in open care settings, this requirement includes the provision of specialized cognitive support services as indicated in the individual's assessment and support plan. (Q/A October 2014-2600.227(d))**

The RASP does not need to be updated each time there is a change in dosage for a new or existing medication. Any changes in dosage for a new or existing medication should be reflected on the resident's Medication Administration Record (MAR). (Q/A August 2015-2600.227(d))

Inspection Procedures: Inspectors will review resident records, as well as interview the administrator, staff, and/or residents of the home to determine if the home is in compliance with the regulation.

Primary Benefit: Ensures that each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established.

227e

2600.227(e) - The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Discussion: See § 2600.227(a).

Inspection Procedures: Inspectors will review resident records, as well as interview the administrator, staff, and/or residents of the home to determine if the home is in compliance with the regulation.

Primary Benefit: Ensures that each resident's needs are met initially as well as when those needs change, and that accountability for meeting those needs is firmly established.

227f

2600.227(f) - A resident may participate in the development and implementation of the support plan. A resident may include a designated person in making decisions about services.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the resident records, as well as interview the administrator, staff, and/or residents of the home to determine if a resident and/or the resident's designated person participated in the development and implementation of his/her support plan.

Primary Benefit: Having a resident and/or designated person participate in the development and implementation of the support plan helps to provide crucial detailed information about the specific resident which can assist the home in developing a specific plan as to how it will meet the needs of the resident identified in the assessment.

227g

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

Discussion: All staff persons (including contractors of the home) who participate in the development of the plan must sign the plan.

Inspection Procedures: Inspectors will review resident records to determine if the home is in compliance with the regulation.

Primary Benefit: Having individuals who participate in the development of the support plan sign and date the support plan provides a record of who participated in the development of the support plan for future reference purposes.

227h

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review resident records to determine if the home is in compliance with the regulation.

Primary Benefit: If a resident and/or designated person participates in the development of the support plan and is unable or chooses not to sign and date the support plan, noting this in the record provides a record of who participated in the development of the support plan for future reference purposes (even though the persons did not sign).

227i

2600.227(i) - The support plan shall be accessible by direct care staff persons at all times.

Discussion: The support plan must be accessible to the direct care staff identified as the "responsible person" on the RASP. For homes using support plans in an electronic format, it is recommended but not required that the home have a copy of the support plan in hard copy format so that staff persons have easy access to the plan.

Inspection Procedures: Inspectors will verify that there is a system in place to grant access to the RASP to the staff persons responsible for carrying it out.

Primary Benefit: Ensures that the staff responsible for meeting a resident's needs is aware of the plan to meet those needs.

227j

2600.227(j) - The home shall give a copy of the support plan to the resident and the resident's designated person upon request.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the resident records, as well as interview the administrator, staff, and/or residents of the home to determine if the home provided a copy of the support plan to the resident and the resident's designated person upon request.

Primary Benefit: Giving a copy of the support plan to the resident and the resident's designated person makes the persons aware of the plan showing how the home will meet the needs of the resident identified in the assessment.

Notice of Termination

228a

2600.228(a) - At the resident's request, the home shall provide assistance in relocating to the resident's own home or to another residence that meets the needs of the resident.

Discussion: It is strongly recommended that homes specify what type of assistance will be provided in both the resident-home contract (see § 2600.25(c)(9)) and in the home's written criteria for admission and discharge (see § 2600.223(a)). In the absence of a written description of the degree of assistance a home will provide, the Department encourages the following, at a minimum:

- Contacting local human services agencies, if applicable
- Identifying and contacting three other personal care homes or other appropriate residential settings of the resident's choosing and inquiring about vacancies for the resident

- Transportation to the prospective homes at no cost to the resident.

Inspection Procedures: Inspectors will obtain and review the home’s written description of what assistance is provided, if one exists. Inspectors will review the record of at least one resident that has requested and received assistance in relocating to verify that the home acted in accordance with its procedures or, in the absence of written procedures, with the requirements above.

Primary Benefit: Providing relocation assistance to a resident helps to ensure that the resident’s needs will be met in a safe and appropriate environment, especially if the resident is unable to advocate for him/herself or incapable of finding a new home.

228b

2600.228(b) - If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident’s designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Discussion: The physician’s certification that a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home must be in writing and must be retained in the resident’s record (see § 2600.228(e) and § 2600.252(21)).

It is recommended that voluntarily closing homes provide the residents with a 60-day advance written notice. See § 2600.228(c).

Inspection Procedures: Inspectors will review a sample of discharged residents’ records to verify that 30-day notices were provided and referenced a reason for discharge permitted by § 2600.228(h).

Primary Benefit: Issuing a 30-day notice allows a resident time to identify and relocate to a new home. It also allows the home sufficient time to render relocation assistance as required by § 2600.228(a). The ability to discharge a resident without a 30-day notice under specific circumstances protects other residents from harm.

228c

2600.228(c) - A home shall give the Department written notice of its intent to close the home, at least 60 days prior to the anticipated date of closing.

Discussion: Notice of intent to close a home should initially be provided by telephone. Homes should contact the regional office in which the home is located, inform the region of their intent to close, and obtain a copy of the Department’s voluntary closure form if desired. Written notice must be provided, either by mail, facsimile, or email.

Inspection Procedures: Inspectors will review the home’s written notice and verify that the scheduled closure date is at least 60 days into the future.

Primary Benefit: The Department is required to offer relocation assistance to the residents of a home that is closing. Advance notice of closure allows the Department to contact local human services agencies and plan for a safe, orderly relocation.

228d	2600.228(d) - A home may not require a resident to leave the home prior to 30 days following the resident's receipt of a written notice from the home regarding the intended closure of the home, except when the Department determines that removal of the resident at an earlier time is necessary for the protection of the health, safety and well-being of the resident.
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Discussion: The Department will determine that a resident must be moved before the 30-day notice period expires only in exceptional circumstances. To request the Department's assistance in determining whether a resident must relocate prior to the expiration of the 30-day notice period, please contact the Operator Support Hotline.

Inspection Procedures: Inspectors will review a sample of discharged residents' records to verify that residents who left the home prior to the expiration of the 30-day notice period did so of their own choosing/agreement or at the determination of the Department

Primary Benefit: Issuing a 30-day notice allows a resident time to identify and relocate to a new home. Requiring a resident to leave the home prior to the expiration of the 30-day period limits the amount of time that residents have to make an informed choice.

228e	2600.228(e) - The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.
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Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review a sample of discharged residents' records and verify that the required information is present.

Primary Benefit: It is occasionally necessary for a home, the Department, another regulatory oversight agency, or law enforcement personnel to locate residents who have been discharged or transferred.

228h	<p>2600.228(h) - The only grounds for discharge or transfer of a resident from a home are for the following conditions:</p> <ol style="list-style-type: none"> (1) If a resident is a danger to himself or others. (2) If the legal entity chooses to voluntarily close the home, or a portion of the home. (3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office. (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home. (5) If the resident has failed to pay after reasonable documented efforts by the home to obtain payment. (6) If closure of the home is initiated by the Department. (7) Documented, repeated violation of the home rules.
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Discussion: Residents may only be discharged for one or more of the reasons listed above. Discharge for any other reason is a regulatory violation, and the home will likely be required to readmit a resident who was discharged on unacceptable grounds.

- (1) If the resident is a danger to him/herself or others such that the home cannot care for him/her for the 30-day notice period, written certification by a physician or the Department that a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home is required in accordance with § 2600.228(b).
- (2) It is recommended that residents receive 60 days' notice in the event of voluntary closure.
- (3) If a resident's functional level has advanced or declined such that the home cannot care for him/her for the 30-day notice period, written certification by a physician or the Department that a delay in discharge or transfer would jeopardize the health, safety, or well-being of the resident or others in the home is required in accordance with § 2600.228(b).
- (4) Self-explanatory.
- (5) "Reasonable documented efforts by the home to obtain payment" means no less than two attempts to obtain payment in full.
- (6) Self-explanatory.
- (7) "Documented, repeated violation" means no less than two documented violations.

Inspection Procedures: Inspectors will review a sample of discharged residents' records to verify that 30-day notices were provided and referenced a reason for discharge permitted by this regulation.

Primary Benefit: Limiting the allowable grounds for discharge protects residents from retaliatory discharge as well as their right to remain in the home (see § 2600.42(u)). Building flexibility into the allowable grounds for discharge allows homes to discharge residents who pose a threat to other residents, whose needs cannot be met by the home, or who do not pay for services.

SECURED DEMENTIA CARE UNITS (SDCU)

Admission

231b

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Discussion: Evaluation results must be documented on the Department's Documentation of Medical Evaluation (DME) form. Secured dementia care is addressed in section 4 of the DME. For information about medical evaluations and DME use, please see § 2600.141(a).

Inspection Procedures: Inspectors will review DMEs to verify that the date recorded in the "Date Resident Evaluated" section of the DME is within the allowable timeframes. If post-evaluation edits were made to the DME, inspectors will verify the credentials of the person who made the edits, that the person who completed the evaluation was contacted, and that the contact was properly documented. If necessary, inspectors will verify with the physician, physician's assistant or certified registered nurse practitioner that the resident received an in-person evaluation on the date recorded.

Primary Benefit: Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

231c

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Discussion: A geriatric assessment team is a group of multidisciplinary specialists in the care of adults who are older that conducts a multi-dimensional evaluation of a resident and assists in developing a support plan by working with the resident's physician, **Certified Registered Nurse Practitioner (CRNP) or physician's assistant** and the designated person and family to coordinate the resident's care. (Q/A July 2018-2600.231(c))

It is recommended but not required that a geriatric assessment team be composed of a medical professional such as a nurse, social worker, physical/occupational therapist, dietician, mental illness professional, and a person trained in gerontology. A geriatric assessment team may be composed entirely of staff from the home. The "cognitive preadmission screening" is included on the Department's Preadmission Screening Form.

Inspection Procedures: Inspectors will review the residents' preadmission screening documents to verify that a cognitive screening has occurred.

Primary Benefit: It is important that a person find a home that can provide the services (s)he needs; completing a written cognitive preadmission screening in collaboration with a physician or a geriatric assessment team prior to admission to the secured dementia care unit helps both the resident and home establish what kinds of services the resident needs.

231e

2600.231(e) - Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Discussion: This may be documented by the home, the resident or the designated person. The documentation is not required to have a signature; the home can document that secure care was recommended in the assessment or preadmission assessment and that there was no objection.

Inspection Procedures: Inspectors will review the home's resident records and, if necessary and possible, conduct interviews with residents and their designated persons.

Primary Benefit: Ensures that residents and their designated persons have chosen a secured care setting.

231f

2600.231(f) - In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Discussion: The need for continuing care in a SCDU may be addressed in the "Behavioral – Cognitive" section of the Department's Resident Assessment and Support Plan.

Inspection Procedures: Inspectors will review the home's resident records to determine if the home is in compliance with the regulation.

Primary Benefit: A person with dementia has rapidly changing mental health and physical health needs. An updated assessment can identify the resident's changing needs, and help the home to become aware of the services which a resident may need as his/her needs change. In rare cases (such as dementia due to head trauma), the resident's condition may have improved such that (s)he can live in a less-restrictive environment.

231g

2600.231(g) - An individual who does not have a primary diagnosis of Alzheimer’s disease or other dementia may reside in the secured dementia care unit if desired by the resident.

- (1) The individual shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to residence or 30 days after residence.
- (2) If the medical evaluation shows that personal care services are needed, the requirements of this chapter apply.
- (3) The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

Discussion: This regulation permits anyone who chooses to live in a SDCU to do so even if they do not have a diagnosis of Alzheimer’s disease or other dementia. A person who does not have a dementia diagnosis who lives in a secured dementia care unit (such as a spouse) must have a medical evaluation with 60 days prior to or 30 days following the admission to the SCDU. If the person is evaluated as not needing PCH services, there is no requirement that this evaluation be done annually.

Medical evaluation results must be documented on the Department’s Documentation of Medical Evaluation (DME) form. A medical evaluation showing no personal care needs will reflect the following information:

- Section 3 – No medical information relating to self-care treatment from others
- Section 4 – No special health needs
- Section 7 – Can self-administer medications - no assistance from others
- Section 8 – No body positioning (“None”)
- Section 9 – Health status and cognitive functioning are “good” or “excellent”
- Section 10 – Resident has no mobility needs

Note: In these cases, the Department will not consider the physician’s signature on the DME as certification that the resident has personal care needs as indicated by the third bullet point in the “Medical Professional Information” section.

If the resident does not need PCH services, none of the regulations apply except for the sections that address all household members (such as toilet and shower ratios). If the resident needs PCH services but not dementia care, then all of the regulations in Chapter 2600 apply except for this section.

Individuals with wandering or other dangerous behaviors due to a non-dementia condition, such as mental illness or intellectual disability, may not be served in a secured dementia care unit for the purposes of controlling such behaviors at any time

Inspection Procedures: Inspectors will inspect the home’s physical site, review the home’s resident records, as well as interview the administrator, staff members, and/or residents of the home to determine if the home is in compliance with the regulation.

Primary Benefit: This regulation ensures that individuals who have a relationship with a person who has a diagnosis of Alzheimer’s disease or other dementia can still reside together in the same unit of the home.

231h

2600.231(h) - The resident-home contract specified in § 2600.25 (relating to resident-home contract) must also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the home’s resident-home contract to determine if a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees is present.

Primary Benefit: Having the resident-home contract contain the above required information helps to ensure that residents are aware of the cost of all specific services, have knowledge of the payment information, as well as the services to be provided for payment. It also helps to ensure that residents are aware of the procedures that will be taken if the home can no longer meet the resident’s level of care needs.

Environmental Protection

232a

2600.232(a) - The home shall provide exercise space, both indoor and outdoor.

Discussion: While homes typically fence and lock these areas to provide security and reduce the need for staffing, no fence is required. Homes which do not have an enclosed SDCU outdoor area must provide for the residents' need for supervision via enhanced staffing while residents are outdoors. (Q/A December 2014-2600.232(a))

Inspection Procedures: Inspectors will review the home's physical site to determine if the home is in compliance with the regulation.

Primary Benefit: Exercise space provided both indoors as well as outdoors help residents to achieve better physical and cognitive health in a secure environment.

232b

2600.232(b) - No more than two residents may occupy a bedroom regardless of its size. A bedroom shall meet the requirements in § 2600.101(a), (b) or (c) (relating to resident bedrooms), as applicable. Section 2600.101(d) does not apply to a secured dementia care unit.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the home's physical site to determine if the home is in compliance with the regulation.

Primary Benefit: Reduces agitation and decreases the chances of injury due to aggressive behaviors in residents with dementia.

232c

2600.232(c) - The home shall provide space for dining, group and individual activities and visits.

Discussion: Since the home is providing specialized care to residents residing in the secured unit, this space must be located within the secure unit and used exclusively by the residents of the secure unit.

The home must provide sufficient space in the activity space for residents to conduct activities; if the home has multiple activity spaces that together accommodate all residents of the secured dementia care unit, this is acceptable.

An outdoor activity space, such as an enclosed courtyard, may be shared by residents of a home's secured dementia care unit, and skilled nursing. However, it is recommended but not required, that personal care home staff accompany residents of the secured dementia care unit into the courtyard to provide supervision and prevent wandering/elopement through the skilled nursing area.

Inspection Procedures: Inspectors will review the home's physical site to determine if the home is in compliance with the regulation.

Primary Benefit: Having space for dining, group and individual activities and visits provides stimulation and socialization that may help to slow physical and cognitive deterioration.

232d

2600.232(d) - The home shall provide a full description of the measures taken to enhance environmental awareness and maximize independence of the residents. The measures to enhance environmental awareness and maximize independence of the residents shall be implemented.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the home's physical site, review resident records, as well as interview the administrator and/or staff to determine if the home is in compliance with the regulation.

Primary Benefit: Resident functioning may improve when the environment minimizes distractions that can frighten or confuse residents, while maximizing environmental factors that promote awareness and independence.

Doors, Locks and Alarms

233a

2600.233(a) - Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Discussion: In order to obtain approval for the use of a device or system that prevents the immediate egress of residents, such as electronic card locks or electromagnetic locks, a home must present the Department with written documentation that the Department of Labor and Industry, the Department of Health or the appropriate local building authority has **inspected and approved** the specific device or system in use by the home. This documentation must specify that the locking system will automatically and immediately release when the fire alarm system is activated. Such inspection and approval must be obtained even if the inspection agency indicates in writing that no such inspection is required under the Pennsylvania Construction Code Act (UCC).

Key-locking devices may not be used on any door that serves as an egress route in a personal care home, even if a variance is obtained. See § 2600.123.

Inspection Procedures: Inspectors will inspect the home's physical site, as well as review the home's records to determine if the home is in compliance with the regulation.

Primary Benefit: Having approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system ensures that the locking system has met the appropriate standards established by those agencies.

233b

2600.233(b) - A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs:
(1) Upon a signal from an activated fire alarm system, heat or smoke detector.
(2) Power failure to the home.
(3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

Discussion: The statement must specifically include all three elements. If a manufacturer is no longer in business, a statement from a lock service company or an architect who has inspected the lock is acceptable in place of the manufacturer's statement.

Inspection Procedures: Inspectors will inspect the home's physical site, as well as review the home's records to determine if the home is in compliance with the regulation.

Primary Benefit: Having a statement from the manufacturer attesting to the information above helps to ensure that the home's locking system will not prevent egress in the event of an emergency.

233c

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Discussion: If a resident who has an identified need to be in a secured unit is able to follow the written directions and obtain immediate egress from the home, the home may disguise the directions in a manner that permits staff persons and visitors to obtain immediate egress in an emergency.

Inspection Procedures: Inspectors will inspect the home's physical site to determine if directions for electronic cards systems or other devices that prevent immediate egress are posted.

Primary Benefit: Posting the directions for the operation of key-locking devices, electronic cards systems or other devices that prevent immediate egress help to ensure that persons in the secured dementia care unit who do not have an identified need to be in a secured unit can exit the secured unit on their own and at will.

233d

2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Discussion: This regulation applies to any doors that open into unsecured areas, such as a parking lot or unenclosed backyard. Homes are reminded that courtyards and other secured outdoor areas may be unsafe at night and during bad weather, and that the home is responsible for providing adequate supervision of residents with dementia when in these areas. However, doors to these areas do not need to be locked with an electronic or magnetic system.

A raised balcony that is off the ground floor and has no means of egress from the balcony is not required to have an electronic or magnetic locking system.

Inspection Procedures: Inspectors will inspect the home's physical site to determine if doors that open onto unenclosed areas such as parking lots, or other potentially unsafe areas, are locked by an electronic or magnetic system.

Primary Benefit: Doors that open onto areas such as parking lots, or other potentially unsafe areas, which are not locked by an electronic or magnetic system can present a dangerous situation to residents who cannot make decisions about their own safety.

233e

2600.233(e) - Fire alarm systems shall be interconnected to the local fire department, when available, or a 24-hour monitoring service approved by the local fire department.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the home's physical site, as well as review the home's records to determine if the home's fire alarm system is interconnected to the local fire department, where available, or a 24-hour monitoring service approved by the local fire department.

Primary Benefit: Fire alarm systems which are interconnected to the local fire department, when available, or a 24-hour monitoring service approved by the local fire department help to ensure that the appropriate authorities are contacted and can quickly respond to an emergency situation.

Resident Care

234a

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Discussion: Please see "The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices" in "Regulatory Issues and Frequently-Occurring Situations" for more information.

Inspection Procedures: Inspectors will review the home's resident records to determine if within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan was developed, implemented and documented in the resident record.

Primary Benefit: Ensures that there is a plan to serve residents with challenging behaviors as soon as possible

234b	2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will review the home's resident records to determine if the support plans identify each resident's physical, medical, social, cognitive and safety needs.</p> <p>Primary Benefit: Ensures that there is a plan to serve residents with challenging behaviors as soon as possible.</p>	
234c	2600.234(c) - The support plan must identify the individual responsible to address the resident's needs.
<p>Discussion: Self-explanatory.</p> <p>Inspection Procedures: Inspectors will review the home's resident records to determine if the support plans identify the individual responsible to address the resident's needs.</p> <p>Primary Benefit: Ensures that there is a plan to serve residents with challenging behaviors as soon as possible.</p>	
234d	2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.
<p>Discussion: Please see "The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices" in "Regulatory Issues and Frequently-Occurring Situations" for more information.</p> <p>Inspection Procedures: Inspectors will review the home's resident records to determine if the support plans are current and have been completed annually or as resident's conditions change.</p> <p>Primary Benefit: A person with dementia has rapidly changing mental health and physical health needs; a current assessment-support plan can help to specify how the home will meet the needs of the resident identified in the assessment. It is critical that the home immediately revise the support plan after a significant change to address life safety issues and/or changing needs.</p>	
234e	2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.
<p>Discussion: Self-explanatory. See § 2600.227(f).</p> <p>Inspection Procedures: Inspectors will review the resident records, as well as interview the administrator, staff, and/or residents of the home to determine if a resident and/or the resident's designated person participated in the development and implementation of his/her support plan.</p> <p>Primary Benefit: Having a resident and/or designated person participate in the development and implementation of the support plan helps to provide crucial detailed information about the specific resident which can assist the home in developing a specific plan as to how it will meet the needs of the resident identified in the assessment.</p>	

Discharge

235

2600.235 - If the home initiates a discharge or transfer of a resident, or the legal entity chooses to close the home, the administrator shall give a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This requirement shall be stipulated in the resident-home contract signed prior to admission to the secured dementia care unit.

Discussion: Self-explanatory. See § 2600.228(b).

Inspection Procedures: Inspectors will review a sample of discharged residents' records and verify that 30-day notices were provided and referenced a reason for discharge permitted by § 2600.228(h).

Primary Benefit: Issuing a 30-day notice allows a resident time to identify and relocate to a new home. It also allows the home sufficient time to render relocation assistance as required by § 2600.228(a). The ability to discharge a resident without a 30-day notice under specific circumstances protects other residents from harm.

Training

236

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Discussion: All 6 additional hours must be structured training related to dementia care and services; the 6 additional hours may not be on the job training.

Inspection Procedures: Inspectors will review staff records to determine if each direct care staff person working in the home's secured dementia care unit obtained 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training in § 2600.65.

Primary Benefit: Having direct care staff members who are specially trained in dementia care and services helps to provide an understanding of the needs of people with dementia and how symptoms might affect them. Staff members are trained to recognize body language, verbal and non-verbal cues to establish the resident's need as well as employ other specialized training in dealing with residents of the secured dementia care unit. This may help persons with dementia show greater improvement in behavior and emotion, as they are interacting with staff members who have been specially trained to deal with their diagnosis.

Program

237a

2600.237(a) - The following types of activities shall be offered at least weekly:

- (1) Gross motor activities, such as dancing, stretching and other exercise.
- (2) Self-care activities, such as personal hygiene.
- (3) Social activities, such as games, music and holiday and seasonal celebrations.
- (4) Crafts, such as sewing, decorations and pictures.
- (5) Sensory and memory enhancement activities, such as review of current events, movies, storytelling, picture albums, cooking, pet therapy and reminiscing.
- (6) Outdoor activities, as weather permits, such as walking, gardening and field trips.

Discussion: Self-explanatory. See § 2600.221(b).

Inspection Procedures: Inspectors will review the content of the weekly activity calendar required by § 2600.221(c) and any other documents relating to the home's activity program. Inspectors will verify that the activities promote each resident's active involvement with other residents, the resident's family and the community. Inspectors will also interview the administrator, staff, and/or residents of the home to determine if the activities provided are appropriate.

Primary Benefit: Increased physical and mental activity by the residents will improve overall health of the residents, reduce resident behavior problems, improve the quality of life for residents, and attract new residents to the home. Appropriate and diverse activities will be more attractive to residents and will encourage greater participation.

237b

2600.237(b) - Resident participation in general activity programming shall:
(1) Be voluntary.
(2) Respect the resident's age and cognitive abilities.
(3) Support the retention of the resident's abilities.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator, staff, and/or residents of the home to determine if the activities provided are appropriate.

Primary Benefit: A resident should be treated with dignity and respect, and not be forced to participate in an activity which is not appropriate for the resident's age and/or cognitive abilities, or an activity which (s)he does not wish to participate.

Staffing

238

2600.238 - Each resident in a secured dementia care unit shall be considered to be a resident with mobility needs under § 2600.57(c) (relating to direct care staffing).

Discussion: For purposes of staffing, all residents in secured dementia care units require staffing in accordance with § 2600.57(c) (at least 2 hours of personal care services for each resident per day). If an assessment indicates no mobility needs, it does not override the application of staffing in accordance with § 2600.57(c) (at least 2 hours of personal care services for each resident per day). See "Staffing Calculations" in "Regulatory Issues and Frequently-Occurring Situations" for more information.

Inspection Procedures: Inspectors will inspect the home's physical site, review the home's resident records, as well as interview the administrator, staff, and/or residents to determine if the home is in compliance with the regulation.

Primary Benefit: Persons in a secured dementia care unit are likely to need additional assistance with ADLs and such. Having residents of a secured dementia care unit receive at least 2 hours of personal care services for each resident per day ensures that staff has the appropriate time needed to assist residents in meeting their established services needed.

Notification to Department

239a

2600.239(a) - The legal entity shall submit a written request to the Department's personal care home regional office at least 60 days prior to the following:

- (1) Opening a secured care dementia unit.
- (2) Adding a secured dementia care unit to an existing home.
- (3) Increasing the maximum capacity in an existing unit.
- (4) Changing the locking system, exit doors or floor plan of an existing unit.

Discussion: The home may not operate the secured care dementia unit unless and until the Department issues a revised license indicating approval to operate the secured care dementia unit and the capacity for the secured unit. The Department's approval of the unit and the capacity of the unit will be indicated on the line on the license labeled "Restrictions". The license expiration date shall be the same as the current license expiration date.

Inspection Procedures: Inspectors will review the home's records to determine if the home is in compliance with the regulation.

Primary Benefit: It is important that the home go through the proper procedure in order to obtain a license to operate a secured dementia care unit. The procedure helps both the home and the Department ensure that the home is able to provide secured dementia care unit services to residents in a manner which is in compliance with the regulations.

RESIDENT RECORDS

Resident Records

251a

2600.251(a) - A separate record shall be kept for each resident.

Discussion: This regulation does not preclude the use of joint contracts between spouses, but each person named in such contracts must have his and her own record containing the contents required by § 2600.252.

Electronic documents are acceptable instead of paper copies if all of the following conditions are met:

- Documents stored are in PDF format or some other permanent storage to prevent alteration of the document.
- Printed copies of electronic records are promptly available to licensing staff.
- Documents that existed originally in paper form are scanned to make an electronic record and the original paper record shall be available for one licensing cycle.
- Electronic database is reasonably secure and accessible by password.

Inspection Procedures: Inspectors will review the home's resident records to determine that there is a separate record kept for each resident.

Primary Benefit: Separate records for each resident ensures that services and care for each resident is resident-specific and easily accessible.

251b

2600.251(b) - The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Discussion: The entries referred to in this regulation include all of the items at § 2600.252, progress or nursing notes, and any other written documentation relating to a resident. "Permanent" means that entries are not erased or covered with correction fluid/tape. A line should be drawn through errors or changes such that the original entry is still legible.

Staff initials are permitted if there is a key that includes the full name, title, and signature of the staff person.

Inspection Procedures: Inspectors will review the home's resident records to determine if all entries made are permanent, legible, dated and signed by the staff person making the entry.

Primary Benefit: Making entries in a resident's record that are permanent, legible, dated, and signed by the staff person making the entry helps to ensure that information stored in the resident record is detailed, accurate, and unaltered.

251c

2600.251(c) - The home shall use standardized forms to record information in the resident's record.

Discussion: The term "standardized forms" refers to any form required by Chapter 2600 that must be contained in a resident's record as required by § 2600.252.

Inspection Procedures: Inspectors will review the home's resident records to determine if the home is using standardized forms to record information.

Primary Benefit: Using standardized forms ensures that the information needed to provide adequate medical care is captured by the home.

251d

2600.251(d) - Separate resident records shall be kept on the premises where the resident lives.

Discussion: This regulation requires that resident records containing the elements required by § 2600.252, progress or nursing notes, and any other written documentation relating to a resident are stored in the home. Other records, such as financial documents or personnel files, may be kept at another location provided the home can provide immediate access to such records (see § 2600.5(a)(1)-(4)).

Inspection Procedures: Inspectors will review the location of the home's resident records to ensure that they are maintained onsite

Primary Benefit: Keeping records at the home allows staff to have immediate access to a resident's record if needed for emergencies or to meet care needs, and allows residents and designated persons to see the record (see § 2600.251(5)).

251e

2600.251(e) - Resident records shall be made available to the resident and the resident's designated person during normal working hours.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator and staff to determine if resident records are made available to the resident and the resident's designated person during normal working hours.

Primary Benefit: Making resident records available to the resident and the resident's designated person during normal working hours ensures that residents and their designated persons can conveniently access the resident's record.

Content of Resident Records

252

- 2600.252 - Each resident's record must include the following information:
- (1) Name, gender, admission date, birth date, and Social Security number.
 - (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
 - (3) A photograph of the resident that is no more than 2 years old.
 - (4) Language or means of communication spoken or used by the resident.
 - (5) The name, address, telephone number, and relationship of a designated person to be contacted in case of an emergency.
 - (6) The name, address, and telephone number of the resident's physician or source of health care.
 - (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
 - (8) A list of prescribed medications, OTC medications and CAM.
 - (9) Dietary restrictions.
 - (10) A record of incident reports for the individual resident.
 - (11) A list of allergies.
 - (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
 - (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment.
 - (14) A support plan.
 - (15) Applicable court order, if any.
 - (16) The resident's medical insurance information.
 - (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
 - (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
 - (19) An inventory of the resident's property entrusted to the administrator for safekeeping.
 - (20) The financial records of residents receiving assistance with financial management.
 - (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination.
 - (22) Copies of transfer and discharge summaries from hospitals, if available.
 - (23) If the resident dies in the home, a copy of the official death certificate.
 - (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
 - (25) A copy of the resident-home contract.
 - (26) A termination notice, if any.

Discussion: Self-explanatory.

Records of incident reports may be maintained in a separate file with the resident's name.

Inspection Procedures: Inspectors will review the home's resident records to determine if the required documentation is present.

Primary Benefit: Having a complete record for each resident gives the home the best possible picture of who the resident is, what the resident's history is, and what services or needs the resident may have.

Record Retention and Disposal

253a

2600.253(a) - The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

Discussion: Resident documentation such as initial preadmission screenings, resident rights notification, resident-home contract, and any referral information should be kept for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved. Annual and less frequently required documentation, such as medication administration records, lab reports, assessments and support plans should be kept for a three-year period. Staff documentation such as educational documentation relating to § 2600.54, direct care staff training course & competency test documentation, medication administration course documentation, criminal background checks, and any referral information should be kept for a minimum of 3 years following the staff person's separation from the home or until any audit or litigation is resolved. (Q/A January 2015-2600.253(a))

Inspection Procedures: Inspectors will review the home's resident records to determine if the home is maintaining resident records for a minimum of three years (or until any audit or litigation is resolved) after a resident is discharged.

Primary Benefit: A resident's record may be requested and/or needed by an individual or organization relating to the resident's discharge, an audit, or litigation.

253b

2600.253(b) - Records shall be destroyed in a manner that protects confidentiality.

Discussion Acceptable destruction methods include but are not limited to shredding and incineration.

Inspection Procedures: Inspectors will interview the administrator and/or staff members as to determine if the home destroys records in a manner that protects confidentiality.

Primary Benefit: Destroying records in a manner that protects confidentiality protects the security and privacy of a resident's health information.

253c

2600.253(c) - The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the home's log of resident records destroyed to verify that the required information is logged.

Primary Benefit: Keeping a log of resident records which have been destroyed assists the home regarding accountability of the home's resident records.

253d

2600.253(d) - Records required under this chapter that are not part of the resident records shall be kept for a minimum of 3 years or until any audit or litigation is resolved.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the home's records to determine if the home is in compliance with the regulation.

Primary Benefit: A record may be requested and/or needed by an individual or organization relating to an audit or litigation.

Record Access and Security

254a

2600.254(a) - Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the location where the resident records are kept to determine if the records are being maintained in a confidential manner, and prevent unauthorized access.

Primary Benefit: Maintaining resident records in a confidential manner while also preventing unauthorized access helps to protect the security and privacy of a resident's health information.

254b

2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the home's record security policy to determine if the policy addresses record accessibility, security, storage, authorized use, and release, and who is responsible for the records.

Primary Benefit: Having a policy established regarding the maintenance of resident records helps to ensure that the record keeping process is efficient and consistent. The policy also establishes who is ultimately responsible for the records.

254c

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Discussion: The home's enclosed area may be a file cabinet that is kept locked.

Inspection Procedures: Inspectors will review the location of the home's resident records to determine if the resident records are secured and are accessible at all times to the appropriate persons as per the regulation.

Primary Benefit: Storing resident records in a secure manner while also providing the resident records to individuals with authorized access helps to protect the security and privacy of a resident's health information, as well as provide necessary information to those persons who oversee the care of a resident.

PART 2:

Regulatory Issues and Frequently Occurring Situations

Important Disclaimer!

Many of the topics addressed in this section refer to other laws enforced by other state and local agencies, such as the Pennsylvania Department of Aging or the Department of Labor and Industry. The guidance provided in this section relates only to whether the Department will cite a regulatory violation. The Department cannot offer guidance on compliance with other laws. If you have a question about compliance with other laws, please contact the appropriate agency.

PART II: TABLE OF CONTENTS

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Abuse and Abuse Reporting

Abuse allegations are very serious and require homes to perform several critical actions.

For the purposes of complying with Chapter 2600, abuse includes:

- The infliction of injury on a resident by staff or other residents
- Unreasonable confinement
- Intimidation or punishment with resulting physical harm
- Deliberately causing pain or mental anguish
- Deprivation by the personal care home or its staff persons of goods or services which are necessary to maintain physical or mental health
- Sexual harassment, rape, or abuse, as defined in 23 Pa.C.C. Chapter 61 (relating to protection from abuse)
- Exploitation by an act or course of conduct, including misrepresentation or failure to obtain informed consent which results in monetary, personal or other benefit, gain of profit for the perpetrator, or monetary or personal loss to the resident
- Neglect of the resident, which results in physical harm, pain or mental anguish
- Abandonment or desertion by the personal care home or its staff persons
- Mistreatment or discipline of any kind
- Any sexual contact, regardless of consent, between a resident and a staff person

It's important to remember that the home must respond to allegations of abuse as though the allegation were true, even if the report seems far-fetched or unlikely. Many homes have been cited for regulatory noncompliance for failure to take appropriate action in response to an abuse report even if the abuse did not occur.

Upon receiving a report of abuse, homes must:

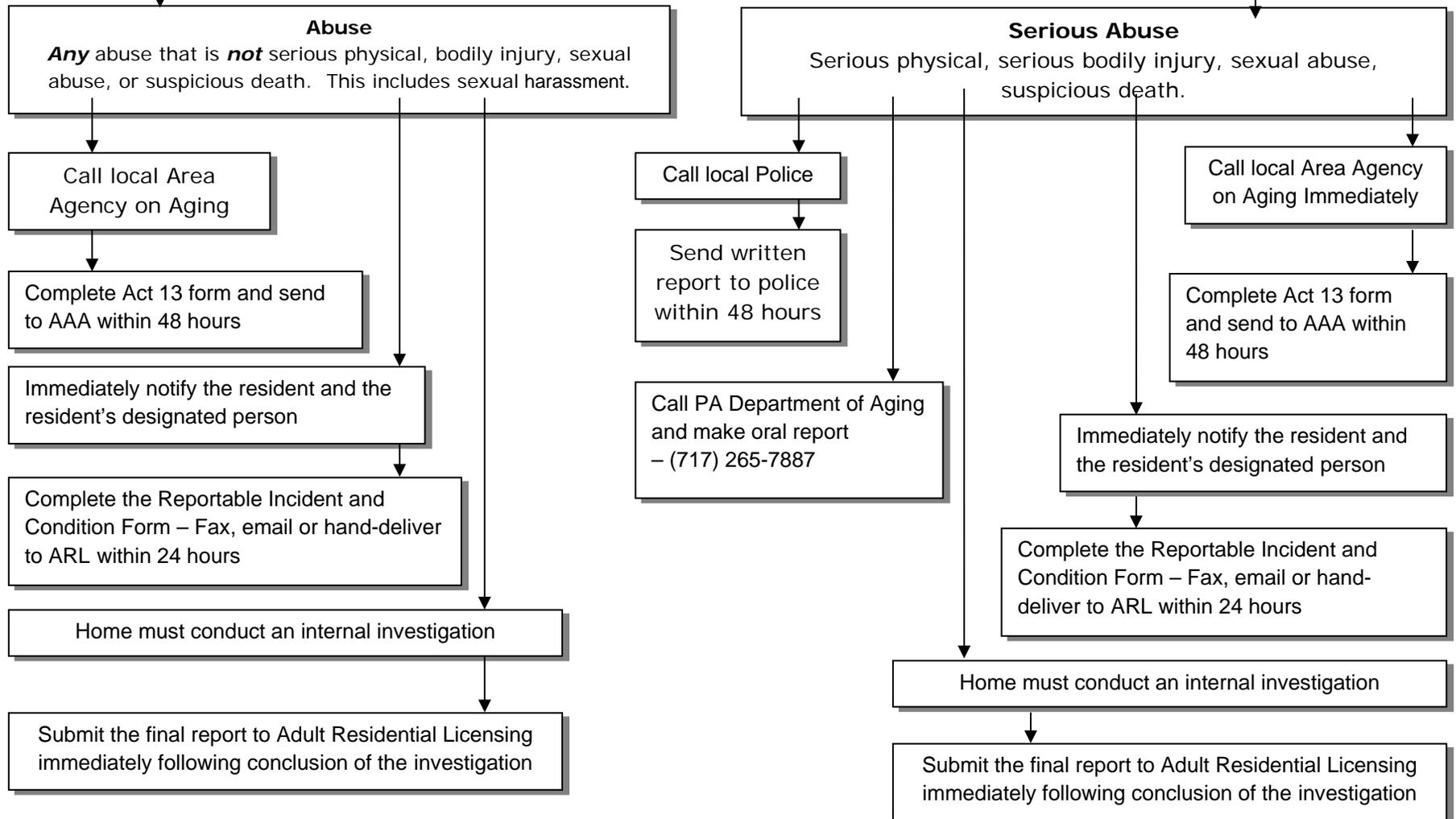
1. Immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.101 – 10225.5102) and 6 Pa. Code Sections 15.21 – 15.27. The "Abuse Reporting Flowchart" on the following page illustrates these requirements.
2. If the report involves a staff person, the home must immediately suspend the staff person involved in the alleged abuse ("Suspend" means restrict access to the home, residents, and records) or place the staff person on a plan of supervision that is developed in conjunction with the Department.
3. Report the abuse allegation to the Department in accordance with § 2600.16, including the plan to supervise or suspend the alleged perpetrator. If the plan is not acceptable, the Department will notify the home.
4. Immediately report the allegation of abuse to the resident and the resident's designated person.
5. Begin an internal investigation of the abuse as required by the procedures at § 2600.41, unless otherwise directed by the Department.

In the event that abuse is reported, the home should send a supervision plan for approval in accordance with 15.156 as well as the home's plan to investigate the situation along with the reportable incident form. If the Department does not approve the supervision plan, the home will be contacted and directed to modify the plan. Upon conclusion of the home's investigation, the home should send a final report that describes the investigation methods and findings. Following review of the final report, the Department will inform the home whether the supervision plan may be lifted.

Suspected Resident Abuse Reporting and Investigation Requirements

Administrators or employees who have reasonable cause to suspect that a resident (*any age*) might be a victim of abuse must comply with the requirements listed below.

If there is an allegation of abuse involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident. The home is required to obtain approval for the plan of supervision from Adult Residential Licensing and the local Area Agency on Aging. The supervision plan or suspension must be in place until both ARL and the home conclude the investigation.



Adult Toileting Chairs

An adult toileting chair, sometimes called a “bedside commode” or (inappropriately) a “potty chair” may be used if it is requested by and in the best interests of the resident. It is recommended that the need for and appropriate use of such toileting chairs be documented by a physician and specified in the resident’s assessment and support plan. If adult toileting chairs are used, they should be emptied and sanitized after each use to maintain sanitary conditions. A toileting chair that contains human waste will be cited as a violation of § 2600.85(a). A Toileting chair used in a single room with a closed door is best to maintain resident privacy, but curtains or dividers in a shared bedroom are appropriate in some cases. Adult toileting chairs may not be counted in the home’s toilet ratio.

Cross-Reference of Applicable Regulations:

§ 2600.85(a) - Sanitation
§ 2600.42(s) – Resident Rights
§ 2600.102(e) - Bathrooms
§ 2600.225-227 – Assessment and Support Plan

Admitting and Serving Residents with Dangerous Behaviors

Before admitting any resident, a home should do as much as possible to determine if the resident has a history of problematic or dangerous behavior.

Examples of problematic or dangerous behaviors include, but are not limited to: criminal conviction for assault or sex offenses, a history of fire-starting or destructive behavior, repeated refusal to follow the home rules in other personal care homes, suicide attempts, or a history of abusive behavior towards other residents.

If a home chooses to provide services to a person with problematic or dangerous behaviors, the home is responsible to provide protection to the resident and all other residents in the home.

The preadmission screening must include the home’s efforts to identify the resident’s behavior. The assessment and support plan must address the at-risk behavior(s) and the plan to provide adequate protection. For example, a person who has certain high risk behaviors may require 1:1 supervision at all times. Methods for meeting the needs depend on the resident’s known behaviors, the vulnerabilities of the rest of the population and the physical set-up of the home. Steps to ensure safety could include regular counseling and treatment for the offender; heavy supervision (such as 1:1); assignment to a single room or a room with very capable, non-vulnerable roommates; assignment to a room near the nurses’ station or staff work areas; special training for staff to anticipate and respond to antecedent behaviors; or other steps specific to the danger. It may be necessary to reflect protection measures for other residents on their support plans as well as the support plan of the resident with dangerous behaviors.

It is recommended but not required, that a home notify all other residents and their designated persons, prior to the admission of a sexually violent predator to provide both knowledge of potential risk and choice of housing to the other residents.

Cross-Reference of Applicable Regulations:

§ 2600.42(b) – Abuse / Neglect	§ 2600.224(a)-(c) – Preadmission Screening
§ 2600.223(a) – Description of Services	§ 2600.225(a)-(d) – Assessment
§ 2600.223(b) – Admission/Discharge Procedures	§ 2600.227(a)-(d) – Support plan

Bed Rails: Usage in Personal Care Homes

Bed rails are devices that are positioned on a bed to assist individuals who may need additional support. **The potential benefits of using bed rails include:**

- Aiding in turning and repositioning within the bed
- Aiding individuals to help pull themselves up while in bed
- Providing a hand-hold for getting into or out of bed
- Providing a feeling of comfort and security
- Reducing the risk of individuals falling out of bed, and
- Providing easy access to bed controls and personal care items.

However, full and half-length bedrails have caused numerous deaths and injuries in personal care homes. **The potential risks of bed rails include:**

- Strangulation
- Suffocation
- More serious fall-related injuries if a resident "climbs" the rail
- Increased agitation and anxiety, when used or perceived as a restraint.

The Department strongly recommends that bedrails not be used at any time for any purpose whatsoever; there are many alternative means to provide the same benefits as bedrails with minimal risk, including:

- Beds that can be raised or lowered to the floor
- Position-wedges (specialized pillows for bed-positioning)
- Alternative assistive devices, such as enablers, grip handles, transfer handles, trapeze bars and halo safety rings.

There is no regulation that expressly prohibits bedrail use in personal care homes, but there are many regulations that could be violated by improper bedrail use. For example:

1. § 2600.25(a), 42(i), 142(a)-(d), et al –Department will carefully review the cognitive functioning, ability to make decisions, and ability to understand the consequences of decisions of each resident whose bed is equipped with a bedrail. If any resident is unable to understand the potential dangers of a bedrail or the need for the bedrail's use, it may be a violation of these or other regulations.
2. § 2600.42(p)– If a rail restricts the resident's movement when in bed, or it prevents the resident from getting in and out of bed in other ways, the rail could be a restraint. If a bedrail is observed during an inspection, the Department will verify that it is not used as a restraint by interviewing staff, reviewing the resident's record, and observing the resident demonstrate the ability to use the device.
3. § 2600.141(a)(10) - Since the bedrail will be used in direct response to a specific need, the Department will closely examine the medical evaluation records of each resident whose bed is equipped with a rail to verify that a physician recommends bedrail use.
4. § 2600.225-227 – Since the bedrail will be used in direct response to a specific need, the Department will closely examine the assessment-support plan of each resident whose bed is equipped with a rail to verify that the need for the rail and a plan to protect the resident from the potential dangers of the rail is properly addressed.

Homes must be aware that even careful bedrail use can lead to death or serious injury. If a licensing representative observes a bedrail in use at a home, the representative will:

1. Carefully review (and, if necessary, make copies of) the resident's medical evaluation, preadmission screening, and assessment-support plan.
2. Interview the resident and the direct care staff who serve the resident about bedrail use.
3. Request that the resident demonstrate use of the rail.
4. Ask the resident if (s)he was made aware of alternatives to the rail, and if (s)he consents to the rail's use.

The licensing representative will consider the collected data *in total* and determine whether use of the bedrail constitutes a violation of any regulation. Note that this process is not unique to bedrails – it is the same process a regulator uses for *any* potential hazard identified during the course of an inspection not specifically addressed by regulation.

In the event that a resident is injured or killed as a result of bedrail use, the Department will refer the matter to law enforcement in addition to conducting its own investigation of possible regulatory violations.

Bed Rails: Usage in Personal Care Homes continued

In summary, when considering bedrail use, homes should ask:

- Is this the only way to meet the resident's needs?
- Is this the best way to meet the resident's needs?
- Have we considered alternatives?
- Does the physician agree to the rail's use?
- Does the resident's assessment-support plan adequately address the rail's use?
- Does the resident understand and consent to the rail's use?
- Have we explored the worst possible consequences of bedrail use, and are we prepared to accept them?

Certificates of Occupancy and Maximum Capacity

Many personal care home stakeholders are familiar with the term “certificate of occupancy,” but few are acquainted with the history, meaning, and application of the term to personal care homes. This narrative provides an overview of certificates of occupancy and maximum capacity in personal care homes.

A certificate of occupancy is a document verifying that a building is in compliance with building codes and other laws and is safe for human occupation. The certificate of occupancy includes a code that describes how the building was constructed. A building’s construction determines what the building may be used for. For example, restaurants, movie theaters, and shops are usually rated as “assembly” type construction, meaning that people can assemble there but not live there. Prisons and nursing facilities are rated as “institutional” type construction, because the occupants are unable to leave the premises due to infirmity or incarceration.

Each personal care home must have a certificate of occupancy (note: Chapter 2600 uses the term “fire safety approval” instead of “certificate of occupancy,” but for licensing purposes the terms are equivalent). Because personal care homes by definition provide services for a period exceeding 24 hours - in other words, because people sleep in them – and because the residents are able to come and go from the homes, the homes’ occupancy types must be “residential.”

The current set of building code regulations in Pennsylvania is the Uniform Construction Code, or UCC. The UCC adopts the standards set forth in the International Building Code, or IBC. The IBC is a set of building codes meant to improve consistent, safe building standards throughout the world. The UCC has been in effect since 2004. Prior to 2004, personal care homes were issued fire safety approvals through regulations adopted under the Fire and Panic Act of 1927. Many personal care homes hold certificates of occupancy issued under the Fire and Panic Act. Note that, under this act, Pennsylvania’s class 1 cities (Philadelphia, Scranton, and Pittsburgh) produced and followed different versions of the occupancy codes set forth in the regulations, and as such may have codes that apply only in those cities.

On rare occasions, personal care homes are housed in buildings built before 1927. These buildings are known as “pre-code.” Information about the occupancy types of these buildings must be obtained from the local building authority and must be addressed on a case-by-case basis.

Acceptable “residential” certificates of occupancy for buildings constructed after 2004 include:

I-2	R-3	I-1	R-4
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Acceptable “residential” certificates of occupancy for buildings constructed between 1927 and 2004 include:

C-1	C-3	SPCH	If home is located in Philadelphia, Scranton, and Pittsburgh – contact the Department’s Operator Support Hotline or the Department’s Regional Office
C-2	LPCH	C2/LP	

For buildings constructed before 1927: contact the Department’s Operator Support Hotline or the Department’s Regional Office.

Maximum Capacity - Each personal care home’s maximum capacity (also known as licensed capacity) is listed on the home’s license to operate. The maximum capacity is determined by home’s square footage, showers, sinks, toilets, and the administrator’s level of formal education. Occasionally, the home’s certificate of occupancy will dictate the maximum number of persons who can be served in the home based on the building’s construction; for example, homes classified as R-4 may not serve more than 16 persons, and homes classified as SPCH may not serve more than 8 persons. “Maximum capacity” and “Certificate of Occupancy capacity” are not the same things! The former is determined by the Department by compliance with licensing measurements, the latter is determined by the building authority based on the home’s construction. Since both are legal limitations on the number of persons who may be served, homes must always consider the lower of the two capacities the total number of residents who may be served in the home.

Regulatory Requirements that Exceed Building Codes - Homes occasionally believe that they are exempt from certain regulatory requirements (such as the construction of a second exit from a floor above grade level or labeling a door with an “exit” sign) because such requirements are not needed under state or local building codes. However, the Department is permitted by law to promulgate and enforce regulations that exceed building codes (see 35 P.S. § 7210.104(d)(4)). Regulations of this type are not meant to be burdensome, but rather to ensure that individuals residing in a group setting are protected.

When a New Certificate of Occupancy is Required – A new UCC approval is required for structural, electrical, mechanical and plumbing changes, as well as for changes relating to fire safety.

According to § 403.42 of the UCC, plumbing changes that do not require a new Occupancy Permit include: stopping leaks in a drain and a water, soil, waste or vent pipe, clearing stoppages or repairing leaks in pipes, valves or fixtures, and the removal and installation of water closets, faucets and lavatories if the valves or pipes are not replaced or rearranged. The UCC does apply and a new Certificate of Occupancy is required if a concealed trap, drainpipe, water, soil, waste or vent pipe becomes defective and is removed and replaced with new material.

According to § 403.42 of the UCC, electrical changes that do not require a new Certificate of Occupancy include: minor repair and maintenance work that includes the replacement of lamps or the connection of approved portable electrical equipment to approved permanently installed receptacles, electrical equipment used for radio and television transmissions, and the installation of a temporary system for the testing or servicing of electrical equipment or apparatus. The UCC does apply and a new Certificate of Occupancy is required for new equipment/wiring for power supply and the installation of towers and antennas.

Ordinary repairs do not require new Certificates of Occupancy. The following are examples of ordinary repairs, and do not require a new Certificate of Occupancy:

- Fences that are not over 6 feet high.
- Retaining walls (that are not over 4 feet in height measured from the lowest level of grade to the top of the wall, unless it is supporting a surcharge or impounding Class I, II, or III-A liquids).
- Water tanks (supported directly upon grade if the capacity does not exceed 5,000 gallons and the ratio of height to diameter or width does not exceed 2 to 1).
- Sidewalks and driveways not more than 30 inches above grade that are not located over a basement or story below it and which are not part of an accessible route.
- Painting, papering, tiling, carpeting, cabinets, countertops and similar finishing work.
- Window replacement without structural change.

The following are not ordinary repairs, and do require a new Certificate of Occupancy:

- Cutting away a wall, partition, or portion of a wall.
- The removal or cutting of any structural beam or load-bearing support.
- The removal or change of any means of egress, or rearrangement of parts of a structure affecting the egress requirements, including the direction of a door swing.
- The addition to, alteration of, replacement, or relocation of any standpipe, water supply, sewer drainage, drain leader, gas, soil, waste, vent or similar piping, electric wiring or mechanical.

If a home has a question regarding whether they need a new Certificate of Occupancy and it is a unique situation that is not described above, the facility should contact its local building code authority or the Department of Labor and Industry for guidance.

Clean Indoor Air Act

Effective September 11, 2008, the Clean Indoor Air Act went into effect in Pennsylvania. Under the Clean Indoor Air Act, a person may not smoke in a public place. A personal care home is considered a "public place" under the law. However, smoking is permissible if a person smokes in a separate enclosed room, or designated smoking area.

The Clean Indoor Air Act requires public places, including personal care homes, to post signs where smoking is regulated by this act. "Smoking" or "No Smoking" signs or the international "No Smoking" symbol shall be posted in each personal care home. The home should display a sign at each entrance to the home specifying whether the home allows smoking or not. If the home does not allow smoking, the home's sign should state, "This is a No Smoking Facility." If the home allows smoking in designated smoking areas, the home's sign should state, "Smoking is Permitted in Designated Smoking Areas Only." A "Smoking Permitted" sign shall be prominently posted at every entrance where a designated smoking area has been established.

If the building is a multi-purpose building (such as a building that has independent living or skilled nursing as well as a personal care home), signs must be posted at each entrance to the personal care home part of the building. The home should display a sign at each entrance to the personal care home specifying whether the home allows smoking or not. If the home does not allow smoking, the home's sign should read, "This is a No Smoking Facility." If the home allows smoking in designated smoking areas, the home's sign should state, "Smoking is Permitted in Designated Smoking Areas Only." A "Smoking Permitted" sign shall be prominently posted at every entrance where a designated smoking area has been established.

Independent apartments which are intermingled with personal care home apartments are also subject to the indoor smoking ban, as the building is being used to provide food or health care-related services. Independent residents smoking without fire safety precautions pose a significant risk to the personal care home residents living in the same building. Unregulated smoking creates a fire hazard for anyone living in the building is not permitted under our regulations.

Homes are not required to post "Smoking Permitted" signs at outdoor designated smoking areas (such as gazebos or picnic tables; etc.). The Clean Indoor Air Act addresses signage that is required to be posted at the entrance(s) to the home and indoor designated smoking areas (such as enclosed smoking rooms). For instance, if the home's designated smoking area is an enclosed smoking room inside the facility, then the home would be required by the Act to post a "Smoking Permitted" sign at the entrance to the indoor designated smoking area. The Clean Indoor Air Act does not address outdoor spaces.

It is a violation of the Clean Indoor Air Act to fail to post a smoking sign, permit smoking in a public place where smoking is prohibited, or smoke in a public place where smoking is prohibited. Violations of the Clean Indoor Air Act are reported to Pennsylvania's Department of Health, and shall be subject to a financial penalty by the Department of Health.

Cross-Reference of Applicable Regulations:

- § 2600.18 – Applicable Health and Safety Laws
- § 2600.25 – Resident-Home Contract/Home Rules
- § 2600.144 – Use of Tobacco

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA)

The Older Adult Protective Services Act (OAPSA) was passed in 1987 to protect Pennsylvanians age 60 and older who may lack the capacity to protect themselves and who are at imminent risk of abandonment, abuse, exploitation, or neglect. In 1996, an amendment to OAPSA was passed requiring a criminal history check for all employees and administrators of a facility. Facilities are defined by the Act to include: Domiciliary Care Homes, Home Health Care Agencies, Long Term Care Nursing Facilities, Adult Daily Living Centers, and Personal Care Homes. Additionally, § 2600.51 - 52 require criminal history checks and hiring policies in accordance with OAPSA (35 P.S. § 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).

What kind of Criminal Background Check does OAPSA require? All employees, including administrators, hired after July 1, 1998 require a Pennsylvania State Police Criminal Background Check ("PSP check") in accordance with 6 Pa.Code Chapter 15. PSP checks must be completed on the Pennsylvania State Police Request for Criminal Background Check form (SPF-164) or done through the Pennsylvania State Police's "E-Patch" online system.

Employees who do not currently reside in Pennsylvania or who have not held permanent residency in Pennsylvania for the two consecutive years prior to beginning employment also need a report of federal criminal history record information from the Federal Bureau of Investigation ("FBI check"). "Permanent residency" means the person's address and primary residence was in the Commonwealth of Pennsylvania. For example, a college student who attends school in California but does not change his/her residency to that state would not need an FBI check, but a college student who attends school in California and becomes a resident of that state would need an FBI check. FBI checks are obtained through the Pennsylvania Department of Aging.

Who Needs a Criminal Background Check?

All employees hired after July 1, 1998, including:

- Administrators and operators who have direct contact with residents
- An owner/operator (including a board member or partner) who has even occasional, direct, unsupervised contact with residents
- Direct care staff
- Ancillary staff (such as housekeeping or kitchen staff)
- A contracted employee (such as an individual hired to perform construction work, cable installation, or grounds keeping services) who has any type of direct contact with a resident OR unsupervised access to residents personal living quarters without direct oversight by other employed staff
- Staff who receive compensation other than money (such as room and board)
- Residents who perform work on behalf of the home
- Employees of a home health care agency or a hospice agency assigned by the agency to provide care in a personal care home (with qualifications - see "Outside Agencies" below)

Persons who do not need criminal background checks include:

- Employees of the home on July 1, 1998, who were employed by the home for a continuous period of at least 1 year prior to July 1, 1998.
- Employees who have obtained the necessary checks at one home who then transfer to another home that is established or supervised, or both, by the same operator.
- Employees who are employed by a new home solely through a transfer of ownership of that home.
- An owner/operator (including a board member or partner) who is never on-site at the home
- A contracted employee who has no direct contact with residents or unsupervised access to the residents' personal living quarters.
- Volunteers
- Private caregivers hired by a resident or resident's family that are not employed by a hospice or home health agency
- Family members
- Residents

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA) continued

Prohibitive Offenses - OAPSA specifies a list of crimes and types/grades of those crimes that would prohibit an applicant from being hired at the home. These crimes are called "prohibitive offenses." Employees convicted of such crimes are called "prohibitive hires" and may not be employed in a personal care home after July 1, 1998. Remember, in Pennsylvania, "convicted" means "sentenced." An employee who is charged with a prohibitive offense is not a prohibitive hire until convicted of the crime. A list of OAPSA-prohibitive offenses appears at the end of this document.

1. **The "Nixon Decision"** - On December 30, 2003, the Supreme Court of Pennsylvania ruled in *Nixon v. Commonwealth*, 839 A.2d 277 (Pa. 2003), that the criminal background check provisions in OAPSA are unconstitutional in regard to some applicants for employment. The Pennsylvania Department of Aging has issued guidance to facilities covered by OAPSA. According to the policy, homes are to: Obtain a PSP check and/or FBI check showing the prohibitive offense. Determine the date of the conviction and release from incarceration, if any. If the prohibitive offense occurred less than five years ago, the employee may not be hired. If the prohibitive offense occurred more than five years ago, continue to #2.
2. Interview the applicant and obtain information from the applicant about the circumstances surrounding the prohibitive offense.
3. Obtain evidence of the applicant's minimum five-year aggregate work history in care-dependent human services, without incident, from either the date of conviction or release from incarceration, whichever is later. Evidence must include third-party documentation, such as pay stubs or W-2 forms.
4. Contact any/all past employers of the applicant and obtain written verification of incident-free employment and to conduct a character reference check.
5. Retain the above information in a confidential file available for review by the Department at any time.

The Hiring Process - When hiring a new employee, the home must determine if the applicant has held permanent residency in a state other than Pennsylvania within the past two years and request the appropriate criminal background checks from the Pennsylvania State Police and FBI on or before the first day of work.

Criminal background checks obtained within 1 year prior to the date of hire are acceptable.

If desired, a home may employ a person on a provisional basis pending receipt of the criminal background checks. Employees may be provisionally retained for 30 days pending receipt of a PSP check, and for 90 days pending receipt of an FBI check. The 30 or 90-day clock starts on the applicant's employment date, defined as the first day of work according to the home's payroll record. The following requirements must be met for all provisionally-hired employees:

- The applicant shall have applied for a criminal history report and provided the home with a copy of the completed request forms.
- The home shall have no knowledge about the applicant that would disqualify the applicant from employment.
- The applicant shall swear or affirm in writing that the applicant is not disqualified from employment under the act.
- The provisionally employed applicant shall receive an orientation which provides information on policies, procedures and laws that address standards of proper care and recognition and reporting of abuse or neglect, or both, of recipients. This may be the training required by § 2600.65(b).
- The home shall regularly supervise the applicant carrying out assigned duties. The results of the observations shall be documented in the employee's personnel file.

The criminal background checks will almost always be returned within the 30- or 90-day periods. If criminal history checks are delayed due to the inability of state police or FBI to provide a timely response, the home should contact the Department's Operator Support Hotline.

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA) continued

Interpreting Check Results - There are five possible background check results. Each result requires a different action:

1. No Record – The employee has no criminal record and may be hired.
2. Record Attached (no prohibitive offenses) – The employee has a criminal record, but does not have prohibitive offenses. The employee may be hired.
3. Record Attached (with prohibitive offenses) – The employee has a criminal record with one or more convictions for prohibitive offenses. The employee may not be hired unless the provisions of the Nixon decision can be applied.
4. "Disposition under Review" or "Disposition Unreported" – The employee has a criminal record, but the charges, the type/grade and/or outcome of the charges are not listed.
 - If the charges are listed and one or more of them are prohibitive offences regardless of grade or type, the employee may not be hired unless the provisions of the Nixon decision can be applied.
 - If the charges are listed and none of the charges are prohibitive, the employee may be hired.
 - If the charges are listed and the offenses may be prohibitive depending on the type/grade, the employee may complete the remainder of the provisional hiring period until evidence showing the type/grade is obtained. If the information is not obtained at the end of the 30- or 90-day periods, the employee must be suspended or terminated.
 - If the charges are not listed, the employee may complete the remainder of the provisional hiring period until evidence showing the type/grade is obtained. If the information is not obtained at the end of the 30- or 90-day periods, the employee must be suspended or terminated.
 - Information about missing charges or types/grades of offenses can be obtained from the municipality in which the person was charged.

"Adjudicated Delinquent" – If a Pennsylvania criminal background check shows that an individual was "adjudicated delinquent" as a juvenile, this does NOT count as a conviction for purposes of the Older Adults Protective Services Act (OAPSA) criminal background check rules. (Q/A May 2015-2600.51/52)

Homes should contact the Department's regional office or the Operator Support Hotline with questions about interpreting a criminal background check.

Outside Agencies - § 2600.52 requires that hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations. 6 Pa.Code Chapter 15 requires the following: § 15.142. Employee requirements.

(b) Employees at facilities that supply, arrange for, or refer their employees to provide care in other facilities shall provide a criminal history report to the facility that supplies, arranges for, or refers them and to the facility at which they provide care. The exemptions of this section are applicable to these employees. (Example: Employees of a home health care staffing agency assigned by the agency to provide care in a long-term care nursing facility must provide a criminal history report to the staffing agency and to the long-term care nursing facility.) The staffing agency shall be responsible for notifying the employee of criminal history report requirements.

§ 15.143 Facility Responsibilities

(e) Facilities shall maintain employment records which include copies of completed request forms for criminal history reports, State Police criminal history records and Department letters of determination regarding Federal criminal history records.

These regulations require:

- That employees **working in a paid capacity** that were hired by the outside agency after July 1, 1998 **in a PCH that have unsupervised access to residents** of a contract agency **must have a criminal background check completed and kept on file with the PCH. Such employees include:**
- **Home health care agencies**
- **Hospice agencies**
- **Any service provider who is not employed by a federal, state, or local agency**

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA) continued

Homes are not required to obtain these checks from the Pennsylvania State Police or FBI – that is the responsibility of the employing agency. Homes are required pursuant to 6 Pa.Code Ch. 15 to obtain a copy of the check and make it available for review by Department staff. It is recommended that homes establish a policy wherein all outside agency staff are required to present a copy of their criminal history background checks on their first day of providing services in the home.

Employee Conviction During Employment - If a personal care home employee is convicted of an OAPSA prohibited offense while employed and is separated from employment (that is, because the employee is serving time in a correctional facility), the home is under no obligation to hire the employee again upon his or her release. Even if a home desired to hire a person convicted of a prohibitive offense, a new check would need to be completed upon the employee's requested return to the home. The check will then indicate an OAPSA prohibited offense, and the employee may not be rehired.

If a personal care home employee is convicted of an OAPSA prohibited offense while employed and is not separated from employment (does not serve time in a correctional facility), the home is not required by OAPSA to terminate the person's employment.

Additionally, pursuant to conditions for license denial, nonrenewal or revocation under 55 Pa.Code Ch. 20.71(b)(1)-(2), the Department may deny, refuse to renew or revoke a certificate compliance if a legal entity, owner, operator or staff person has:

- Been convicted of a felony.
- Been convicted of a crime involving child abuse, child neglect, moral turpitude or physical violence.

For questions, homes may contact the Department's Operator Support Hotline.

Frequently Asked Questions Raised by Personal Care Homes:

Q: Where should the staff records containing criminal history checks be kept? Should these be available to the Department during inspections? May a legal entity keep the staff records at their main office?

A: Staff records may be kept at a central legal entity location (not necessarily at the home); records must however be readily available to ARL staff upon inspection. ARL staff are not required to travel to the main office or another location to review the files; the administrator will need to transport records to the home upon any inspection by ARL (including unannounced). If there is a great distance between the home and the main office, duplicate records are recommended, but not required.

Q: Must the PCH ask all applicants to verify or sign an affidavit as to whether they lived outside of Pennsylvania within the past two years?

A: According to 6 Pa.Code § 15.141(b), a facility may require an applicant to furnish proof of residency by requesting any of the following documents: a valid driver's license, housing records, utility records, tax records, and employment records. However, it is up to each PCH if they wish to require this of applicants or not. The home should have a policy established regarding applicants and the hiring process.

Q: If the owner's parents who reside in the PCH (but are not considered residents) have nurse aides, physical therapists, and occupational therapists who provide services to them in the home, is a copy of these providers' criminal background checks needed?

A: A contracted employee (e.g. nurses aids, physical therapists, and occupational therapists) is only exempt if (s)he has NO direct contact with the residents at all, AND NO unsupervised access to residents' personal living quarters. If a contracted employee (e.g. nurses aids, physical therapists, and occupational therapists) has any type of direct contact with a resident OR unsupervised access to residents personal living quarters without direct oversight by other employed staff, background checks are required for the contract staff. This includes incidental, occasional contact as well. Therefore, in the above case, if the aide/therapist might have access to any resident without the physical presence of a staff person, then a copy of the background checks must be kept by the PCH.

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA) continued

Prohibitive Offenses in OAPSA

Crime Code	Description of Prohibitive Offense	Type/Grade
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5903C	Obscene or Other Sexual Materials to Minors	Any
CC5903D	Obscene or Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any
CC3901	Theft	One (1) felony OR two (2) misdemeanors within the 3900 series (CC3901-CC3934) Examples: One felony conviction for CC3901 = PROHIBITED OFFENSE Two misdemeanor convictions for CC3921 = PROHIBITED OFFENSE One misdemeanor conviction for CC3924 in 1999 AND one misdemeanor conviction for CC3931 in 2004 = PROHIBITED OFFENSE One misdemeanor conviction for CC3932 = NOT A PROHIBITED OFFENSE
CC3921	Theft By Unlawful Taking	
CC3922	Theft By Deception	
CC3923	Theft By Extortion	
CC3924	Theft By Property Lost	
CC3925	Receiving Stolen Property	
CC3926	Theft of Services	
CC3927	Theft By Failure to Deposit	
CC3928	Unauthorized Use of a Motor Vehicle	
CC3929	Retail Theft	
CC3929.1	Library Theft	
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	
CC3929.3	Organized Retail Theft	
CC3930	Theft of Trade Secrets	
CC3931	Theft of Unpublished Dramas or Musicals	
CC3932	Theft of Leased Properties	
CC3933	Unlawful Use of a Computer	
CC3934	Theft From a Motor Vehicle	

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA) continued**Prohibitive Offenses in OAPSA**

Crime Code	Description of Prohibitive Offence	Type/Grade
CC5902B	Promoting Prostitution	Felony
CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35 (i), (ii), (iii)	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
CS13Axx*	Any other CS13A-- conviction appearing on a PA rap sheet	Felony

Cross-Reference of Applicable Regulations:

§ 2600.51, 52 – Criminal History Checks

Educational Requirements

Chapter 2600 specifies minimum educational requirements as a condition of employment in a personal care home. The table below shows the acceptable types of formal education for each position.

Formal Education	Position					
	Volunteer who Does Not Provide Assistance with Activities of Daily Living (ADLs)	Ancillary Staff Person	Volunteer who Does Provide Assistance with Activities of Daily Living (ADLs)	Direct-Care Staff Person	Administrator, Home with Eight or Fewer Residents	Administrator, Home with Nine or More Residents
No Formal Education	Yes	Yes	No	No	No	No
Non-U.S. Secondary School Education	Yes	Yes	Waiver Required	Waiver Required	Waiver Required	No
Non-U.S. Secondary School Education, enrolled in U.S. college, university or technical school	Yes	Yes	Yes	Yes	Yes	No
Non-U.S. Secondary School Education, but has assessment documentation*	Yes	Yes	Waiver Required*	Waiver Required*	Waiver Required*	No
Commonwealth Secondary School Diploma (GED)	Yes	Yes	Yes	Yes	Yes, with 2 years' experience	No
High School Diploma, U.S.	Yes	Yes	Yes	Yes	Yes, with 2 years' experience	No
High School Diploma, U.S. Territory	Yes	Yes	Yes	Yes	Yes, with 2 years' experience	No
60 or More College Credits/Credit Hours	Yes	Yes	Yes	Yes	Yes	Yes
Associate's Degree	Yes	Yes	Yes	Yes	Yes	Yes
Bachelors, Masters, or PhD	Yes	Yes	Yes	Yes	Yes	Yes
Non-U.S. College Credits or Degree	Yes	Yes	Yes*	Yes*	Yes*	Yes*
PA Registered Nurse (RN) License	Yes	Yes	Yes	Yes	Yes	Yes
PA Licensed Practical Nurse (LPN) License	Yes	Yes	Yes	Yes	Yes	Yes, with 1 years' experience

Formal Education	Position					
	Volunteer who Does Not Provide Assistance with Activities of Daily Living (ADLs)	Ancillary Staff Person	Volunteer who Does Provide Assistance with Activities of Daily Living (ADLs)	Direct-Care Staff Person	Administrator, Home with Eight or Fewer Residents	Administrator, Home with Nine or More Residents
PA Nursing Home Administrator's (NHA) License	Yes	Yes	Yes	Yes	Yes	Yes

*Provided that a reputable equivalency or accreditation assessment agency, such as World Education Services (WES), has verified educational credentials.

Educational Requirements continued

Documentation of Formal Education - The table below shows the types of documentation the Department will accept for each type of education.

Formal Education	Acceptable Documentation
No Formal Education	Not applicable
Non-U.S. Secondary School Education	Waiver Required – see “Non-U.S. Education” below
Commonwealth Secondary School Diploma (GED)	<ul style="list-style-type: none"> • Diploma issued by the Pennsylvania Department of Education OR Department of Education in other state OR • Home-school diploma, if issued by a diploma-granting organization authorized by the Pennsylvania Department of Education OR Department of Education in other state OR • A signed, written and notarized affidavit from the individual attesting to receipt of a high school or secondary school diploma OR • A copy of a diploma or license that requires a secondary school education as a prerequisite (such as an associate’s degree or registered nurse’s license) OR • Transcripts from a school verifying successful high school graduation
High School Diploma, U.S.	
High School Diploma, U.S. Territory	
60 or More College Credits/Credit Hours	An official transcript from an accredited U.S. college or university listing 60 or more completed college credits in any field. For a college or university to be considered “accredited” it must be recognized by the U.S. Department of Education
Associate’s Degree	Diploma issued by an accredited U.S. college or university For a college or university to be considered “accredited” it must be recognized by the US Department of Education
Bachelors, Masters, or Ph.D.	
Non-U.S. College Credits or Degree	Waiver Required – see “Non-U.S. Education” below
Registered Nurse (RN) License	Current license issued by the Pennsylvania Department of State
Licensed Practical Nurse (LPN) License	
Nursing Home Administrator’s (NHA) License	

Educational Requirements continued

Work Experience - An individual's resume or curriculum vitae will serve as documentation of "work experience."

High School Diplomas Issued On-Line or Via Correspondence – Diplomas of this type will be accepted if the home can demonstrate that they are accepted or certified by the United States Department of Education or the Pennsylvania Department of Education.

Non-U.S. Education - Diplomas from non-U.S. educational institutions will be considered through the waiver process (see § 2600.19). Waiver submissions must include documentation that the non-U.S. educational program is equivalent to or exceeds U.S. educational requirements; for a non-U.S. educational program to qualify, it must include math and English at a minimum. Documentation in a language other than English must be translated by certified translation service prior to submission to the Department.

Provisional Hiring - A staff person who requires secondary education and who was educated in the United States may be provisionally hired for 30 days in order to allow time to locate documentation of formal education. A staff person with a non-U.S. education may not provide assistance with ADLs unless and until the Department issues a waiver as described above.

Egress: Obstructions, Locks, and Courtyards Not Located in a Secured Dementia Care Unit.

Obstructed Egress - "Egress" means "a way to exit the building," and "Obstructed Egress" simply means, "blocked exits or exit routes." It is important to keep exits unblocked so people can evacuate in an emergency situation. An obstructed egress route can be as obvious as chained, padlocked exit doors or as subtle as furniture or other objects that would create a "choke point" if multiple residents were attempting to escape at the same time. If a door appears to be an exit it must be unlocked and unblocked. If a door is not being used as an exit, it must not appear as an exit. This will be assessed on a case-by-case basis. The best way to determine if a door appears to be an exit is to ask yourself if you would run towards it if the building was on fire; if the answer is yes, then it appears to be an exit.

The use of the exit must be consistent; a home cannot use it as an exit sometimes and then close it off at other times. To do otherwise would be confusing to staff and residents in the event of an emergency.

Homes may lock a door to protect the residents from unauthorized entrance from the outside of the home, as long as the door is not locked while exiting from inside the home. In other words, the door can be locked to keep people out, but not to keep people in.

Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced, or lost.

Inside and outside locks on resident bedroom doors may be used if the lock does not impede egress.

Locks/Devices that do not impede egress

- Locks that prevent people from entering the home but do not prevent people from leaving (such as security locks that prevent unauthorized access to the home from the outside).
- A keypad lock, if the code is clearly posted and if all residents can use the code to open the door without staff assistance.
- Alarms or other signaling devices that alert staff persons that there has been a breach in the exit path or door.
- Inside locks on resident bedroom doors, as long as they can be easily opened by the resident from inside the bedroom without the use of a key or other separate device such as a card. No inside lock is permitted if an emergency exit used by other residents is located in the bedroom.
- Outside locks on resident bedroom doors, as long as they can be easily opened by the resident from inside the bedroom without the use of a key or other separate device such as a card, AND the home has a "master key" to unlock all resident bedroom doors in the event of an emergency (i.e., a resident is in the room with the door locked, but is unconscious or incapacitated).
- A manual deadbolt, if all the residents and all the staff persons are able to unlock the deadbolt.

Locks/Devices that impede egress

- Key-locking devices, including key-operated deadbolts
- Locking devices requiring a card to be swiped

Delayed Locking Devices - A delayed locking device is one that opens after a time-delay of any length. The most common devices of this type are those that require pressure on a "panic bar" for 15-20 seconds. Use of these doors are permitted if:

1. There is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the system (to ensure compliance with § 2600.18 and § 2600.121(b)).
2. There is a statement specific to the home from the manufacturer, lock service company or an architect who has inspected the lock verifying that the electronic or magnetic locking system will shut down and that all doors will open easily and immediately when there is a signal from an activated fire alarm system, heat or smoke detector, and/or power failure to the home (to ensure compliance with § 2600.132(d)).
3. The doors are not used in a home or portion of a home that provides specialized care and services for residents with Alzheimer's disease or other dementia that is not licensed as a SDCU.
4. To ensure that all residents can use these doors during an emergency to evacuate safely, the following lighting and marking requirements apply when delayed locking device on doors have been approved and are in place:

• A readily visible, durable sign in letters not less than 1 in. (25 mm) high and not less than 1/8 in. (3.2 mm) in stroke width on a contrasting background that reads as follows shall be located on the door leaf adjacent to the

release device in the direction of egress: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS. (or similar notice with accurate number of seconds)

• Presence of sufficient lighting at all times for the marking to be easily seen and read. (Tied in with Q/A October 2017-2600.87)

External gates in courtyards or patio areas may not be locked unless:

1. All doors leading to the courtyard from the home are clearly marked "Not an Exit," unless the courtyard is designated as a fire-safe area in accordance with § 2600.132(d).
2. The gate itself is disguised or clearly marked "Not an Exit."
3. The courtyard is never used as an egress path during fire drills.
4. All residents who access the courtyard are able to understand and obey "Not an Exit" signs.

All doors leading to a courtyard that do not have a means of egress to a public thoroughfare (such as internal courtyards and external courtyards without a gate) must be clearly marked "Not an Exit", unless the courtyard has been designated in writing as a fire safe area within the past year by a fire safety expert.

Electronic Record Keeping

Many human services facilities and agencies licensed by the Department of Human Services maintain electronic records for the operation and management of their settings. Facilities and agencies frequently maintain hard-copy versions of documents for no purpose other than achieving compliance with the Commonwealth's licensing regulations. The Bureau of Human Services Licensing (BHSL) seeks to relieve operators of human services facilities and agencies who use electronic recordkeeping systems of the administrative burden associated with duplicative recordkeeping. This narrative establishes BHSL's expectations for the maintenance of electronic records by the facilities and agencies licensed pursuant to the following chapters of regulations:

- Chapter 2380 (adult training facilities)
- Chapter 2390 (vocational facilities)
- Chapter 2600 (personal care homes)
- Chapter 2800 (assisted living residences)
- Chapter 3800 (child residential services)
- Chapter 6400 (community homes for people with intellectual disabilities)
- Chapter 6500 (family living homes)

Procedures for Electronic Recordkeeping

Electronic recordkeeping is permissible if all of the following conditions are met:

1. The electronic record is immediately accessible to BHSL licensing staff in electronic or paper format.
2. The electronic format conforms to the requirements of applicable federal and state laws, including but not limited to Electronic Transactions Act (73 P.S. § 2260.304).
3. The medium used to produce the electronic records is able to produce paper copies of records if requested by BHSL or any other oversight agency.
4. The medium used maintains a record of any deletion, change or manipulation of a document and that shows the original and altered versions, dates of creation and the creator.

Use of Electronic Signatures

Electronic signatures may be used in lieu of pen-and-ink signatures on any document required by regulation to be signed by the licensed setting, the consumer receiving services from the setting, or any other individual who may or must sign the document.

Program Office Requirements

This narrative sets BHSL's expectations only. Facilities and agencies are responsible for understanding and applying any additional requirements established by federal, state, or local human services programs. BHSL is not responsible for any sanctions imposed by such programs if the facility or agency does not meet the program's requirements.

Financial Management

A home may choose to provide assistance with financial management. Specification of whether or not the home provides assistance with financial management should be in the home's Description of Services (see § 2600.223). If assistance with financial management is offered by the home, each resident will have the choice to manage his or her own personal finances or to have the home provide assistance, unless the resident has a guardian or is cognitively unable to manage his or her own finances. A home is not required to offer assistance with financial management.

If a home chooses to assist residents with financial management it is important that the service be provided accurately and according to the regulations to ensure the proper use of the resident's funds.

Financial management is defined in § 2600.4 as follows:

- (i) A personal care service provided whenever the administrator serves as representative payee or as a guardian or power of attorney assigned prior to December 21, 1988, for a resident, or when a resident requests and receives assistance in budgeting and spending of the personal needs allowance. (Note – § 2600.20(b)(7) prohibits the home from being power of attorney or guardian of a resident or a resident's estate.)
- (ii) The term does not include solely storing funds in a safe place as a convenience for a resident.

Each of the following constitutes assistance with financial management:

- An employee of the home is the resident's representative payee. The home is the resident's representative payee if the home receives, cashes/deposits, and distributes the monthly SSI checks including the resident's spending allowance, all at once or over time.
- The home holds funds for a resident, excluding merely storing funds for the resident for convenience.
- Assisting the resident with budgeting and/or spending his or her funds.

If the home assists the resident with any of the above, then § 2600.20(b)(1) through (10) apply, and the home must:

- Keep a record of financial transactions with the resident including the dates, amounts of deposits, amounts of withdrawals and the current balance. This includes deposits and withdrawals of any amount and purchases made by the provider on behalf of the resident. Receipts must be kept for the purchases. A model record of financial transactions is available on the Department's website.
- Disburse the funds within 24 hours of the resident request, during normal business hours.
- Obtain a written receipt from the resident for cash disbursements at the time of disbursement. The resident should initial or sign a completed receipt including the name of the resident, the amount of the disbursement and the date of the disbursement. A model cash disbursement record is available on the Department's website.
- Use the resident's funds and property only for the resident's benefit.
- Keep resident funds separate from home funds
- Offer assistance in opening an interest-bearing account to a resident if the home has been holding more than \$200.00 for more than 2 months for the resident.
- Abstain from being assigned power of attorney or guardianship of a resident or a resident's estate unless the staff person is a mother, father, stepparent, child, stepchild, sibling, or grandchild of a resident.
- Give the resident and designated person an itemized account of financial transactions made on the resident's behalf on a quarterly basis, a copy of which must be kept in the resident's record. A model quarterly financial summary is available on the Department's website.
- Provide the resident the opportunity to review his or her financial record upon request during normal business hours.
- Specify in the resident's contract the financial arrangements if assistance with financial management is provided. This means the home must list any fees associated with providing this service in the contract as per 25(c)2 and (11).
- Specify in the resident's assessment and support plan all needs associated with assistance with financial management and how they will be met by the home.

Cross-Reference of Applicable Regulations:

§ 2600.20(a) – Resident's choice to manage personal finances	§ 2600.223(a) – Description of Services
§ 2600.20(b)(1)-(10) – Financial management	§ 2600.225(a)-(d) – Assessment
§ 2600.25(c) – Contract requirements	§ 2600.227(a)-(d) – Support plan

Fire Drills and Evacuation

Conducting fire drills in personal care homes is very important. If drills are not practiced regularly and accurately, injuries and fatalities may result if an actual fire occurs. There are four key points to remember about fire drills:

1. It's very important that residents and staff treat every alarm as if it was a real fire, because it *may well be real*. Assuming that an alarm is sounding because of a drill or malfunction can be a deadly mistake. It is for this reason that fire drills must be unannounced. If people know in advance that a drill will be held, they will:
 - Be prepared to take action, when in a real fire they would not be ready to act.
 - Evacuate more slowly than they would in the event of a real fire
 - Be tempted to ignore the alarm, which they would certainly not do in a real fire.
2. It is critical that homes know the maximum amount of time that staff and residents have to evacuate. Each home will have a different maximum evacuation time based on its design, construction, staffing, and operation.
 - Some homes are constructed to be extremely fireproof – they have special walls and ceilings and fire suppression systems. Fire will spread quickly in other homes because of how the home is designed.
 - Some homes have many staff that can help residents evacuate, while others have few staff on duty on certain shifts.
 - If residents do not evacuate within the maximum evacuation time, they could be injured or killed in a real fire.
 - Neither personal care home operators nor agents of the Department are qualified to determine the maximum evacuation time (in fact, homes are prohibited from doing so by regulation). For this reason, a fire-safety expert must establish the maximum evacuation time.
3. A fire can start at any time of the day or night. As a result, homes must know that staff and residents can evacuate under the worst possible conditions. While it may seem unkind to conduct fire drills during inclement weather or in the middle of the night, practicing under such conditions is the best test of a home's ability to safely evacuate residents – and offers the peace of mind that comes with knowing that the home has taken every possible step to protect residents' lives.
4. No two fires are alike. Fires can start in bedrooms, attics, kitchens, basements, or outside the home. When practicing evacuation during fire drills, homes must vary the location of the fire and the exit routes used to ensure that staff and residents are prepared to respond to different fire scenarios.

Scheduling the Drill - In order to be "unannounced," fire drills must be held without any notice to the residents or to staff persons, other than the staff person responsible for setting off the alarm/detector and recording the results and the administrator. The Department recommends that the administrator develop a schedule of monthly drills for the training year to help ensure the drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Only the person(s) responsible for setting off the alarm/detector and recording the results should be informed of the drill; the drill is no longer "unannounced" if staff responsible for evacuating residents know that a drill will occur or is occurring. **A fire drill is considered to be unannounced if a staff member who sets off the alarm also participates in the drill, or if an administrator calls an employee at an unpredictable time and instructs them to set off the fire alarm and evacuate residents. (Q/A April 2016-2600.132(a))** If the home is equipped with an alarm that is connected to the local fire department or 24-hour monitoring service, remember to put the system on "test" or otherwise inform first responders that a drill will be held.

Conducting the Drill / Evacuation - Simply put, a drill is conducted by placing a "simulated fire" somewhere in the home, sounding the alarm, and evacuating residents. However, the way residents evacuate depends on the maximum evacuation time, the location of the simulated fire, and whether fire-safe areas exist in the home. Remember that all residents must participate in each fire drill, meaning that all residents must respond to the alarm and evacuate outside the building or to the nearest fire safe area within the maximum evacuation time.

The different types of evacuation processes are described below:

1. Complete External Evacuation – There are no fire-safe areas in the home. All residents evacuate outside of the building to a designated meeting place during each drill.
2. Partial External Evacuation – There are some fire-safe areas in the home, but not enough to accommodate all residents. Some residents evacuate outside of the building to a designated meeting place during each drill, and some evacuate to fire-safe areas.
3. Complete Internal Evacuation – There are fire-safe areas in the home sufficient to accommodate all residents.

All residents evacuate to fire-safe areas during each drill, although evacuation outside is possible.

During partial or complete internal evacuations, some residents may already be in fire-safe areas. For example, if a single-story home has three wings, and each wing is a fire-safe area, staff and residents in the two wings where the “simulated fire” is not occurring are already in fire-safe areas. However, this does not mean that the staff and residents in these areas do not need to take action. Staff should immediately assure that the fire safe area is sealed/secured (all doors closed) and then alert residents to be awake and ready to evacuate from the fire safe area if necessary should the fire spread or should fire officials recommend evacuation. This must include residents moving to the designated meeting place within the fire safe area (see § 2600.132(h)).

Homes occasionally inquire about “shelter in place” evacuations, which in the context of personal care homes mean allowing residents to remain in their bedrooms during fire drills or actual fires. While there is nothing in the regulations that expressly forbids this practice, the regulatory requirement that all residents participate in a fire drill make such a practice operationally impractical (if not impossible). To begin with, a fire-safety expert would need to designate the entire building and all bedrooms as fire-safe areas, which few fire-safety experts are willing to do. Secondly, in the event of an emergency that necessitated evacuation of the building, there would be no way to communicate to residents to leave their rooms and evacuate the building. Thirdly, accounting for each resident by name during a drill or actual emergency is critical to ensure complete participation; while a staff person could check each room to ensure that residents are present and prepared to evacuate, it is improbable that such a check could be completed in the maximum evacuation time specified by a fire-safety expert. Finally, § 2600.132(h) requires that all residents evacuate to a designated meeting place “within each fire-safe area” during each drill, indicating the regulatory intent for residents to congregate in a single place– which is impossible if each resident is in his/her own room. However, the Department will evaluate all evacuation plans on a case-by-case basis, and will accept any evacuation plan that complies with all applicable regulations.

Timing the Drill - The fire drill time begins when the alarm is sounded, and ends when the last resident enters the fire safe area(s) or exits the outside door. The best way to record this is by using two stopwatches, as follows:

1. When the alarm sounds, start both stopwatches.
2. When you believe that all residents have exited the building or arrived in a fire-safe area, stop one of the stopwatches.
3. Check the home to ensure that all residents have evacuated. If you discover that one or more residents have not evacuated, assist the resident(s) out of the building or to a fire-safe area. Once all of the residents have been evacuated, stop the second stopwatch.

If when checking the home you discover that all residents have evacuated, the time recorded by the first stopwatch is the official fire drill time. If, on the other hand, you discover that one or more residents did not evacuate, the time recorded by the second stopwatch is the official fire drill time. In the latter case, it is recommended that both times be recorded on the fire drill log (see § 2600.132(c)) to demonstrate that most residents were able to evacuate in time, since the scope of the problem is related to developing an acceptable plan of correction.

Recording Drill Data - § 2600.132(c) requires that specific information about fire drills be recorded, as follows:

- Date. This means the month, day and year in which the fire drill was conducted.
- Time. This means the time of day, including designation of AM / PM or 24-Hour time format.
- The amount of time it took for evacuation. See “Timing the Drill” above.
- The exit route used. This means all exit routes used except for the route that is “blocked” by the simulated fire.
- The number of residents in the home at the time of the drill. This means the number of residents physically present in the home at the time of the drill, not the total census. For example, if 100 residents “live” at the home, but three are in the hospital at the time of the drill, the number of residents in the home at the time of the drill is 97.
- The number of residents evacuated.
- The number of staff persons participating.
- Problems encountered. This can include residents who refused to evacuate, a staff person who failed to accurately perform his/her duties, or any other events that impacted the evacuation. Problems should be recorded in detail, as awareness of problems will allow the home to remedy them.
- Whether the fire alarm or smoke detector was operative

Fire Drills and Evacuation continued

Actual Fire Events

- Any fire drill conducted must be recorded on the log. This is true even if a drill is stopped mid-evacuation because it is clear that evacuation will not be successful or may be dangerous. Remember that documenting an unsuccessful drill is not evidence of non-compliance; documenting the steps taken to correct the problem that made the drill unsuccessful combined with documentation of subsequent successful drills is evidence of corrective action.
- Actual fire events do not need to be recorded on the fire drill log. However, if the home is able to capture all of the required information during an actual fire event, the home may use the fire as the drill for that month.
- Homes must follow their evacuation plans unless emergency responders arrive in scene and direct otherwise. Homes that follow the direction of first responders will not be cited for failure to follow their evacuation plan.

When a Resident Refuses to Evacuate - Residents occasionally refuse to evacuate during fire drills. This may be due to personal choice, mental illness, a behavioral disorder, or some other reason. Homes are often frustrated by residents who refuse to evacuate. There are several steps a home can take to ensure resident cooperation and remain in regulatory compliance:

1. Explain the importance of fire drills during the admission process. Remind both residents and their designated persons that drills are not meant to be a nuisance – they are meant to save lives.
2. Make participation in fire drills part of the home's rules.
3. Determine why the resident isn't evacuating. In some cases, a treatable condition such as a previously-identified hearing ailment or Arsonphobia (fear of fire) may be the cause of the refusal.
4. Consider discharge for chronic refusal. Posing a danger to oneself and repeated, documented violation of the home's rules are grounds for discharge pursuant to § 2600.228(h)(1) and (7). Refusal to evacuate during a fire poses a threat to oneself, and documentation of refusal to evacuate during more than one drill is sufficient documentation of rule violation. While no one wants to discharge an otherwise-cooperative resident, continued noncompliance with this regulation may lead to licensing enforcement action.

Home-Grown Produce and Canning

Personal care homes may have a garden and use the home grown produce in the home's cooking. This is an excellent way to incorporate more fresh fruits and vegetables into a resident's diet. Home grown produce is fresher and in many cases healthier than food bought at a grocery store or through a food delivery service. Residents may also participate in the gardening as an activity, as long as they are not required or forced to work in the garden. However, in order to use home grown produce in the home's cooking, the home should practice effective sanitation methods in removing any pesticides or bacteria on the produce before human consumption.

The United States Food and Drug Administration advises that all fruits and vegetables, including those that are organically grown, could benefit from a thorough washing to reduce soil, surface microbes and some pesticides. According to both the United States Food and Drug Administration (FDA) and the United States Department of Agriculture (USDA) the following steps will limit the amount of residues and bacteria on your produce:

- To help remove exterior bacteria, rinse all produce under running tap water. Don't fill your sink with water and let produce soak there.
- Produce such as melons, cucumbers, winter squash, citrus fruit and potatoes should be scrubbed with a brush. Potatoes and melons have grooves, which mean your hands can't rub off all the dirt; then when you cut into them, any dirt from the outside is transferred to the inside.
- Bananas need to be rinsed off as well. Imagine how many hands touch the fruit before it gets to your mouth. Your hands could transfer the bacteria on the unwashed peel to the inside flesh.
- Experts at the FDA recommend removing the outer layer of leafy vegetables like lettuce and cabbage before thoroughly rinsing the leaves in water. They recommend rinsing until you can't see any visible dirt. Lettuce can be spun dry in a vegetable dryer. If you are saving your lettuce and cabbage for later consumption, dry off the leaves before refrigerating them to prevent the growth of bacteria.
- Bunched fruit like blueberries or grapes need to be rinsed under running water in a colander. A spray nozzle is easiest to use here.
- Use hot, soapy water to clean your utensils and cutting boards after preparing each food item. Some consumers are using mild detergents and soap to clean their produce. Consumers should not wash fruits and vegetables with detergent or soap. These products are not approved or labeled by the FDA for use on foods. You could ingest residues from soap or detergent absorbed on the produce. Neither the USDA nor FDA recommends washing fruits and vegetables in anything but cold, drinkable water.

- When preparing fruits and vegetables, cut away any damaged or bruised areas because bacteria that cause illness can thrive in those places. Immediately refrigerate any fresh-cut items such as salad or fruit for best quality and food safety.

Canning is a method of preserving food by placing it in airtight, vacuum-sealed containers and destroying microorganisms through heat-processing at 250° F (121° C). It is acceptable for canned foods to be used in a home. If a home cans its own food, it is recommended that the home follow the FDA's guidelines for canning. Canning can help foods last longer, but if it is not done properly, the food could cause illness.

- As per the FDA, food should be washed and prepared before packing it in a sterile (free of microorganisms) tin-coated steel can or glass jar. To prevent food spoilage and kill any pathogenic organisms, the container is then subjected to high heat - at least 250° F (121° C) - for a certain amount of time. Cooking times vary depending on the food.
- Use a pressure cooker to heat low-acid foods, such as red meats, seafood, poultry, milk, and all fresh vegetables, except for most tomatoes. (Tomatoes are usually considered an acidic food, but some are now known to have pH values slightly above 4.6.) Low-acid foods (with pH values higher than 4.6) are not acidic enough to prevent the growth of the bacterium which causes botulism.
- Acidic foods can be safely processed in a boiling-water canner because the combination of 212° F (100° C) heat and acidity will inactivate bacteria and spores. Some examples of high-acid foods include: all fruits (except figs), most tomatoes, jams, jellies, marmalades, fruit butters, and fermented and pickled (treated with brine or vinegar solution to inhibit the growth of microorganisms) vegetables, such as pickles and sauerkraut. Acidic foods (with a pH of 4.6 or lower) contain enough acidity to destroy bacteria more rapidly when heated.
- ALWAYS label canned items with the name of the food and the date it was canned.
- Store canned food in a cool, clean, and dry place.
- Don't use food from cans with dents, bulges, leaks, or rust spots.
- Canned or bottled food can stay fit to eat for up to 2 years, but for best quality, use canned food within a year.

Cross-Reference of Applicable Regulations:

§ 2600.103(c), § 2600.103(g) – Food Service

Home Rules

Well-written home rules are essential to the successful operation of a personal care home. The benefits of home rules include:

- Allowing residents to make informed decisions about whether to move into or remain in a home
- Clarifying the home's criteria for residency
- Protecting all residents from the harmful behavior of a single resident, such as aggressive behavior due to intoxication
- Protecting the home from implication in illegal activities, such as possession of illegal drugs.

Homes may create any rules they desire to create, as long as the rules do not conflict with any of the requirements in Chapter 2600.

Chapter 2600 requires that the following be addressed in the home's rules:

- Rules relating to home services, including whether the home permits smoking - § 2600.25(c)(8) / § 2600.144(b)
- Whether the home permits pets on the premises - § 2600.109(a).

The Department recommends that rules also include:

- Prohibiting weapons of any kind on the premises
- Prohibiting illegal drugs on the premises
- Prohibiting smoking on the grounds of the home
- Requiring residents to comply with doctors' orders, including taking prescribed medications
- Requiring residents to sign out and sign in when leaving and returning to the home
- Specific visiting hours

For questions on whether a proposed rule is contrary to a requirement of Chapter 2600, homes may contact the Department's Operator Support Hotline.

Medication Administration

Medication administration activities in a personal care home generally fall into three categories:

1. Medications that are self-administered by a resident with no assistance from staff
2. Medications that are self-administered by a resident with some assistance from staff
3. Medications that are administered by staff to residents

Self-Administration - A resident who desires to self-administer medications must be permitted to do so if (s)he is capable of self-administering medications. The ability to self-administer is determined through the preadmission screening, medical evaluation, and assessment-support plan processes.

In order to be considered capable of self-administering medications a resident must:

- Be assessed by a physician, physician's assistant or certified registered nurse practitioner as being capable of self-administering medications and his/her need for medication reminders.
- Be able to recognize and distinguish his/her medications
- Know how much medication is to be taken
- Know when medication is to be taken, either at a specific time or based on daily activities (such as "after lunch" or "at bedtime")
- Be able to remove the medication from the container
- Take or apply the medication

Staff persons may perform the following tasks for a resident who meets the above criteria:

- Storage of the medication
- Reminding the resident to take his or her medication at prescribed times
- Bringing the medication to the resident
- Opening the medication container

Even if staff persons perform these tasks, the resident is still "self-administering" the medication.

A resident who does not need any assistance with self-administering medications may store the medications in his/her room. In accordance with § 2600, the medications must be kept locked to protect against contamination, spillage, misuse by other residents, and theft. If a resident has a private room, or if a resident shares a room with another resident who self-administers medication, locking the door when the room is empty is sufficient to meet the locking requirement. In all other cases, a locking drawer or lock-box is required.

A resident may be able to self-administer some medications but not others; this will be specified on the Documentation of Medical Evaluation form and the Resident Assessment-Support Plan.

Residents who self-administer medications must be assessed annually or after a significant change in status to ensure that they are able to continue self-administering medications.

Administration by the Home - Medications may only be administered to residents by a:

- Physician
- Licensed dentist
- Licensed physician's assistant
- Registered nurse
- Certified registered nurse practitioner
- Licensed practical nurse
- Licensed paramedic
- Graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- Student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home
- Staff person who has completed the Department's medication training course (may not administer IVs or injections other than insulin and epinephrine)

Medication Administration continued

Medication administration is performed in the following order:

1. The staff person identifies that (s)he is about to administer medication to the correct resident.
2. The staff person measures the resident's vital signs, if ordered to do so by the prescriber.
3. The staff person removes the medication from its original container .
4. The staff person crushes, splits, or otherwise prepares the medication as ordered by the prescriber .
5. The staff person places the medication in a cup, container, or into the resident's hand or other route, as indicated by the prescriber .
6. The staff person documents that the medication has been administered.

When administering medications, staff **may**:

- Remove all of the medications prescribed for administration to one resident from their containers, place all of the medications in a cup, hand the cup to the resident, observe the resident ingest the medications, and then document administration of the medication.
- Remove medications from their containers 2 hours before the scheduled administration time, place the medications in a cup labeled with the resident's name, and lock the cup in a secure place prior to administration.

Staff **may not**:

- Remove the medications from their containers, put all of the medications into a cup, and carry the cup to a resident who is not present in the medication administration area or near the medication cart.
- Document the administration of a medication prior to giving the medication to a resident .
- Neglect to observe a resident ingest his medications.
- Fill multiple cups with multiple residents' medications, place the cups on a tray, leave the medication area, disburse the medications, and then return to the medication area to log the medications as administered.
- Remove medications from their containers more than 2 hours before the scheduled administration time.
- Remove medications from an original container and place them into another container for purposes of a day activity or a vacation (based on the needs of the resident, options to consider for vacations or time away from the home include using individually-labeled unit dose packs with complete pharmacy labels on each dose), asking the pharmacist to prepare a properly-labeled container for the time away from the home, or releasing the entire prescription container to the resident or his designated person.

Cross-Reference of Applicable Regulations:

§ 2600.141(a)(b) – Medical Evaluation	§ 2600.224(a)-(c) – Preadmission Screening
§ 2600.181(a)-(f) – Self-administration of Medications	§ 2600.225(a)-(d) – Assessment
§ 2600.182(b) – Qualifications to Administer Medications	§ 2600.227(a)-(d) – Support plan
§ 2600.223(a) – Description of Services	§ 2600.228– Admission/Discharge Procedures

Plans of Correction: Developing, Implementing, and Verifying Compliance

In order for the Department to issue any license, homes must submit or agree to an acceptable plan of correction (POC). But what makes a plan of correction acceptable? Each inspection, violation report, and POC is unique. The specific details of a violation of any individual regulation differ from home to home and from inspection to inspection.

As a result, there is no single POC that can be universally applied to all situations. Nevertheless, developing an acceptable POC always includes the following steps:

1. **Review the benefit(s) of the regulation** - Compliance with a regulation is difficult if not impossible unless the home understands why the regulation was written in the first place. In some cases, the reason for the regulation is obvious – everyone knows why flammable materials shouldn't be stored next to heat sources –while in other cases the reason for the regulation may not be as clear (for example, very few people know that the reason residents must have a lamp at their bedside is to prevent falls when rising from bed in the middle of the night). This guide includes each regulation's "primary benefit" to help users understand the benefits of the regulation. Homes may also contact the Department's Operator Support Hotline with questions about the meaning of a regulation.
2. **Review the violation of the regulation** - If the home is writing a plan of correction, then that means the home received a violation report. Before writing a plan of correction, homes should carefully review the Department's findings for Frequency, Seriousness, Potential of Recurrence, and Repeat Status.
 - **Frequency** means the number of actual events that led to the issuance of a violation. Were 50 medical evaluations past-due, or only one? Was the diagnosis or purpose of a medication missing from every Medication Administration Record, or only a small percentage? More events are typically indicative of the need for a detailed, targeted POC and a period of time to pass with no additional events of violation to ensure that the planned correction was successful.
 - **Seriousness** means the seriousness of the violation. For example, a home may be in violation of § 2600.95 because a chair in a resident's bedroom had worn, threadbare fabric (less serious), or because a shower of sparks issued from a light switch when the switch was activated (more serious). The greater the severity of the violation, the more steps the home must take to demonstrate full compliance.
 - **Potential for recurrence** means the likelihood that the circumstances resulting in a violation will occur. For example, if a home is missing a grab bar in a single toilet area and subsequently installs the bar (and checks every other toilet area to ensure that bars are present), then the potential for recurrence of that violation is low. Conversely, a home with a medication violation that administers multiple medications to numerous residents several times per day presents a high potential for recurrence. POC detail and length of time required to demonstrate compliance increase as the potential for recurrence increases.
 - **Repeat status** means whether a violation of the same regulation was previously found. Repeated violations will require more detailed POCs and may require more time to elapse before full compliance can be determined.
3. **Fix the immediate problem** - The violation report will always cite a specific problem, such as a broken chair or water that is too hot. The first step towards compliance is fixing exactly what the Department found. Unfortunately, many homes stop there, which prevents the Department from accepting the plan.
4. **Determine the root cause of the violation** - If the Department found that the water in a bathroom area was too hot, the home will of course adjust the settings on the hot water heater - *but homes must determine how the settings were too high in the first place to prevent the problem from happening again.* This process is called a "root cause analysis." Was the water too hot because the maintenance person does not know the maximum allowable temperature, or because a repairperson accidentally changed the setting while performing routine maintenance? The importance of this step cannot be understated.

Plans of Correction: Developing, Implementing, and Verifying Compliance continued

5. Prevent future occurrences - Once homes understand what caused the problem, they can develop a long-term plan that includes changing practice, teaching, and ongoing monitoring.

- **Changing practice** means developing a new way to do business without violating a regulation. If the water was too hot because the water heater was malfunctioning and the heater was replaced to fix the immediate problem, the new hot water heater needs to be regularly checked to ensure that it is functioning properly in order for the home to avoid future violations.
- **Teaching** means making sure that everyone involved with regulatory compliance is aware of their roles and responsibilities, especially if the home's business practice has changed. Teaching will primarily involve staff, but residents may need to be instructed about changes as well. For example, if residents were observed smoking near a common entrance to the home, residents of the home who smoke will need to be reminded or otherwise encouraged to smoke in the designated smoking area.
- **Ongoing monitoring** means verifying that the home is in compliance with both the regulation and the new business practice created to maintain compliance. Ongoing monitoring may need to be completed for a limited period of time or for the duration of the home's operation depending on the specific violation.

6. Designate responsibility and specific target dates for correction - It's critical that a specific person or persons be accountable for compliance. A general promise that water temperature will be monitored will not be effective – someone must be responsible for doing the monitoring, and must be rewarded or reprimanded based on the quality of his/her job performance. Moreover, specific dates by which correction tasks will be completed are required in order to effectively monitor plan completion and, ultimately, determine full compliance.

7. Get help! Remember, homes are not without technical assistance resources when developing a plan of correction. Homes may contact their regional licensing offices or call the Operator Support Hotline for help in developing a POC. The most successful homes are those that ask for help.

Can homes dispute a finding on the Violation Report? Homes may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, homes must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings. Remember, the Department may not issue any kind of license without a plan of correction. Some homes have expressed concern that the Department will use the plan provided as evidence that the violation existed – in other words, that providing a plan is an "admission of guilt." The department cannot do this, since the law requires you to produce a plan.

The verification process - At the end of the inspection cycle, the Department reviews the degree of POC compliance the home has achieved for each violation. This review determines in large part what kind of license the Department will issue – a regular license, a provisional license, or no license at all. There are four possible degrees of POC compliance status identified during the Department's review:

1. **Fully Implemented** - The home has completed the POC steps in their entirety. This does not necessarily mean that all "ongoing monitoring" has been completed – indeed, permanent monitoring by definition cannot be "complete." Instead, this means that a monitoring plan has been established and tested such that full compliance is probable.
2. **Partially Implemented, Adequate Progress** - The home has not completed all of the POC steps, but has done enough to demonstrate that eventual achievement of full compliance is probable.
3. **Partially Implemented, Inadequate Progress** - The home has completed some of the POC steps, but has not done enough to demonstrate that eventual achievement of full compliance is probable.
4. **Not Implemented** - The home not completed any of the POC steps.

Clearly, it is in the home's best interest to fully or adequately implement the POC, because failure to implement or adequately implement a POC is evidence of continued noncompliance, and *by law, the Department must issue a provisional license if a home is not in complete compliance with all regulations!*

Plans of Correction: Developing, Implementing, and Verifying Compliance continued

When a home submits a POC, the home should assume that the POC is acceptable and begin implementing the plan. Meanwhile, each POC is reviewed by the Department to determine if it is acceptable. If the plan is significantly unacceptable for one or more regulations, the Department will contact the home by phone or letter to inform the home of the unacceptable plan. "Significantly unacceptable" means that the plan is fundamentally flawed; in some cases, the Department will partially amend a POC without contacting the home. In these cases, compliance, or noncompliance with the amendments are not used in the final licensing decision.

When a violation report is transmitted to the home, the home is informed by the letter accompanying the report to submit evidence of compliance with the plan along with the POC. The more evidence a home submits, the easier it will be to determine compliance and issue a license. Examples of evidence include:

- **Documentation produced by the home.** This evidence type includes new written policies, sign-in sheets showing attendance at staff trainings, residents' assessments and support plans, maintenance logs, and any other internal documents.
- **Documentation produced by an external source.** This evidence type is extremely reliable, as it is generated by impartial third parties. Examples include bills and invoices for equipment, materials, or labor; written statements or letters from professionals who participated in the plan's implementation (such as fire-safety experts or outside training sources); and documents confirming future appointments (such as medical appointments or on-site repair work).
- **Photographic and video evidence.** Pictures and videos are good sources of evidence that the home has made repairs or improvements to the physical site and grounds.

Some kinds of evidence are not useful to demonstrate compliance. Evidence that is not useful includes:

- **Statements of support from residents, family members, or public officials.** While feedback from the community is valuable to the home, it does not serve as evidence of regulatory compliance.
- **Promises to comply.** Written statements from the administrator where a promise is made to comply with the regulation is not factual evidence.
- **The plan of correction alone.** Some homes believe that submitting a plan to correct violations is sufficient to demonstrate compliance. This is not the case. Following the plan leads to compliance, so evidence of following the plan is required.

In summary, when managing plans of correction, homes should:

- Develop a strong plan of correction using the steps above
- Submit solid evidence of both immediate and long-term compliance

Use the Department's technical assistance resources to aid in the development and implementation of POCs.

The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices

Violations relating to proper completion and integration of the preadmission screening, medical evaluation, and assessment-support plan process are extremely common. It's very important to remember that these requirements allow homes to:

1. Make sure a resident can be served prior to admission
2. Make sure the home is familiar with all of a resident's needs, both at admission and throughout the resident's stay at the home
3. Create a plan to meet a resident's needs that changes as resident's physical, medical, behavioral and social needs change.
4. Make sure that 1, 2, and 3 correspond to physicians' findings and determination

The primary benefits of the regulations relating to preadmission screenings, medical evaluations, and assessment-support plans are NOT making sure that forms are completed. The forms are merely a tool to guide homes in creating safe, practical plans to meet residents' needs.

The Medical Evaluation and Preadmission Screening

Obtaining an accurate medical evaluation and completing a comprehensive preadmission screening are two of the most important aspects of successful personal care home operation. When making a decision about whether or not to admit a resident, it is important that homes have accurate information about a resident's true physical, psychological, and behavioral needs. Remember: it is much easier to deny admission to a resident that a home cannot safely serve than it is to discharge a current resident for the same reason.

Using the Documentation of Medical Evaluation Form (DME) – Frequently Asked Questions Raised by Personal Care Homes

Q: Do the Physician Orders or the Medication Administration Record have to be attached to the DME?

A: 55 Pa.Code § 2600.141(a)(2) sets forth what must be included as part of a resident's medical evaluation. These include:

- A general physical examination by a physician, physician's assistant or nurse practitioner.
- Medical diagnosis including physical or mental disabilities of the resident, if any.
- Medical information pertinent to diagnosis and treatment in case of an emergency.
- Special health or dietary needs of the resident.
- Allergies.
- Immunization history.
- Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- Body positioning and movement stimulation for residents, if appropriate.
- Health status.
- Mobility assessment, updated annually or at the Department's request.

The DME is designed such that all of the above requirements are documented. Any documents that are attached to the DME to reflect the resident's needs at the time of the evaluation (including the MAR or other physician documentation) are considered to be part of the evaluation. Updated MARs and orders produced after the medical evaluation are not required to be attached to the DME.

Q: My home is located near another state, and we frequently admit residents from outside Pennsylvania. The DME reads that a physician, physician's assistant or certified registered nurse practitioner must be licensed to practice in Pennsylvania. Is it acceptable for an out-of-state medical professional to complete a medical evaluation and sign the DME?

A: Yes. The July 1, 2012 version of the DME will read "I am a physician, physician's assistant or certified registered nurse practitioner whose license to practice is in good standing."

The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices continued

Q: We are struggling to understand the differences between “Date Resident Evaluated” and “Date Form Completed.” May the dates be the same, or must they be different? How much time is allowed to elapse between the date the evaluation is completed and the date the form is completed?

A: There are three events involved in the medical evaluation process:

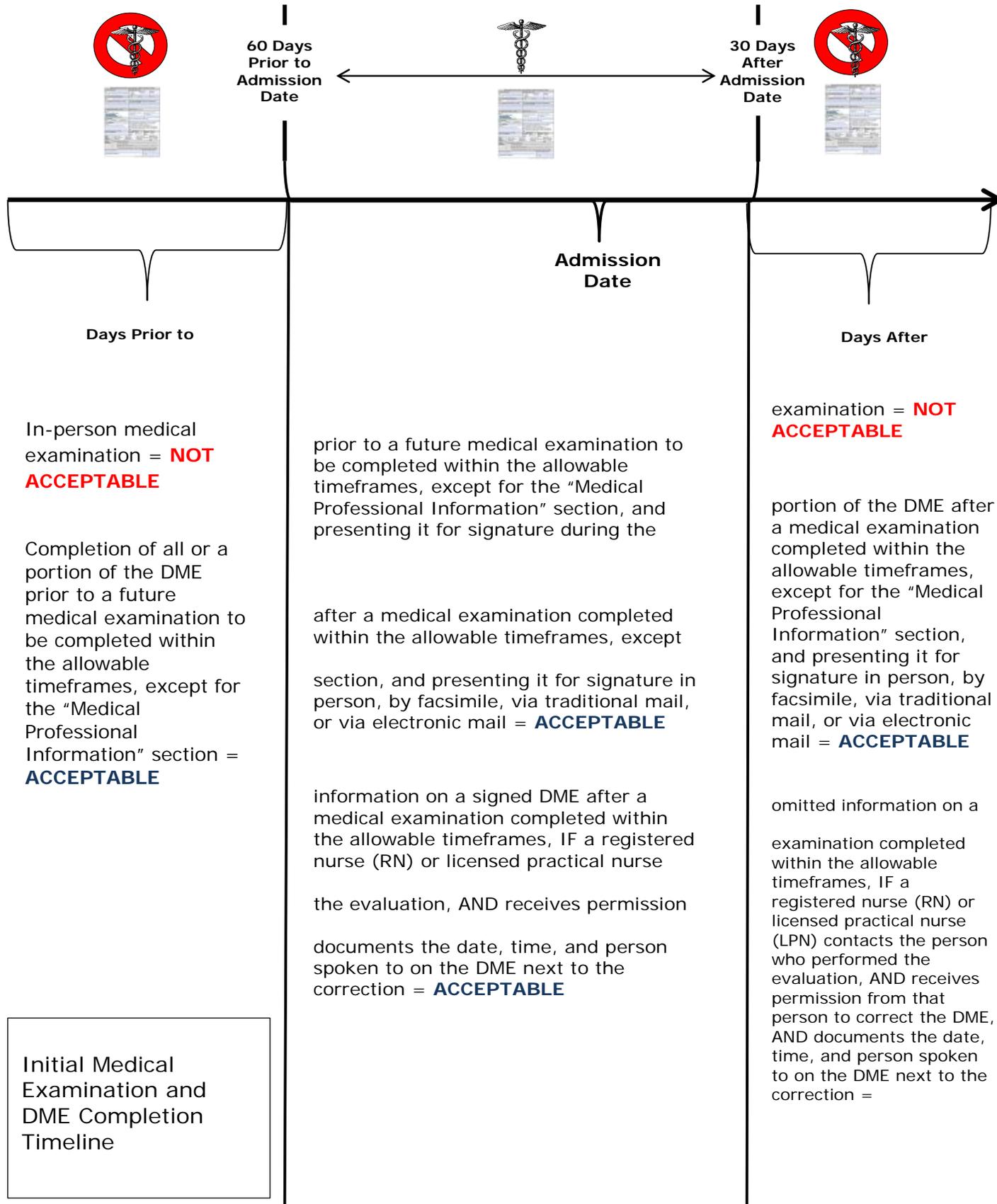
1. The resident receives an in-person medical examination by a medical professional
2. The completion of the DME to document the findings of the in-person medical examination, and
3. The medical professional's verification that the information on the DME is accurate and resulted from an in-person examination

These events could all happen on the same date, on two different dates, or on three different dates. For example, consider the following situations:

- A resident has a medical examination on July 1, 2012, at which time the medical professional both completes and signs the DME. In this case, every event takes place on the same date.
- A resident has a medical evaluation scheduled for July 1, 2012. On June 28, 2012, the home completes everything on the DME except the “Medical Professional Information” section. During the July 1, 2012 examination, the medical professional signs the DME. In this case, events take place on two different dates.
- A resident has a medical examination on July 1, 2012 where a DME is not completed. On July 5, 2012, the home completes everything on the DME except the “Medical Professional Information” section and faxes the DME to the medical professional. On July 8, 2012, the medical professional signs the DME and faxes it back to the home. In this case, each event takes place on a different date.

The medical examination that is documented on the DME must occur within a given timeframe, but there is no requirement for the DME form to be completed within a given timeframe. The timelines on the following pages illustrate examination and DME requirements.

The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan:
Best Practices continued



Days Prior to

In-person medical examination = **NOT ACCEPTABLE**

Completion of all or a portion of the DME prior to a future medical examination to be completed within the allowable timeframes, except for the "Medical Professional Information" section = **ACCEPTABLE**

Initial Medical Examination and DME Completion Timeline

Admission Date

prior to a future medical examination to be completed within the allowable timeframes, except for the "Medical Professional Information" section, and presenting it for signature during the

after a medical examination completed within the allowable timeframes, except

section, and presenting it for signature in person, by facsimile, via traditional mail, or via electronic mail = **ACCEPTABLE**

information on a signed DME after a medical examination completed within the allowable timeframes, IF a registered nurse (RN) or licensed practical nurse

the evaluation, AND receives permission

documents the date, time, and person spoken to on the DME next to the correction = **ACCEPTABLE**

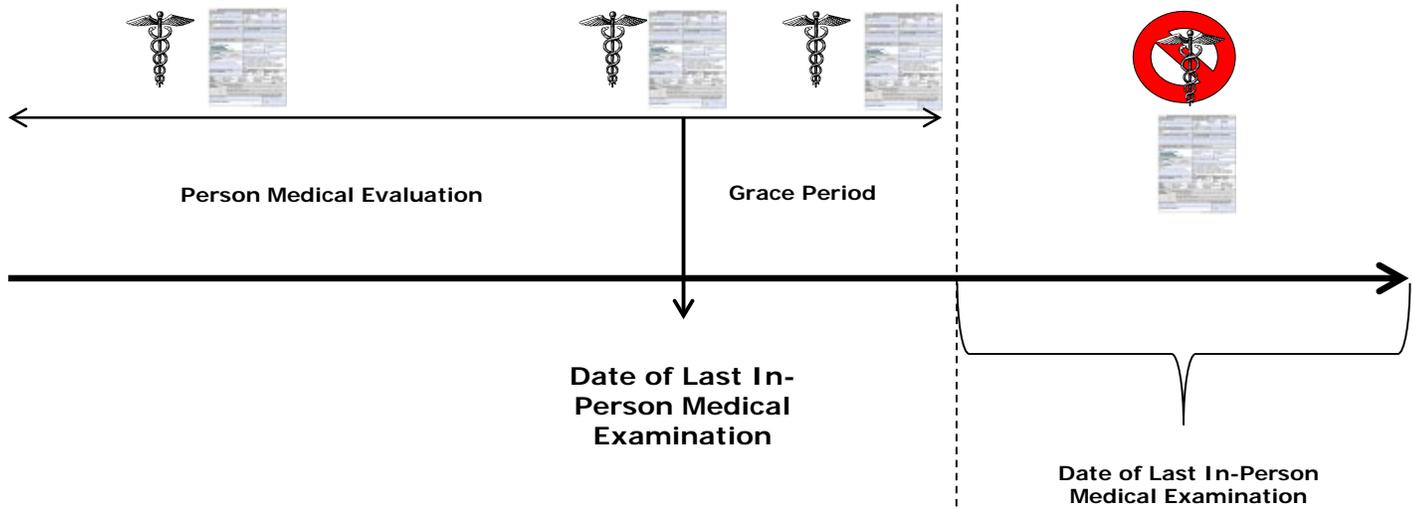
Days After

examination = **NOT ACCEPTABLE**

portion of the DME after a medical examination completed within the allowable timeframes, except for the "Medical Professional Information" section, and presenting it for signature in person, by facsimile, via traditional mail, or via electronic mail = **ACCEPTABLE**

omitted information on a examination completed within the allowable timeframes, IF a registered nurse (RN) or licensed practical nurse (LPN) contacts the person who performed the evaluation, AND receives permission from that person to correct the DME, AND documents the date, time, and person spoken to on the DME next to the correction =

**The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan:
Best Practices continued**



examination to be completed within the allowable timeframes, except for the “Medical Professional Information” section, and presenting it for signature during the examination = **ACCEPTABLE**

the “Medical Professional Information” section, and presenting it for signature in person, by facsimile, via traditional mail, or via electronic mail = **ACCEPTABLE**

a medical examination completed within the allowable timeframes, IF a registered nurse (RN) or licensed practical nurse (LPN) contacts the person who performed the evaluation, AND receives permission from that person to correct the DME, AND documents the date, time, and person spoken to on the DME next to the correction = **ACCEPTABLE**

of the DME after a medical examination completed within the allowable timeframes, except for the “Medical Professional Information” section, and presenting it for signature in person, by facsimile, via traditional mail, or via electronic mail = **ACCEPTABLE**

DME after a medical examination completed within the allowable timeframes, IF a registered nurse (RN) or licensed practical nurse (LPN) contacts the person who performed the evaluation, AND receives permission from that

documents the date, time, and person spoken to on the DME next to the correction = **ACCEPTABLE**

Annual Medical Examination and DME Completion Timeline

The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices continued

Q: Can additional information be attached to DME? For example, may I attach a Medication Administration Record instead of using the DME Addendum?

A: Homes may attach any supporting documents to the DME as desired.

Q: Does documentation attached to the DME need to be signed by the medical professional who completed the medical examination?

A: No. The "Medical Professional Information" section of the DME reads, in part, "The information on this form, the addendum sheet, and any attached list of medications was generated based on my evaluation." As such, attached documents do not need to be signed by the medical professional.

The Resident Assessment and Support Plan (RASP)

A comprehensive assessment of residents' needs and plans of care based on that assessment are essential to successful personal care home operation. This is true whether the home is using RASP or its own versions of assessments and support plans. Remember, § 2600.225(b) and § 2600.227(b) allow homes to use their own assessment and support plan forms if they "include the same information" as the Department's forms. A home may use its own forms without prior approval by the Department if the information labeled "mandatory" above is contained in the forms. The home's form(s) do not need to look like the RASP, but the home must be able to demonstrate to the Department during inspections how its forms "crosswalk" with the RASP, that is, where inspectors can find the RASP information on the home's forms. If a home wishes to use an assessment or support plan process that contains information that differs from that which appears on the RASP, the home should contact the Operator Support Hotline for information on how to receive Departmental approval to capture differing information.

RASP Completion – One Document, Two Deadlines?

The RASP combines the personal care home assessment and support plan into a single document. This may be confusing at first because of the different regulatory timeframes for assessments and support plans.

Rather than think of the RASP as two separate halves, homes should consider how a person's needs lead directly to a plan to meet those needs. The RASP is designed to ensure that the plan to meet residents' needs (the support plan) is based on the home's assessment of those needs (the assessment). The following example illustrates the basis for separate timeframes in the regulation: a comprehensive initial assessment and the foundation of a support plan should be easily completed in 15 days, and the final support plan should be easily completed in another 15 days.

Resident Joe Smith is admitted to a personal care home on January 1, 2012. Staff person Jane Doe begins the RASP process on January 3, 2012. Ms. Doe finds that Mr. Smith needs assistance with drinking such that he cannot lift a full glass of fluid to his mouth, so she documents Mr. Smith's degree of assistance with drinking on the assessment portion of the RASP as "C – Some Physical Assistance." As a best practice, Ms. Doe would then move to the support plan portion and write "Mr. Smith needs help lifting his glass to his mouth." Ms. Doe may even be able to create a plan to meet Mr. Smith's need right then and there – for example, the plan may be "staff will offer drinking assistance to Mr. Smith by lifting his glass." The remaining sections of the plan – frequency and responsibility – would then fall into place (i.e., "at mealtimes" and "direct care staff person on duty"). In this instance, the "Drinking" element of the RASP would be complete well before the maximum time allowed by Chapter 2600 for completion of either the assessment or the support plan.

On the other hand, Ms. Doe may need to collect more information or consult with another person before creating a plan; Mr. Smith may be physically able to use an assistive device to drink without help from staff, but does not have the funds to purchase such a device. Ms. Doe may need to search for less expensive assistive devices, or ask Mr. Smith's designated person if she will purchase the device. This process may take 20 days. In this instance, the "Drinking" element of the assessment portion of Mr. Smith's RASP was completed within 15 days of admission, and the support plan portion was finalized within 30 days of admission.

As this example illustrates, the RASP works best when homes use it holistically, not by going down the left side by day 15 and then moving to the right side for completion by day 30 (although doing so would be technically compliant).

The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices continued

Accidental Omissions

Occasionally, homes will accidentally omit an element from a mandatory section. For example, an otherwise-complete plan may be missing the “person responsible” for a single personal care need. In these cases, the Department will consider the circumstances surrounding the omission and may take steps to verify that a person is actually responsible and aware of their responsibilities. If omission is determined to be truly accidental, technical assistance will be provided and no violation will be recorded. However, repeated accidental omissions on a single RASP or one accidental omission on a series of RASPs may result in a violation of § 2600.251(c) on the grounds that standardized forms are not being properly used. If the Department is unable to verify that a person is actually responsible and aware of their responsibilities, a violation of § 2600.227(d) may result.

Responsible Party

The RASP requires that a person be responsible for each element of resident care. Remember, a home is ultimately responsible for meeting residents’ needs, even if the “Responsible Person” is a family member or case manager. If a person who is not an employee of the home is not meeting his obligations, the home must address this and amend the RASP as appropriate.

The RASP and SDCUs

§ 2600.234 requires that homes develop a support plan within 72 hours prior to or after admission to a SDCU. This regulation is unusual, in that there is no corresponding regulation requiring an assessment prior to completing this “early” support plan. As such, homes have two options for achieving regulatory compliance with this regulation:

1. Complete the entire RASP within 72 hours prior to or after admission to a SDCU; excluding any significant changes that would require a new assessment (see § 2600.225(b)(2)), a new RASP would not need to be completed until the following year.
2. Complete only the support plan portion of the RASP within 72 hours prior to or after admission to a SDCU, complete the assessment portion of the RASP within 15 days of admission to the SDCU, and finalize the support plan within 30 days of admission to the SDCU. Excluding any significant changes that would require a new assessment (see § 2600.225(b)(2)), a new RASP would not need to be completed until one year following the completion of the finalized support plan.

Using the Resident Assessment and Support Plan(RASP) – Frequently Asked Questions Raised by Personal Care Homes

Q: Do we have to put all falls on the RASP?

A: Frustrating as it may seem, any question that reads like this can’t be answered:

“Do we have to put _____ on the RASP?”

There is no single answer about what specific information “must” be addressed in a resident’s assessment and support plan – it depends on the specific resident and that resident’s needs. For example, if a resident slips on a banana peel and suffers no ill consequences as a result, it would be counter-productive to include it on the RASP. On the other hand, if the banana-peel fall results in a hip fracture, then the resident’s needs would significantly change such that a new RASP would need to be completed. In a more realistic example, let’s say a resident falls while walking down the hallway for no apparent cause and suffers no ill effects. Later that day, the resident falls again, again for no apparent cause. The increase in fall activity should trigger at least the question of whether a new assessment needs to be completed – the home may decide that two falls in one day warrants a new assessment, or the home may decide to observe the resident more closely. The need for closer observation should be communicated to the person(s) responsible for doing so. An amendment to the RASP may be the best means to communicate this responsibility, or some other method (such as change-of-shift notes) may be better. If the resident falls yet again the next day, then a new assessment is probably warranted. In short, it’s about whether or not a particular event indicates a new need or support. If the event indicates a new need or support, the RASP should be amended.

**The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan:
Best Practices continued**

Q: Where is the best place to document falls on the RASP?

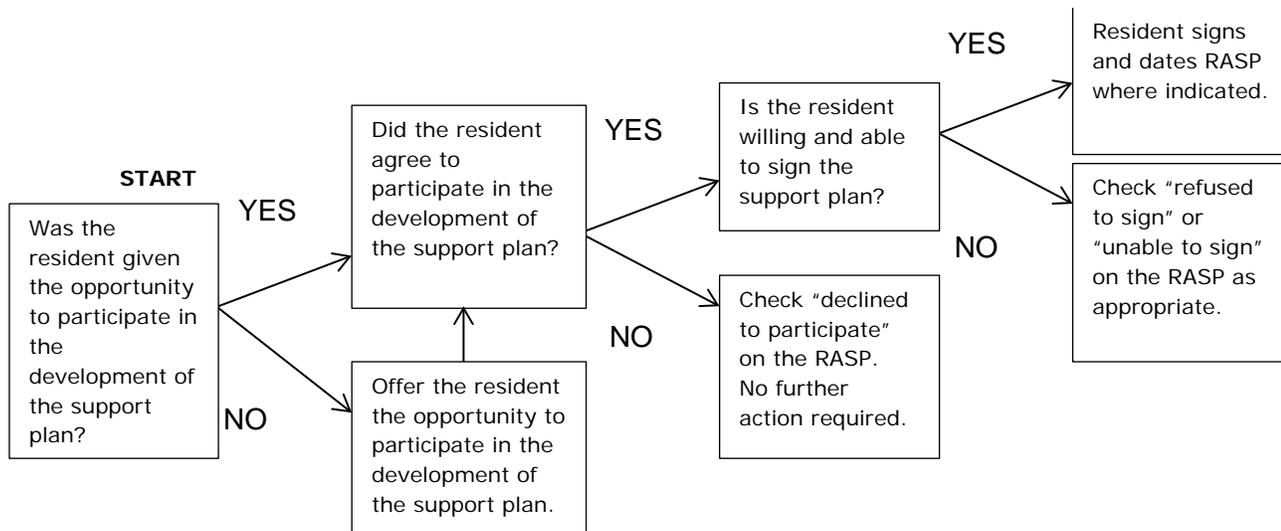
A: Again, questions like “Where should we put _____ on the RASP?” can’t be answered, because there is no single section on the RASP where something belongs or does not belong. It is much more important that a resident’s needs be captured and planned for than it is for that documentation to appear on a specific place on the form.

Q: Is it required that the Power of Attorney (POA) sign the RASP? What should we do when family members fail to return the signature page of the RASP? Will I get a violation?

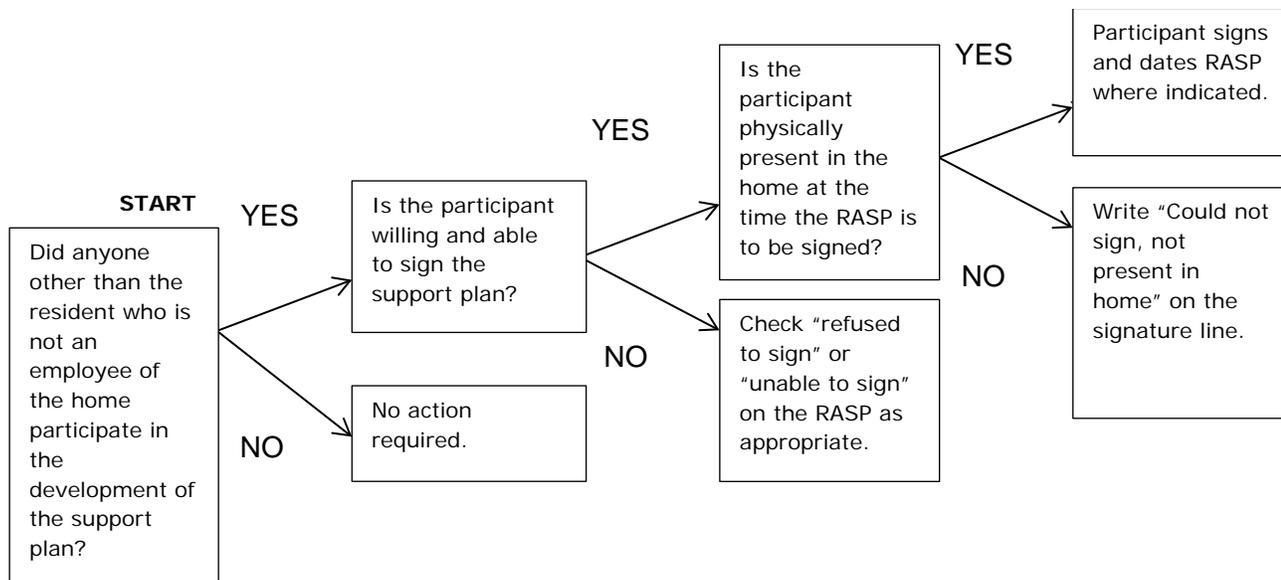
Many homes report confusion with the seemingly-straightforward requirements at 55 Pa.Code § 2600.227(f)-(h), which relate to participation in and signatures on the RASP. It is important to remember that the primary benefits of these regulations are to allow residents and their formal/informal supports the opportunity to participate in care-plan development, and to record whether or not such participation occurred. The presence of the actual signature is far less important than the opportunity to participate and maintaining a record of participation. Here is a simple decision tree that homes can use to determine how best to comply with these requirements:

RASP SIGNATURE DECISION TREE

RESIDENT



RESIDENT'S DESIGNATED PERSON or OTHER SUPPORT PERSON NOT EMPLOYED BY THE HOME



**The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan:
Best Practices continued**

Q: Residents' medications and dosages change frequently. It is difficult and frustrating to amend the RASP for each medication change. May we attach the resident's medication administration record to comply with this requirement?

A: A list of a resident's current medication does not need to be included on the RASP. The Medications" section of the RASP only relates to the resident's needs relating to medication administration. This section of the RASP requires updating only when the resident's needs relating to medication administration assistance change.

Q: What constitutes a Change in Condition when RASP is required?

A: 55 Pa.Code § 2600.225(c)(2) requires that a new assessment be completed "if the condition of the resident significantly changes prior to the annual assessment." § 2600.227(c) requires that the support plan be revised "upon changes in the resident's needs as indicated on the current assessment." Thus, a significant change triggers the need for a new or revised RASP.

A "significant change" includes the following situations:

- The resident has been diagnosed with having a previously-undiagnosed disease or disorder that changes the resident's care needs. Example: A resident develops diabetes that require new medications.
- An existing disease or disorder changes such that the resident's medical care needs are affected.

Example: A

- resident's arthritis worsens such that she develop mobility needs.
- The resident suffers an injury that changes his care needs. Example: A resident breaks a hip after an injurious fall and requires physical therapy.
- A health situation occurs that will have any impact on the resident's current care needs Example: A resident elects to have her shoulder replaced.
- A resident's behaviors or cognitive functioning status change such that the resident's care needs are affected. Example: A resident begins to exhibit wandering behavior.

The following are examples of when a new RASP is not required, but the existing RASP should be amended:

- The resident's social and recreational needs change unrelated to a change in physical, psychological, or cognitive functioning.
- The responsible party or frequency of need changes.

Q: The "Summary and Determination" section of the RASP is listed as mandatory from completion. Why do I need to complete the "Summary of Resident's Overall Wellness" section if the RASP captures all of the salient information about the resident's care?

A: You don't. The mandatory elements include the assessor's information on page 12 of the RASP. If no additional information is required, you may simply write "NA" in the "Summary of Resident's Overall Wellness" section.

Public Water Systems

Pennsylvania's Safe Drinking Water Act (35 P.S. § 721.1 *et seq.*) and regulations at 25 Pa. Code Chapter 109 govern the issuance of permits and regulation of public water systems (PWS). A PWS is a system that provides water to the public for human consumption, and which has at least 15 service connections or regularly serves an average of at least 25 individuals daily (including residents and staff of the home) at least 60 days out of the year. Water for human consumption includes water that is used for drinking, bathing and showering, cooking, dishwashing or maintaining oral hygiene. Public Water Systems are monitored by the Department of Environmental Protection (DEP). DEP staff members are responsible for regulating PWSs. New or modified systems are required to comply with all permitting requirements and obtain DEP's approval for all water supply facilities prior to construction. Water supply facilities include sources, treatment, storage, and the distribution system. All facilities must meet DEP's design and construction standards. All sources must be adequately sited and constructed in order to obtain the highest quality source available, and to protect the source from existing or foreseeable sources of contamination.

Personal care homes not affected are those homes connected to a public water system.

Cross-Reference of Applicable Regulations:

§ 2600.18 – Applicable Health and Safety Laws

Resident Home Contracts

55 Pa.Code § 2600.25(a)-(h) specify requirements for the contents and completion of resident-home contracts. Because the inspection procedures for this section all involve reviewing the home's contract, the regulations relating to the resident-home contract have been collected here.

Regulation 55 Pa.Code Ch. 2600	Discussion	Primary Benefit
25a Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.	A contract "in place" means signed by all parties who have entered into the contract. <i>A person who merely manages a resident's finances does not have to sign the contract. (Q/A May 2015-2600.25(a),(b))</i>	Specifies the obligations of the home to the resident and the resident to the home.
25a The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.	Self-explanatory.	Guarantees that residents understand the contents of the contract in order to make an informed decision about whether or not to sign.
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	<i>If the POA document allows it, the POA can sign binding contracts on behalf of the resident. However, the resident must first be given the opportunity to sign for themselves unless the resident is not competent. A notation must be made indicating the resident was given the opportunity to sign. A person who merely manages a resident's finances does not have to sign the contract. (Q/A May 2015-2600.25(a),(b))</i>	Signing the contract constitutes a pledge by both parties to abide by the specified terms.
25c1 The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.	This requirement applies only to residents that receive SSI. See § 2600.27.	Ensures that SSI recipients retain a portion of their income for discretionary spending.
25c2 The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.	The contract may specify a single rate for room and board and a single rate for basic personal care services. Any supplemental service must be listed with the specific rate for each service, including but not limited to: <ul style="list-style-type: none"> • Cable TV • Private telephone lines • Transportation provided by the home • Private rooms 	Ensures that residents understand the home's charges for specific services.

Resident Home Contracts (continued)

<p align="center">Regulation 55 Pa.Code Ch. 2600</p>	<p align="center">Discussion</p>	<p align="center">Primary Benefit</p>
<p align="center">25c3</p> <p>The contract shall specify an explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.</p>	<p>The contract must specify how the home will apply the regulations relating to the listed topics.</p>	<p>Ensures that residents understand how their needs will be assessed and the level of needs that can be met by the admitting home.</p>
<p align="center">25c4</p> <p>The contract shall specify the party responsible for payment.</p>	<p align="center">Self-explanatory.</p>	<p align="center">Eliminates disputes over who is responsible for payment.</p>
<p align="center">25c5</p> <p>The contract shall specify the method for payment of charges for long distance telephone calls.</p>	<p align="center">Self-explanatory.</p>	<p>Ensures that residents understand the home's charges for the identified service.</p>
<p align="center">25c6</p> <p>The contract shall specify the conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.</p>	<p align="center">Refunds are subject to specific provisions in Chapter 2600; see § 2600.28.</p>	<p>Ensures that residents understand the procedures for issuing refunds.</p>
<p align="center">25c7</p> <p>The contract shall specify the financial arrangements if assistance with financial management is to be provided.</p>	<p align="center">See § 2600.20.</p>	<p>Establishes the responsibilities of the home and the resident regarding financial management.</p>
<p align="center">25c8</p> <p>The contract shall specify the home's rules related to home services, including whether the home permits smoking.</p>	<p align="center">Self-explanatory.</p>	<p align="center">Permits smokers to make an informed decision about residency at the home.</p>
<p align="center">25c9</p> <p>The contract shall specify the conditions under which the agreement may be terminated including home closure as specified in § 2600.228(b) (relating to notification of termination).</p>	<p align="center">Self-explanatory.</p>	<p>Ensures that residents understand what actions or inactions will result in discharge, and their right to appeal a discharge they believe to be inappropriate.</p>
<p align="center">25c10</p> <p>The contract shall include a statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.</p>	<p align="center">Self-explanatory.</p>	<p>Permits residents to make an informed decision about continued residency at the home if they do not wish to accept the terms of the modified contract.</p>

Resident Home Contracts (continued)

<p align="center">Regulation 55 Pa.Code Ch. 2600</p>	<p align="center">Discussion</p>	<p align="center">Primary Benefit</p>
<p align="center">25c11</p> <p>The contract shall include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.</p>	<p align="center">This requirement is met by compliance with § 2600.25(c)(2)-(4). No additional information is required.</p>	<p align="center">See § 2600.25(c)(2)-(4).</p>
<p align="center">25c12</p> <p>The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.</p>	<p align="center">Homes may not discharge a resident for extended absence (see § 2600.228), but may charge a fee to hold a bed during hospitalization or absence.</p>	<p align="center">Ensures that residents understand bed-hold costs.</p>
<p align="center">25c13</p> <p>The contract shall include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of resident rights and complaint procedures).</p>	<p align="center">See § 2600.41 – 44.</p>	<p align="center">See § 2600.41 – 44.</p>
<p align="center">25d</p> <p>A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. § 4751-1— 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.</p>	<p align="center">This requirement applies only to residents that are eligible for benefits under the Senior Citizens Rebate and Assistance Act. Homes may retain less than 50% of any such benefits, but may not retain more. See the "Rent Rebate Statement of Policy" for additional requirements.</p>	<p align="center">Ensures that residents will receive at least 50% of benefits obtained under the Senior Citizens Rebate and Assistance Act.</p>
<p align="center">25e</p> <p>The resident, or a designated person, has the right to rescind the contract for up to 72 hours after the initial dated signature of the contract and pay only for the services received.</p>	<p align="center">Self-explanatory.</p>	<p align="center">Allows the resident time to experience life at the home and depart without financial consequence.</p>

Resident Home Contracts (continued)

<p align="center">Regulation 55 Pa.Code Ch. 2600</p>	<p align="center">Discussion</p>	<p align="center">Primary Benefit</p>
<p align="center">25f</p> <p>The home may not require or permit a resident to assign assets to the home in return for a life care contract/guarantee.</p>	<p>A life care contract/guarantee is an agreement between the legal entity and the resident that the legal entity will provide care to the resident for the duration of the resident's life.</p> <p>Continuing care communities that have obtained a Certificate of Authority from the Department of Insurance and who provide a copy of the certificate to the Department are exempt from this requirement. It is not necessary to reference life care contracts/guarantees in the contract.</p>	<p>Ensures that residents pay only for the services rendered by the home.</p>
<p align="center">25g</p> <p>A copy of the signed admission contract shall be given to the resident and a copy shall be filed in the resident's record.</p>	<p align="center">Self-explanatory.</p>	<p>Establishes a written record of the agreement made between the resident and the home.</p>
<p align="center">25h</p> <p>The service needs addressed in the resident's support plan shall be available to the resident every day of the year.</p>	<p>A personal care home may not "close" for a holiday and must provide for the service needs to residents in accordance with their respective support plans. (Q/A November 2014-2600.25(h))</p>	<p>Ensures that residents will receive needed services at all times.</p>

Secured Dementia Care Units (SDCU)

A secured dementia care unit is a home or portion of a home that provides specialized care and services for residents with Alzheimer's disease or other dementia.

Except as permitted by § 2600.231(g), only individuals with a diagnosis of dementia may resident in a secured dementia care unit. Individuals with wandering or other dangerous behaviors due to a non-dementia condition, such as mental illness or intellectual disability, may not be served in a secured dementia care unit at any time. § 2600.231—239 apply only to secured dementia care units. These provisions are in **addition** to the other provisions of this chapter.

If a home or portion of a home serves persons with dementia in a locked unit or building, the requirements of § 2600.231-239 apply, and the home is required to be licensed under this section to provide such services.

If some residents have dementia and others do not, there are 2 options for the home:

1. The home may unlock all the doors and install alarms to sound if a person with dementia exits; this requires close staff supervision to supervise the person in the event of unsupervised egress.
2. The home may meet the requirements of § 2600.231—239 in its entirety.

Elopement Prevention - In order for a SDCU to be truly "secure", the home must have procedures to prevent elopement when staff, visitors, and residents who do not have dementia access the unit. To be effective, these procedures must be explained to all staff, visitors, and residents who do not have dementia and who access the unit.

Medical Evaluations, Preadmission Screenings, and Resident Assessment-Support Plans (RASP).

Chapter 2600 specifies different timeframes for completion of initial medical evaluations, preadmission screenings, and RASPs for secured and non-secured settings. The table below shows the different timeframes for document completion based on the resident's needs and prior location. Please note that this table refers only to initial documents completed at admission.

	Type of Admission		
	New admission to non-secured area	Transfer of current resident from non-secured area to SDCU	New admission to SDCU
Medical Evaluation	Within 60 days prior to or 30 days after admission	Within 60 days prior to transfer; section 4 of DME must indicate need for secured care.	Within 60 days prior to admission; section 4 of DME must indicate need for secured care.
Preadmission Screening / Cognitive Screening	Within 30 days prior to admission / Not required	Within 72 hours prior to transfer / required	Within 72 hours prior to admission / required
RASP - Assessment Portion (Left Side)	SEE BELOW		
RASP – Support Plan Portion (Right Side)			

RASP Completion – One Document, Two Deadlines?

The RASP combines the personal care home assessment and support plan into a single document. This may be confusing at first because of the different regulatory timeframes for assessments and support plans.

Rather than think of the RASP as two separate halves, homes should consider how a person's needs lead directly to a plan to meet those needs. The RASP is designed to ensure that the plan to meet residents' needs (the support plan) is based on the home's assessment of those needs (the assessment). The following example illustrates the basis for separate timeframes in the regulation: a comprehensive initial assessment **and the foundation of a support plan** should be easily completed in 15 days, and the final support plan should be easily completed in another 15 days.

Secured Dementia Care Units (SDCU) (continued)

Resident Joe Smith is admitted to a personal care home on January 1, 2012. Staff person Jane Doe begins the RASP process on January 3, 2012. Ms. Doe finds that Mr. Smith needs assistance with drinking such that he cannot lift a full glass of fluid to his mouth, so she documents Mr. Smith's degree of assistance with drinking on the assessment portion of the RASP as "C – Some Physical Assistance." As a best practice, Ms. Doe would then move to the support plan portion and write "Mr. Smith needs help lifting his glass to his mouth." Ms. Doe may even be able to create a plan to meet Mr. Smith's need right then and there – for example, the plan may be "staff will offer drinking assistance to Mr. Smith by lifting his glass." The remaining sections of the plan – frequency and responsibility – would then fall into place (i.e., "at mealtimes" and "direct care staff person on duty"). In this instance, the "Drinking" element of the RASP would be complete well before the maximum time allowed by Chapter 2600 for completion of either the assessment or the support plan.

On the other hand, Ms. Doe may need to collect more information or consult with another person before creating a plan; Mr. Smith may be physically able to use an assistive device to drink without help from staff, but does not have the funds to purchase such a device. Ms. Doe may need to search for less expensive assistive devices, or ask Mr. Smith's designated person if she will purchase the device. This process may take 20 days. In this instance, the "Drinking" element of the assessment portion of Mr. Smith's RASP was completed within 15 days of admission, and the support plan portion was finalized within 30 days of admission.

As this example illustrates, the RASP works best when homes use it holistically, not by going down the left side by day 15 and then moving to the right side (although doing so would be technically compliant).

The RASP and SDCUs

§ 2600.234 requires that homes develop a support plan within 72 hours prior to or after admission to a SDCU. This regulation is unusual, in that there is no corresponding regulation requiring an assessment prior to completing this "early" support plan. As such, homes have two options for achieving regulatory compliance with this regulation:

1. Complete the entire RASP within 72 hours prior to or after admission to a SDCU; excluding any significant changes that would require a new assessment (see § 2600.225(b)(2)), a new RASP would not need to be completed until the following year.
2. Complete only the support plan portion of the RASP within 72 hours prior to or after admission to a SDCU, complete the assessment portion of the RASP within 15 days of admission to the SDCU, and finalize the support plan within 30 days of admission to the SDCU. Excluding any significant changes that would require a new assessment (see § 2600.225(b)(2)), a new RASP would not need to be completed until one year following the completion of the finalized support plan.

Staffing Calculations

Calculating Direct-Care Staff Hours: § 2600.57(b)-(c) - Calculating the required number of staffing hours in a personal care home may seem challenging, because there is no staff-to-resident ratio.

To determine the required number of staffing hours, perform the following steps:

1. Establish the observation period. The observation period is the 24-hour day or group of days where staffing will be measured.

Example: January 1, 2012 to January 5, 2012

2. Determine the number of residents served in the home during each day of the observation period. The "number of residents served" means the number of residents who were present in the home for all or part of the day, and excludes individuals who were hospitalized or staying elsewhere.

Example:

January 1 = 20 residents
 January 2 = 21 residents
 January 3 = 20 residents
 January 4 = 23 residents
 January 5 = 22 residents

3. Determine the number of residents with mobility needs served in the home during each day of the observation period. This number is a subset, or small group, of the total number of residents served in the home.

Example:

January 1 = 1 resident
 January 2 = 2 residents
 January 3 = 1 resident
 January 4 = 2 residents
 January 5 = 2 residents

4. Add the numbers in steps 2 and 3 together. Even though the numbers in steps 2 and 3 represent people, they also represent required hours: every resident "gets" one hour each day and residents with mobility needs "get" an extra hour.

Example:

January 1 = 21 hours
 January 2 = 23 hours
 January 3 = 21 hours
 January 4 = 25 hours
 January 5 = 24 hours

To determine the number of staffing hours that were actually provided during the observation period, perform the steps on the following page:

1. Determine the number direct-care staff persons and the hours they worked during each day of the observation period. Include only those individuals who meet the requirements of direct-care staff.

Example:

Date	Staff Person A	Staff Person B	Staff Person C
January 1	7 hours	7.5 hours	5 hours
January 2	6 hours	7.5 hours	3 hours
January 3	7.5 hours	7.5 hours	7 hours
January 4	6 hours	7.5 hours	8 hours
January 5	0 hours	7.5 hours	4 hours

Staffing Calculations (continued)

2. Determine the total number of direct-care staff hours per day. The total number of direct care staff hours per day is obtained by adding all of the direct care staff persons' hours together*.

Example:

Date	Staff Person A	Staff Person B	Staff Person C	Total Hours
January 1	7 hours	7.5 hours	5 hours	19.5 hours
January 2	6 hours	7.5 hours	3 hours	16.5 hours
January 3	7.5 hours	7.5 hours	7 hours	22 hours
January 4	6 hours	7.5 hours	8 hours	21.5 hours
January 5	0 hours	7.5 hours	4 hours	11.5 hours

* If direct care staff persons are responsible for performing ancillary tasks as part of their regular duties, then the cumulative time spent performing or allotted for those duties should be subtracted from the available direct care hours. For example, Staff Person C may work a 7.5-hour shift, but if the staff person spends 2.5 hours of each day doing laundry and washing dishes, the staff person cannot provide direct-care services during those hours.

To determine if the home supplied sufficient direct-care staff hours during the observation period, compare the required number of hours with the number of hours actually provided:

Example:

Date	Required Hours	Actual Hours	Difference	Compliant?
January 1	21 hours	19.5 hours	-1.5 hours	NO
January 2	23 hours	16.5 hours	-6.5 hours	NO
January 3	21 hours	22 hours	1 hours	YES
January 4	25 hours	21.5 hours	-3.5 hours	NO
January 5	24 hours	11.5 hours	-12.5 hours	NO

Calculating Direct-Care Staff Hours: § 2600.57(d) - Seventy-five percent of a home's direct-care staffing hours must be provided between the hours of 7:00 AM and 11:00 PM ("waking hours") each day. To determine if 75% the home's direct-care staff hours were provided during waking hours, perform the following steps:

1. Obtain the actual staffing hours provided during the observation period (see above).

Example:

Date	Actual Hours
January 1	19.5 hours
January 2	16.5 hours
January 3	22 hours
January 4	21.5 hours
January 5	11.5 hours

Staffing Calculations (continued)

2. Determine the number of hours provided between 7:00 AM and 11:00 PM during each day of the observation period.

Example:

Date	Actual Hours	Hours Provided Between 7:00 AM and 11:00 PM
January 1	19.5 hours	15 hours
January 2	16.5 hours	8 hours
January 3	22 hours	16 hours
January 4	21.5 hours	15 hours
January 5	11.5 hours	11.5 hours

3. Calculate the percentage of hours provided during waking hours. The percentage is obtained by dividing the hours provided between 7:00 AM and 11:00 PM (the smaller number) by the total "actual hours" (the larger number) and multiplying the result by 100%.

Example:

Date	Actual Hours	Hours Provided Between 7:00 AM and 11:00 PM	Percentage of Hours Provided During "Waking Hours"	Compliant?
January 1	19.5 hours	15 hours	77%	YES
January 2	16.5 hours	8 hours	48%	NO
January 3	22 hours	16 hours	73%	NO
January 4	21.5 hours	15 hours	70%	NO
January 5	11.5 hours	11.5 hours	100%	YES

Training Requirements

Chapter 2600 specifies training requirements for all personal care home employees. The table below shows the training requirements by position. Please refer to the individual regulations for specific requirements.

Training Requirement 55 Pa.Code Ch. 2600.	Administrator	Direct-care staff person	Ancillary staff person	Substitute staff person	Volunteers
64(c) 24 hours of annual training relating to job duties Must Complete: By last day of training year	YES	NO	NO	NO	NO
65(a) Orientation in general fire safety and emergency preparedness Must Complete: On or before first work day	NO	YES	YES	YES	YES
65(b) Resident rights, medical plan, OAPSA, incident reporting Must Complete: Within 40 scheduled working hours	NO	YES	YES	YES	YES
65(c) General orientation to specific job functions Must Complete: Before performing job duties	NO	NO	YES	NO	NO
65(d) Supervised training and competency test Must Complete: Before providing unsupervised ADL assistance	NO	YES	NO	NO	NO
65(e) 12 hours of annual training Must Complete: By last day of training year	NO	YES	NO	NO	NO
65(g) Annual fire safety, emergency preparedness, resident rights, OAPSA, falls, and new population groups Must Complete: By last day of training year	NO	YES	YES	YES	YES
190(a) Medication training course Must Complete: Before administering medications	YES, if administers medications	YES, if administers medications	NO	NO	NO
Training Requirement 55 Pa.Code Ch. 2600.	Administrator	Direct-care staff person	Ancillary staff person	Substitute staff person	Volunteers
190(b) Diabetes education program	YES, if administers insulin	YES, if administers medications	NO	NO	NO

Waiver Renewals, Applicability, and Revocations - Requests for renewal of a waiver must be submitted to the Department at least 60 days prior to the expiration of the waiver. The renewal process is identical to the initial application process.

The home must notify the Department in writing if the need for the waiver no longer exists or if conditions under which the waiver was granted are no longer met.

The Department will review each waiver annually as part of the annual licensing inspection to determine if the waiver is still warranted and if there is continued compliance with the conditions required by the waiver. The Department may revoke the waiver at any time if the conditions required by the waiver are not met, if conditions have not been met on a continual basis or if there is a risk to the health, safety, or well-being of the residents.

Cross-Reference of Applicable Regulations:

§ 2600.19 – Waivers

PART 3:

Appendices

APPENDIX A: Reportable Incidents

Reportable incidents and conditions include:

- (1) The death of a resident.
- (2) A physical act by a resident to commit suicide.
- (3) A serious bodily injury or trauma requiring treatment at a hospital or medical facility. This does not include minor injuries such as sprains or minor cuts.
Exception: "Serious bodily injury or trauma" is such that the individual experienced one or more of the following as a result of the injury:
 - Substantial risk of death
 - Extreme physical pain
 - Protracted loss or impairment of the function of a limb, organ, or other bodily member
 - Protracted unconsciousness
 - Significant or substantial internal damage (such as broken bones)
- (4) A violation of a resident's rights in § 2600.41-44.
- (5) An unexplained absence of a resident for 24 hours or more, or when the support plan so provides, a period of less than 24 hours, or an absence of a resident from a secured dementia care unit.
Exception: This does not include a resident who wanders outside without leaving the premises (property of the home) and is immediately guided back inside by staff.
- (6) Known or reasonable suspicion of misuse of funds by any person employed by the home or legal entity. Misuse of funds by a volunteer, family member or a private caregiver. Misuse of funds also includes theft.
- (7) An outbreak of a serious communicable disease as defined in 28 Pa.Code § 27.2 (relating to specific identified reportable diseases, infections and conditions). See Appendix C for a list of communicable diseases.
- (8) Food poisoning of residents.
- (9) A physical or sexual assault by or against a resident. **Any act of physical violence by one resident to another resident where the victim does not sustain an injury. Any physical assault by or against a resident is required to be reported to the Department regardless of whether or not it resulted in an injury. (Q/A April 2015-2600.16(c))**
- (10) Fire or structural damage to the home.
- (11) An incident requiring the services of an emergency management agency, fire department or law enforcement agency, except for false alarms.
Exception: This does not include:
 - Calls to an ambulance/EMS.
 - A police response to a 302 involuntary commitment proceeding.

- Police response to an EMS call.
- A response to a false alarm, such as a system malfunction or accidental sounding of the alarm. Minor events that trigger a fire department response (such as burned popcorn) **must** be reported.

(12) A complaint of resident abuse, suspected resident abuse or referral of a complaint of resident abuse to a local authority.

(13) A prescription medication error as defined in § 2600.188 (relating to medication errors).

(14) An emergency in which the procedures under § 2600.107 (relating to emergency preparedness) are implemented.

(15) An unscheduled closure of the home or relocation of the residents.

(16) Bankruptcy filed by the legal entity.

(17) A criminal conviction against the legal entity, administrator or staff that are subsequent to the reporting on the criminal history checks under § 2600.51 (relating to criminal history checks).

(18) A termination notice from a utility company. This includes a termination notice or an actual service termination.

(19) A violation of applicable health and safety laws listed in § 2600.18 (relating to applicable health and safety laws).

APPENDIX B: Requirements and Best Practices for Reportable Incidents

Reporting Incidents

The table below shows what events must and must not be reported to achieve compliance with 55 Pa.Code § 2600.16(c). Remember that there is no penalty for over-reporting; if a home questions whether an incident report is required, it is best to report the incident.

55 Pa.Code § 2600.16(a)	Homes MUST Report	Homes DO NOT Need to Report	Other information
(1) The death of a resident.	Any death that occurs while the home is the resident's place of residence. This includes: <ul style="list-style-type: none"> - Deaths at the home - Deaths while the resident is at a community setting (e.g., while walking in the neighborhood, attending a day program, etc.) - Deaths while the resident is temporarily staying elsewhere (e.g., visiting family) - Deaths at a hospital or medical facility when the resident is expected to return to the home 	Deaths that occur at a hospital or medical facility when the resident is not expected to return to the home, unless the resident was hospitalized as a result of an injury sustained while under the home's care.	A copy of the death certificate is required only under the following circumstances: <ul style="list-style-type: none"> - The death was unexpected or unusual (e.g., not a result of advanced age or terminal illness) - The cause of death is not immediately known - At the request of the Department
(2) A physical act by a resident to commit suicide.	Any attempt, successful or otherwise, to commit suicide.	Suicidal ideation or threats to commit suicide.	Any sign of potential self-harming behavior should trigger a response by the home to seek behavioral health care (see § 2600.142(a)).
(3) A serious bodily injury or trauma requiring treatment at a hospital or medical facility. This does not include minor injuries such as sprains or minor cuts.	See Appendix A above; examples include but are not limited to: <ul style="list-style-type: none"> - Fractures - Dislocations - Internal injuries - Head injuries - Lacerations requiring treatment beyond bandaging - Burns - Frostbite - Eye injuries - Heat Exhaustion or Sunstroke - Unresponsiveness - Any change in health status where the cause is unknown but warrants hospital treatment 	Anything that does not meet the criteria in Appendix A, including but not limited to: <ul style="list-style-type: none"> - Scheduled outpatient or inpatient medical treatment or hospitalization that is not due to an injury or trauma. - Hospital treatment for a medical condition such as heart disease, COPD, stroke, kidney failure, etc. - Hospital visits for diagnostics if no treatment is provided. 	If a resident is transported to a hospital or medical facility as a precautionary measure (e.g., after a fall where no injuries have been identified), and is returned to the home without treatment within 24 hours of the event that triggered the hospital visit, an incident report does not need to be submitted.

55 Pa.Code § 2600.16(a)	Homes MUST Report	Homes DO NOT Need to Report	Other information
(4) A violation of a resident's rights in § 2600.41-44.	Any violation of a resident's rights, or any perceived violation of a resident's rights (e.g., a resident complains that her rights have been violated, but the home cannot immediately prove whether this is the case).	Misuse of a resident's funds by the home's staff persons or the legal entity does not require reporting as a violation of § 2600.42(x); misuse of funds must be reported as described at § 2600.16(a)(6), below.	NA
(5) An unexplained absence of a resident for 24 hours or more, or when the support plan so provides, a period of less than 24 hours, or an absence of a resident from a secured dementia care unit.	Self-explanatory.	An incident where a resident of a secured dementia care unit wanders outside without leaving the property of the home and is immediately guided back inside by staff.	It is important the homes accurately assess and plan for residents' supervision needs. The unexpected absence of a resident with extensive supervision needs for less than 24 hours must be reported, even if the resident doesn't live in a secured dementia care unit.
(6) Misuse of a resident's funds by the home's staff persons or legal entity.	<p>Known or reasonable suspicion of misuse of funds by any person employed by the home or by the legal entity.</p> <p>Misuse of funds by a volunteer, family member or a private caregiver.</p> <p>Misuse of funds also includes theft. (Q/A November 2016-2600.16(a)(6))</p>	NA	NA
(7) An outbreak of a serious communicable disease as defined in 28 Pa.Code § 27.2 (relating to specific identified reportable diseases, infections and conditions). See Appendix C for a list of communicable diseases.	Any event where two or more persons present in the home have been diagnosed with any of the communicable diseases listed at Appendix D.	<ul style="list-style-type: none"> - An event where one person present in the home has been diagnosed with any of the communicable diseases listed at Appendix C. - Any event where two or more persons present in the home have been diagnosed with a disease not listed at Appendix C. 	NA
(8) Food poisoning of residents.	Any event where one or more residents have been diagnosed as suffering from food poisoning, or where there is reasonable suspicion to believe that food poisoning occurred.	Suspected food poisoning.	NA

55 Pa.Code § 2600.16(a)	Homes MUST Report	Homes DO NOT Need to Report	Other information
(9) A physical or sexual assault by or against a resident.	<ul style="list-style-type: none"> - Any act of physical violence by a staff person against a resident, regardless of degree - Any act of physical violence by one resident against another resident regardless of whether or not the victim sustains an injury of any degree. (Q/A April 2015-2600.16(c)) - Any sex act between a staff person and a resident - Any nonconsensual sex act between residents - Any sex act between residents where one or both of the residents is cognitively impaired such that consent cannot be established 	<ul style="list-style-type: none"> - Consensual sex between residents with no cognitive impairment. 	
(10) Fire or structural damage to the home.	Structural damage from any source (e.g., natural disasters, vehicle accidents, or water damage from a sprinkler system)	Self-explanatory.	NA
(11) An incident requiring the services of an emergency management agency, fire department or law enforcement agency, except for false alarms.	<ul style="list-style-type: none"> - Any incident where police are present in the home except for response to a 302 involuntary commitment proceeding - Any incident where emergency management personnel respond to an actual or pending crisis event (e.g., natural gas leak, oncoming blizzard, or flood) - Any incident where fire department personnel respond to an alarm or emergency call 	<ul style="list-style-type: none"> - Calls to an ambulance/EMS services for scheduled or emergency transportation - Police response to an EMS call for emergency transportation - A police response to a 302 involuntary commitment proceeding 	The need to summon an ambulance or EMS provider may result from an incident that must be reported, such as a serious bodily injury. In such cases, the incident required to be reported is the inciting event, not the presence of first responders.
(12) A complaint of resident abuse, suspected resident abuse or referral of a complaint of resident abuse to a local authority.	<p>Actual or suspected cases of any of the following by anyone:</p> <ul style="list-style-type: none"> - The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. - The willful deprivation by the personal care home or its staff persons of goods or services which 	NA	NA

55 Pa.Code § 2600.16(a)	Homes MUST Report	Homes DO NOT Need to Report	Other information
	<p>are necessary to maintain physical or mental health.</p> <ul style="list-style-type: none"> - Sexual harassment, rape or abuse, as defined in 23 Pa.C.S. Chapter 61 (relating to protection from abuse). - Exploitation by an act or a course of conduct, including misrepresentation or failure to obtain informed consent which results in monetary, personal or other benefit, gain or profit for the perpetrator, or monetary or personal loss to the resident. - Neglect of the resident, which results in physical harm, pain or mental anguish. - Abandonment or desertion by the personal care home or its staff persons. 		
(13) A prescription medication error as defined in § 2600.188 (relating to medication errors).	<p>Any of the following, if the home administers medication to a resident to is unable to or who chooses not to administer his own medications:</p> <ul style="list-style-type: none"> - Failure to administer a medication. - Administration of the wrong medication. - Administration of the wrong amount of medication. - Failure to administer a medication at the prescribed time. - Administration to the wrong resident. - Administration through the wrong route. 	A prescription medication error by a resident who is self-administering medications.	NA
(14) An emergency in which the procedures under § 2600.107 (relating to emergency preparedness) are implemented.	Any event that requires the home to activate the emergency preparedness plan required by § 2600.107(b).	Any incident where emergency management personnel respond to an actual or pending crisis event (e.g., natural gas leak, oncoming blizzard, or flood).	Incidents where emergency management personnel respond to an actual or pending crisis event must be reported as described at § 2600.16(a)(11), above.
(15) An unscheduled closure of the home or	Self-explanatory.	Self-explanatory.	This includes temporary relocations, which would likely require reporting

55 Pa.Code § 2600.16(a)	Homes MUST Report	Homes DO NOT Need to Report	Other information
relocation of the residents.			per § 2600.16(a)(11) and (14).
(16) Bankruptcy filed by the legal entity.	Self-explanatory.	Self-explanatory.	NA
(17) A criminal conviction against the legal entity, administrator or staff that are subsequent to the reporting on the criminal history checks under § 2600.51 (relating to criminal history checks).	Self-explanatory.	Self-explanatory.	NA
(18) A termination notice from a utility company. This includes a termination notice or an actual service termination.	Self-explanatory.	Self-explanatory.	NA
(19) A violation of applicable health and safety laws listed in § 2600.18 (relating to applicable health and safety laws).	Any violation of any of the laws listed at Appendix C.	NA	NA

APPENDIX C: Examples of Applicable Laws

Note that this list is not exhaustive and other laws, ordinances, and regulations may also apply to the home pursuant to 55 Pa. Code § 2600.18.

- (1) 35 P.S. § 10225.101, et. seq., known as the Older Adult Protective Services Act. (governed by Department of Aging)
- (2) Act 28 of 1995, 18 Pa. C.S.A. §2713, known as the Neglect of Care-Dependent Persons Act. (governed by Department of Aging)
- (3) Act 171 of 2002, 35 P.S. § 10226.101 – 10226.107, known as the Elder Care Payment Restitution Act. (governed by Department of Aging)
- (4) Pennsylvania Human Relations Act (43 P.S. § 951 – 962.2). (governed by Human Relations Commission)
- (5) Age Discrimination Act of 1975 (42 U.S.C.A. § 6101 - 6107). (governed by Human Relations Commission)
- (6) Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. § 2000d - 2000d-4a). (governed by Human Relations Commission)
- (7) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794)
- (8) American with Disabilities Act of 1990 (42 U.S.C.A. § 12101 - 12514). (governed by Department of Labor and Industry)
- (9) 6 Pa.Code Chapter 15, known as the Protective Services for Older Adults regulations. (governed by Department of Aging)
- (10) 25 Pa.Code Chapter 109, known as the Safe Drinking Water Act. (governed by Department of Environmental Protection). Any personal care home that obtains water from a private well (not on public water) and that serves 25 or more individuals daily (including the number of daily staff on all three shifts, all residents, and all other household members) at least 60 days of the year is required to obtain a permit from DEP.
- (11) 28 Pa.Code Chapter 27, known as the Communicable and Non-communicable Diseases regulations. (governed by Department of Health)
- (12) 31 Pa.Code Chapter 151, known as the Continuing Care Providers regulations. (governed by Department of Insurance)
- (13) 34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations. (governed by Department of Labor and Industry). If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection they will be issued a new certificate.

- (14) 34 Pa.Code Chapter 7, known as the Elevators, Lifts, Escalators, Dumbwaiters, Hoists and Tramways regulations. (governed by Department of Labor and Industry)
- (15) 35 P.S. § 637.1 – 637.11, known as the Clean Indoor Air Act regulations. (Governed by Department of Health)
- (16) Influenza Awareness Act (NH 1785). Assisted Living Residences must post the required influenza information in a public place in the residence year-round. (Q/A December 2016-2600.18)
- (17) Care Facility Carbon Monoxide Alarm Standards Act

Fossil fuel-burning devices are defined as: coal, kerosene, oil, wood, fuel gases and other petroleum or hydrocarbon products which emit carbon monoxide as a by-product of combustion. Some examples of fossil burning devices include gas stove, gas PTAC units, and gas/wood/coal burning fireplaces.

If there is not at least 15 feet between the fossil fuel burning device and the door that leads out of the enclosed area to the rest of the building, then the carbon monoxide detector should be placed just outside of the door, unless the manufacturer's instructions indicate otherwise. The additional CO detector, installed where it can be heard by the staff on duty, is not required to be interconnected. All other requirements with the Act will be enforced - i.e., if the alarm is not audible in all areas of the building, additional devices must be installed; etc. Homes should keep the manufacturer's instructions on file, especially if the home uses this information to place the detector within 15 feet from the device. (Q/A April 2017-2600.18)

APPENDIX D: Serious Communicable Diseases as defined in 28 Pa.Code § 27.2

The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:

Animal bite.	Hemorrhagic fever.
Anthrax.	Lead poisoning.
Arboviruses.	Legionellosis.
Botulism.	Measles (rubella).
Cholera.	Meningococcal invasive disease.
Diphtheria.	Plague.
Enterohemorrhagic E. coli.	Poliomyelitis.
Food poisoning outbreak.	Rabies.
Haemophilus influenzae invasive disease	Smallpox.
Hantavirus pulmonary syndrome.	Typhoid fever

The following diseases, infections and conditions are reportable within 5 working days after being identified by symptoms, appearance or diagnosis:

AIDS.
Amebiasis.
Brucellosis.
CD4 T-lymphocyte test result with a count of less than 200 cells/ μ L or a CD4 T-lymphocyte percentage of less than 14% of total lymphocytes (effective October 18, 2002).
Campylobacteriosis.
Cancer.
Chancroid.
Chickenpox (varicella) (effective January 26, 2005).
Chlamydia trachomatis infections.
Creutzfeldt-Jakob Disease.
Cryptosporidiosis.
Encephalitis.
Giardiasis.
Gonococcal infections.
Granuloma inguinale.
Guillain-Barre syndrome.
HIV (Human Immunodeficiency Virus) (effective October 18, 2002).
Hepatitis, viral, acute and chronic cases.
Histoplasmosis.
Influenza.
Leprosy (Hansen's disease).
Leptospirosis.
Listeriosis.
Lyme disease.
Lymphogranuloma venereum.
Malaria.
Meningitis (All types not caused by invasive Haemophilus influenzae or Neisseria meningitidis).
Mumps.
Pertussis (whooping cough).

Psittacosis (ornithosis).
Rickettsial diseases.
Rubella (German measles) and congenital rubella syndrome.
Salmonellosis.
Shigellosis.
Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease.
Streptococcal invasive disease (group A).
Streptococcus pneumoniae, drug-resistant invasive disease.
Syphilis (all stages).
Tetanus.
Toxic shock syndrome.
Toxoplasmosis.
Trichinosis.
Tuberculosis, suspected or confirmed active disease.
Tularemia.

28 Pa.Code § 27.21 specifies the Pennsylvania Department of Health reporting procedures for communicable and non-communicable disease.

- ▶ Reporting of these diseases and conditions is required only if there is a written diagnosis by a physician and only if the initial diagnosis occurred after the resident moved into the home.
- ▶ Reporting of cancer is required only if the cancer was diagnosed by a physician after the resident was admitted to the home and if there are more than two cases of the same type of cancer diagnosed within the past year. It is important to look for any environmental causes of cancer and contact health authorities and/or DEP.
- ▶ It is not necessary to report the name of the staff person who is responsible for a specific medication error as long as the home documents the staff name in the home's written documentation and this is reviewed as part of the home's quality management plan as required in § 2600.26(b)(1).
- ▶ An outbreak of MRSA is not required to be reported as per the Department of Health's list of reportable diseases; therefore, MRSA cases or outbreaks are not required to be reported to the Department.

If it is suspected that there is a risk to the health and safety of other residents due to an outbreak of a reportable disease, the regional licensing inspector should consult with their supervisor. The supervisor should immediately contact the local health department and report the incident. The inspector should remind the provider to follow universal precautions as well as any instructions provided by the local health department. If the local health department cannot be reached, the supervisor should contact the State Department of Health, Division of Infectious Disease Epidemiology at: (717) 787-3350.

HIPAA (Health Insurance Portability and Accountability Act) does not preclude the home from sending these reports related to the health or condition of an individual resident, including a death certificate, to the Department. As a state licensing (oversight) agency, the Department is permitted free and full access to resident information.

APPENDIX E: Inspection Procedures and Methodology

Licensing is a comprehensive practice. To properly assess a home's operation and service to residents, inspectors must do more than check individual items for compliance or noncompliance. The inspector must consider how the regulations interact within the home to produce the best possible outcome for residents. While inspection procedures may vary based on the type of inspection or circumstances related to a specific home or event, inspectors will generally apply the procedures described in this narrative when conducting an inspection.

Independent and Dependent Regulations

For the purpose of this narrative, the Chapter 2600 regulations will be classified into one of two categories. *Independent regulations* are regulations that can be measured independently of other regulations. For example, hot water temperatures may not exceed 120°F. This is a fixed requirement; other elements, such as the needs of the residents or the amount of staff training required, are not required to be reviewed to determine compliance. *Dependent regulations* are regulations that have a relationship with other regulations such that the regulations must be considered with other regulations in order to be properly measured. A regulation may be dependent because:

1. The regulation is predicated on the existence of another regulation. For example, § 2600.25(a) requires that a resident-home contract be in place. § 2600.25(c) requires that the contract contain certain elements. If the home does not have a contract, then the elements of the contract cannot be measured.
2. The regulation has a contextual relationship with another regulation. For example, § 2600.23(a)-(b) require that homes provide assistance with ADLs and IADLs as indicated in residents' assessments and support plans. In order to measure compliance with this regulation, residents' assessments and support plans must be reviewed so as to determine whether the appropriate assistance is being provided.

General Information

- ARL staff will wear Commonwealth ID badges in a conspicuous place at all times while on-site for the benefit of home staff and residents
- ARL staff will not discuss licensing recommendations, speculate regarding possible licensing outcomes, or discuss enforcement actions during the inspection. There is no way for anyone to know what will happen as a result of an inspection until the entire inspection cycle is complete
- ARL staff will perform their duties in a dignified, respectful, and professional manner

Arriving On-Site

Before entering the home, and based on demographics from previous inspections, inspectors will contact local social service agencies (area agency on aging, mental health/intellectual disabilities) prior to entering the home. The agencies will be informed of the inspection and estimated date and time for the exit conference.

Entering the Home

Upon entering the home, inspectors will ask to meet with the administrator. If the administrator is not available, inspections will ask to meet with the administrator designee, and will suggest that the designee notify the administrator, owner, or operator of ARL's presence. Inspectors will then request to conduct an entrance conference with the administrator or designee.

Conducting the Entrance Conference

The estimated time for completing the entrance conference is 20 minutes for full inspections, and 5 minutes or less for partial inspections. During the entrance conference, inspectors will:

- Introduce each ARL staff person and accompanying representatives (such as county AAA and county MH/MR, department contract staff) by name, department and title.
- Briefly state the purpose of the inspection.
- Ask for the name and title of the administrator or designee. Record the identity of the administrator/designee and the date/time of entry into the home.
- Outline the plan to complete the inspection in as great a detail as possible without jeopardizing the purpose of the inspection. If investigating a complaint, inspectors will not disclose the identity of complainant or the subject/topic of complaint.
- Provide an estimated timeframe for completion, dependent on findings, and an anticipated date and time that the exit conference will be held, being clear that it depends on findings.
- Provide an opportunity for the administrator to ask basic, initial process questions.
- Request a work space in the home where inspectors may work in private.

Completing the Inspection

During the initial and second stages of the inspection, inspectors are primarily focused on measuring compliance with independent regulations. Dependent regulations are measured during the third stage of the inspection.

Initial Stage

Immediately following the entrance conference, the inspection team will begin initial inspection procedures. One or more members of the team will remain with the administrator; the remaining team members will begin the general physical site inspection.

Team 1 – Remaining with administrator

The inspector(s) remaining with the administrator will initially request the following:

- A list of current residents showing admission dates, the names of residents who live at the home but are not currently present in the home (e.g., those visiting with family or in hospital), the resident demographic information, and a list of residents with mobility needs.
- A list of residents discharged within the past year.
- A list of current management, direct-care, and ancillary staff persons, including their dates of hire and their availability for interview on the day of the inspection.

Team 2 – Physical site inspection

The inspector(s) completing the general physical site inspection will measure compliance with the following:

- Regulation 3c – License and VR posting
- Regulation 41(c) – Resident rights poster
- Regulation 42e – Location of private telephone area
- All areas of the physical site section head, EXCEPT:
 - Regulation 85(f)
 - Regulation 88(b)
 - Regulations 89(c)-(e)
 - The “Resident bedrooms” section, 101(a) – 101(r)(2)
 - Regulation 102(g)
 - Regulation 104(d)
 - Regulations 105(a)-(b)
 - Regulation 106

- Regulations 107(a)-107(b)
- Regulation 108
- Regulations 109(a)-(d)
- All areas of the fire safety section head, EXCEPT:
 - Regulation 124
 - Regulations 126(a)-(b)
 - Regulation 128(b)
 - Regulations 130(f)-(i)
 - Regulations 132(a)-(j)
- Regulations 144(c)(1)-(2)
- Regulation 144(d)
- Regulation 162(c)
- Regulation 162(e)
- Regulations 163(a)-(d)
- Regulations 171(b)(1)-(6)
- Regulations 183(b)-(e)
- Regulation 221(c)
- Regulation 233(c)-(d)
- Regulation 254(a)
- Regulation 254(c)
-

Second Stage

Team 1

Upon receipt of the requested resident and staff records, the team will select a sample of the resident and staff records to be reviewed. Sampling methodology will be completed as follows:

- A 10% stratified sample of all resident records, regardless of the size of the home. A “stratified sample” means that the sample will include:
 - At least two records of residents who were admitted within the past year
 - At least two records of residents who were admitted beyond one year from the date of inspection
 - At least two records of residents over 60 years of age, if applicable
 - At least two records of residents with mobility needs, if applicable
 - At least one record of a person with mental illness, if applicable
 - At least one record of a person with an intellectual disability, if applicable
 - At least one record of a person with dementia, if applicable
- The administrator’s record
- A 5% stratified sample of all direct-care staff records, regardless of the size of the home. A “stratified sample” means that the sample will include:
 - At least two records of staff persons who were hired within the past year
 - At least two records of staff persons who were hired beyond one year from the date of inspection

Note: Inspectors may need to exceed a 10% sample to ensure that the above stratification is achieved. Also, it is possible that a resident may fall into multiple categories, e.g., a resident with mental illness may also be a person over 60 who was admitted within the past year. As such, a single record may suffice to meet stratification requirements.

At the same time, the team will request the following documents:

- Reportable incident policies – 16(b)
- Record of financial transaction – 20(b)(1)
- The quality management plan – 26(a)-(c)
- A staffing schedule for the previous month
- The list of staff person contact information – 62
- Record of administrator training – 64(f)
- Record of staff training – 65(i)
- The staff training plan – 66(a)-(c)
- Written sanitation approval – 85(f)
- Asbestos documentation – 88(b)
- Private water system documents – 89(c)-(e)
- Swimming area – 106(c)
- Emergency preparedness documents – 107(a)-(b)
- Cat and dog vaccination certificates – 109(b)
- Fire department notice – 124
- Furnace cleaning documents – 126(a)-(b)
- Wood/coal stove documents – 128(b)
- Fire drill documents - 132(a)-(j)
- Emergency medical plan – 143(a)-(b)
- Transportation documents – 171(c)
- Medical equipment storage – 185(a)-(b)
- System to identify medication errors – 188(d)-(e)
- Activity program – 221(a)-(b)
- Written description of services and activities – 223(a)
- Services from admission to discharge – 223(b)
- Measures to enhance environmental awareness - 232(d)
- Locking system – 233(a)-(b)
- Interconnected fire alarm – 233(e)
- Activity documentation – 237(a)-(b)
- Record management – 253(b)-(c)
- Record access – 254(b)

Team 2

Continues the general physical site inspection as described above.

Third Stage

Upon completion of the above, the teams will meet in the designated workspace. At this stage of the inspection, compliance with all of the regulations that can be measured independently should be completed. The inspectors will now measure compliance with the contextually-dependent regulations as follows:

Resident Interaction

Compliance with regulations that relate to resident rights, assistance with care, and resident participation should be measured in conjunction with the residents. Therefore, inspectors will meet with residents individually and will have each resident's record present at the time of the interaction. During the initial interaction, inspectors will:

- Explain the purpose of the inspector's presence in the home.
- Reassure the resident that (s)he is not "in trouble," that the resident was selected at random, and that the focus of the inspector's work is the home, not the resident.
- Explain that the resident does not need to speak with the inspector if (s)he does not wish to do so.
- Present the resident's record to the resident, and explain that the inspector is requesting the resident's assistance in determining regulatory compliance.

Inspectors will then work with the resident by reviewing:

- The resident-home contract
- The list of resident rights
- The resident's assessment-support plan

Resident Observation

When interacting with a resident, inspectors should observe whether the home's record of the resident's care needs accurately corresponds with the resident's presentation. For example:

- If the home's record indicates that a resident does not have mobility needs, but the resident is unable to rise from his bed without assistance, then the accuracy of the home's records should be subjected to further evaluation.
- If the home's record indicates that the resident does not have any social or behavioral needs, but the resident demonstrates unusual or problematic behaviors during the interaction, then the inspector should consider whether the home has accurately assessed the resident's needs.
- If the resident's signature appears on the contract and the assessment-support plan, but the resident states that (s)he has never seen the documents, then the inspector should determine the nature of the discrepancy.

Administrator and Staff Interviews

Inspectors will conduct interviews with the management, direct care, and ancillary staff who are responsible for the development and implementation of the sampled residents' assessment-support plans. The interviews will be used to verify the accuracy of residents' assessment-support plans, whether residents' rights are properly protected, and whether residents' care needs are appropriately met.

Conducting the Exit Conference

If the inspection will last more than one day, inspectors will conduct a partial exit conference with the administrator/designee at the end of each day on-site. Inspectors will explain the progress of the inspection, including what has been and what remains to be done and when ARL will return to complete the inspection.

Prior to conducting the final exit conference, inspectors will:

- Review the regulations to be measured during a full inspection to ensure that compliance has been measured in all areas.
- Confer and agree on preliminary findings.
- Notify the home and local social service agencies of the time and place of the exit conference at least one hour prior to the full exit conference.

During the final exit conference, inspectors will:

- Allow the home to include any staff they wish to have present, including attorneys.
- Remind attendees that the purpose of the conference is to provide **preliminary** violation findings.
- Review each violation found, provide the rationale for each regulation cited, provide technical assistance, and discuss the home's Plan of Correction (POC).
- Explain that all violations must be reviewed by the regional licensing administrator before being recorded on a written violation report and sent to the home.
- Invite the administrator or designee to respond to the preliminary findings or demonstrate compliance with regulations found in violation. The home may present missing documents or materials to show evidence of compliance or corrections made during the inspection.
- Explain how to use the Violation Report/POC including what portions ARL completes and what portions the PCH completes.
- Provide an opportunity to ask questions about the process or the regulations.
- Refer to appropriate local or state training sources.
- Provide forms, technical assistance materials, and other documents to assist with compliance.
- Explain the process for developing an acceptable, step-by-step POC using the RCG.

- Explain the next steps in license process (preparation and mailing of the VR, POC submission by the home, review of POC, follow-up on the POC as needed, recommendation re: licensure).
- Explain that the Licensing Director makes all decisions regarding license issuance or enforcement action.

During the final exit conference, inspectors will NOT:

- Make preliminary licensing recommendations
- Speculate regarding possible licensing outcomes
- Discuss possible enforcement actions
- Make statements of value judgments about the home's appearance, operations, or staff

APPENDIX F: Personal Care Home Self-Inspection Worksheet

This tool is similar to the licensing scoresheet that inspectors use to measure compliance during inspections. To complete a self-inspection of your personal care home, use the inspection procedures described in Appendix D. Circle the appropriate finding after each regulation. Describe any violations found on the "Findings" page.

C = Compliant V = Violation NM = Not Measured NA = Not Applicable

						20b10	C	V	NM	NA	Review of account
GENERAL PROVISIONS						21	C	V	NM	NA	Off premises activity
3c	C	V	NM	NA	Post license/VR/Regs	23a	C	V	NM	NA	ADL assistance
5a1	C	V	NM	NA	DPW access	23b	C	V	NM	NA	IADL assistance
5a2	C	V	NM	NA	Aging access	24	C	V	NM	NA	Personal hygiene
5a3	C	V	NM	NA	Ombudsman access	25a-1	C	V	NM	NA	Written res-home contract
5a4	C	V	NM	NA	DRN access	25a-2	C	V	NM	NA	Contract review
5b	C	V	NM	NA	Comm Srvs access	25b	C	V	NM	NA	Contract signatures
						25c1	C	V	NM	NA	Personal needs allowance
						25c2	C	V	NM	NA	Fee schedule
GENERAL REQUIREMENTS						25c3	C	V	NM	NA	Annual Med/Assess/SP
11a	C	V	NM	NA	Chapter 20	25c4	C	V	NM	NA	Payment responsibility
13b	C	V	NM	NA	Capacity	25c5	C	V	NM	NA	Telephone calls
14b	C	V	NM	NA	FS approval withdrawn	25c6	C	V	NM	NA	Refunds
14c	C	V	NM	NA	Renovation approval	25c7	C	V	NM	NA	Financial management
15a	C	V	NM	NA	Resident abuse report	25c8	C	V	NM	NA	Smoking
15b	C	V	NM	NA	Plan of supervision	25c9	C	V	NM	NA	Termination
15c	C	V	NM	NA	Regional abuse plan	25c10	C	V	NM	NA	Contract change notice
15d	C	V	NM	NA	Family/others notified	25c11	C	V	NM	NA	List of rates
14a	C	V	NM	NA	Fire Safety Approval	25c12	C	V	NM	NA	Bed hold
14b	C	V	NM	NA	FS approval withdrawn	25c13	C	V	NM	NA	Complaint procedure
14c	C	V	NM	NA	Renovation approval	25d	C	V	NM	NA	Rent rebate
15a	C	V	NM	NA	Resident abuse report	SOP	C	V	NM	NA	Rent rebate-collection (a)
15b	C	V	NM	NA	Resident abuse-superv plan	SOP	C	V	NM	NA	Rent rebate \$ amt or % (b1)
15c	C	V	NM	NA	Supervision plan submission	SOP	C	V	NM	NA	Rent rebate-intention (b2)
15d	C	V	NM	NA	Res. notification - abuse	SOP	C	V	NM	NA	Rent rebate-statement (c)
16b	C	V	NM	NA	Incident policies	25e	C	V	NM	NA	Contract rescission – 72 hrs
16c	C	V	NM	NA	Incident reporting	25f	C	V	NM	NA	Life care contract/guarantee
16d	C	V	NM	NA	Final incident report	25g	C	V	NM	NA	Resident contract copies
16e	C	V	NM	NA	Resident incident notice	25h	C	V	NM	NA	Service available daily
16f	C	V	NM	NA	Incident report record	26a	C	V	NM	NA	Quality management plan
17	C	V	NM	NA	Record confidentiality	26b	C	V	NM	NA	QM plan content
18	C	V	NM	NA	Other laws, regs, ordins.	26c	C	V	NM	NA	QM improvement
19	C	V	NM	NA	Waiver application	27a	C	V	NM	NA	SSI benefits
20a	C	V	NM	NA	Personal finances	27b	C	V	NM	NA	SSI income calculation
20b1	C	V	NM	NA	Financial trans record	27c	C	V	NM	NA	SSI Retroactive awards
20b2	C	V	NM	NA	Access to resident funds	27d1	C	V	NM	NA	SSI Personal hygiene items
20b3	C	V	NM	NA	Written receipts	27d2	C	V	NM	NA	SSI Laundry
20b4	C	V	NM	NA	Use of funds	27d3	C	V	NM	NA	SSI Personal care services
20b5	C	V	NM	NA	No commingling	27e	C	V	NM	NA	SSI Third-party payments
20b6	C	V	NM	NA	Interest bearing account	28a	C	V	NM	NA	Refunds
20b7	C	V	NM	NA	No POA/Guardianship	28c	C	V	NM	NA	Nights spent in home
20b8	C	V	NM	NA	Quarterly account						

28d	C	V	NM	NA	Refund – no notice	42x	C	V	NM	NA	Safeguard money/property
28e	C	V	NM	NA	Refund - death	42y	C	V	NM	NA	Health care choice
28f-1	C	V	NM	NA	Resident funds returned	43b	C	V	NM	NA	Residents rights-reward
28f-2	C	V	NM	NA	30-day refund	44a	C	V	NM	NA	Complaint rights
28g	C	V	NM	NA	Refunds	44b	C	V	NM	NA	Complaint – no retaliation
29	C	V	NM	NA	Hospice care	44c	C	V	NM	NA	Written complaint assist.
SOP	C	V	NM	NA	Hospice needs (a)	44d	C	V	NM	NA	Complaints-investigation
SOP	C	V	NM	NA	Physician certification (b1)	44e	C	V	NM	NA	Complaints-status/2 days
SOP	C	V	NM	NA	Written consent (b2)	44f	C	V	NM	NA	Written decision – 7 days
SOP	C	V	NM	NA	Bedroom location (b3)	44g	C	V	NM	NA	Telephone numbers
SOP	C	V	NM	NA	Fire drill notification (b4)						
SOP	C	V	NM	NA	Mode of transport (b5i)						
SOP	C	V	NM	NA	Reasonable simulation (b5ii)						
SOP	C	V	NM	NA	Actual evacuation (b6)						
SOP	C	V	NM	NA	Staffing (b7)						
SOP	C	V	NM	NA	24-hr. hospice staffing (b8)						
SOP	C	V	NM	NA	Evacuation time (b9)						
SOP	C	V	NM	NA	Assess. & supp. plan (b10)						
SOP	C	V	NM	NA	Fire drill documents (b11)						

STAFFING

53a	C	V	NM	NA	Admin. qualifications
53b	C	V	NM	NA	Administrator age
53c	C	V	NM	NA	Administrator duties
53d	C	V	NM	NA	Admin direct care ability
53e	C	V	NM	NA	Admin knowledge of regs
53f	C	V	NM	NA	Admin ability to comply
53g	C	V	NM	NA	Financial management
53h	C	V	NM	NA	Medically fit
54a	C	V	NM	NA	Direct care staff quals
54b	C	V	NM	NA	Staff under 18 years
54c	C	V	NM	NA	Volunteers
56	C	V	NM	NA	Admin 20 hrs/week
57a	C	V	NM	NA	Designee present
57b	C	V	NM	NA	1 hour/day/resident
57c	C	V	NM	NA	2 hrs/day/immob. resident
57d	C	V	NM	NA	Waking hours staffing
58a	C	V	NM	NA	Awake staff-16 or more
58b	C	V	NM	NA	Awake staff mobile resident
59a	C	V	NM	NA	Multiple buildings comm.
60a	C	V	NM	NA	Staffing/support plan needs
60c	C	V	NM	NA	Housekeeping/maintenance
61	C	V	NM	NA	Substitute coverage
62	C	V	NM	NA	Contact list
63a	C	V	NM	NA	First aid/CPR 1:50
63b	C	V	NM	NA	F/A – CPR trainer quals.
63d	C	V	NM	NA	CPR –F/A provided
64a	C	V	NM	NA	Initial admin training
64c	C	V	NM	NA	Annual admin training
64e	C	V	NM	NA	Training notice
64f	C	V	NM	NA	Record of training
65a	C	V	NM	NA	DC Orientation-1 st day
65b	C	V	NM	NA	Rights/Abuse 40 hrs
65c	C	V	NM	NA	Ancillary staff orientation
65d	C	V	NM	NA	Initial direct care training
65e	C	V	NM	NA	12 hrs annual training
65f	C	V	NM	NA	Training topics
65g	C	V	NM	NA	Annual training content

RESIDENT RIGHTS

41a	C	V	NM	NA	Rights/Complaint notice
41b	C	V	NM	NA	Communication mode
41c	C	V	NM	NA	Rights poster
41d	C	V	NM	NA	Copy rights/comp proc
41e	C	V	NM	NA	Signed statement
42a	C	V	NM	NA	Discrimination
42b	C	V	NM	NA	Abuse/Neglect
42c	C	V	NM	NA	Dignity/Respect
42d	C	V	NM	NA	Notice - home rules
42e	C	V	NM	NA	Telephone access
42f	C	V	NM	NA	Mail
42g	C	V	NM	NA	Ombudsman
42h	C	V	NM	NA	Religion
42i	C	V	NM	NA	Health services assistance
42j	C	V	NM	NA	Clothing assistance
42k	C	V	NM	NA	Resident record access
42l	C	V	NM	NA	Personal possessions
42m	C	V	NM	NA	Right - leave/return
42n	C	V	NM	NA	Relocation assistance
42o	C	V	NM	NA	Associate/communicate
42p	C	V	NM	NA	Restraints
42q	C	V	NM	NA	Compensation/Work
42r	C	V	NM	NA	Visitation – 12 hrs/7 days
42s	C	V	NM	NA	Privacy – self/possessions
42t	C	V	NM	NA	File complaints
42u	C	V	NM	NA	Right to remain in the home
42v	C	V	NM	NA	Res-home contract services
42w	C	V	NM	NA	External appeal procedures

65i	C	V	NM	NA	Record of training	100a	C	V	NM	NA	Exterior – free of hazards
66a	C	V	NM	NA	Staff training plan	100b	C	V	NM	NA	Removal snow/obstructions
66b	C	V	NM	NA	Content of training plan	101a	C	V	NM	NA	Bedroom – square footage
66c	C	V	NM	NA	Training plan doc.	101b	C	V	NM	NA	Shared bedroom–sq footage
<hr/>						101c	C	V	NM	NA	Bedrm – mobility need foot.
PHYSICAL SITE						101d	C	V	NM	NA	Four residents per bedroom
81a	C	V	NM	NA	Disability accommodation	101e	C	V	NM	NA	Ceiling height – 7 ft.
81b	C	V	NM	NA	Res. equip – good repair	101f	C	V	NM	NA	Bedroom window
82a	C	V	NM	NA	Poisons original containers	101g	C	V	NM	NA	Bedroom – res. use only
82b	C	V	NM	NA	Poisonous materials-storage	101h	C	V	NM	NA	Bedroom - no passage
82c	C	V	NM	NA	Locked poisons	101i	C	V	NM	NA	Access to bedroom
83a	C	V	NM	NA	Indoor temperature	101j1	C	V	NM	NA	Mattress – fire retardant
83b	C	V	NM	NA	Air conditioning & fans	101j2	C	V	NM	NA	Bedroom - chairs
84	C	V	NM	NA	Heat Sources	101j3	C	V	NM	NA	Bed linens/pillows/blankets
85a	C	V	NM	NA	Sanitary conditions	101j4	C	V	NM	NA	Bedroom - storage area
85b	C	V	NM	NA	Infestation	101j5	C	V	NM	NA	Bedside table/shelf
85c	C	V	NM	NA	Trash removal	101j6	C	V	NM	NA	Mirror
85d	C	V	NM	NA	Trash cans – kitchen/bath	101j7	C	V	NM	NA	Lighting/operable lamp
85e	C	V	NM	NA	Trash outside	101k	C	V	NM	NA	Cots and portable beds
85f	C	V	NM	NA	Sewer system	101l	C	V	NM	NA	Bunk/raised beds
86a	C	V	NM	NA	Ventilation	101m	C	V	NM	NA	Bedroom emergency exit
86b	C	V	NM	NA	Bathroom ventilation	101n	C	V	NM	NA	Bedroom – opposite sex
87	C	V	NM	NA	Lighting	101o	C	V	NM	NA	Walls, floors & ceilings
88a	C	V	NM	NA	Surfaces	101p	C	V	NM	NA	Bedroom - doors
88b	C	V	NM	NA	Asbestos	101q	C	V	NM	NA	Storage space
89a	C	V	NM	NA	Hot/cold water pressure	101r-1	C	V	NM	NA	Bedroom – shades/drapes
89b	C	V	NM	NA	Hot water temperature	101r-2	C	V	NM	NA	Window coverings
89c	C	V	NM	NA	Testing-non public water	102a	C	V	NM	NA	Toilet – 6 users
89d	C	V	NM	NA	Water remediation	102b	C	V	NM	NA	Bath sinks/mirrors – 6 users
89e	C	V	NM	NA	Laboratory certification	102c	C	V	NM	NA	Tub/shower – 10 users
90a	C	V	NM	NA	Landline telephone	102d-1	C	V	NM	NA	Grab/hand/assist bars
90b	C	V	NM	NA	Staff communication	102d-2	C	V	NM	NA	Slip-resistant surfaces
91	C	V	NM	NA	Telephone numbers	102e	C	V	NM	NA	Privacy – doors/partitions
92	C	V	NM	NA	Windows/screens	102f	C	V	NM	NA	Towel/washcloth/soap
93a	C	V	NM	NA	Handrails	102g	C	V	NM	NA	Ind. toiletry items available
93b	C	V	NM	NA	Railings	102h	C	V	NM	NA	Toilet paper
94a	C	V	NM	NA	Landings	102i	C	V	NM	NA	Soap dispenser
94b	C	V	NM	NA	Non-skid surfaces	102j	C	V	NM	NA	Towels/washcloths access.
95	C	V	NM	NA	Furniture & Equipment	102k	C	V	NM	NA	No common towel
96a	C	V	NM	NA	First aid kit	102l	C	V	NM	NA	Shelves/hooks
96b	C	V	NM	NA	First aid kit - Location	103a	C	V	NM	NA	Kitchen
96c	C	V	NM	NA	First aid kit - Accessible	103b	C	V	NM	NA	Clean/san. kitchen surfaces
97	C	V	NM	NA	Elevator certificate	103c	C	V	NM	NA	Food protected
98a	C	V	NM	NA	Indoor activity space	103d	C	V	NM	NA	Storing food off the floor
98b-1	C	V	NM	NA	Furnished lounge	103e	C	V	NM	NA	Leftovers
98b-2	C	V	NM	NA	Lounge accommodations	103f	C	V	NM	NA	Fridge/Freezer Temps
98b-3	C	V	NM	NA	Lounge furnishings	103g	C	V	NM	NA	Storing food
98c	C	V	NM	NA	Lounge TV and radio	103h	C	V	NM	NA	Thawing food
99	C	V	NM	NA	Indoor/outdoor recreation	103i	C	V	NM	NA	Outdated food

103j	C	V	NM	NA	Utensils cleaning	130b	C	V	NM	NA	Smoke detectors - hallways
104a	C	V	NM	NA	Dining room equipment	130c	C	V	NM	NA	Smoke detector UL approve
104b-1	C	V	NM	NA	Dishes/glassware/utensils	130d	C	V	NM	NA	Interconnected detectors
104b-2	C	V	NM	NA	Cracked/chipped dishes	130e	C	V	NM	NA	Hearing impairment
104b-3	C	V	NM	NA	Paper & plastic products	130f	C	V	NM	NA	Testing smoke detectors
104c	C	V	NM	NA	Condiments	130g	C	V	NM	NA	Smoke detector repair
104d	C	V	NM	NA	Eating equipment	130h	C	V	NM	NA	Proceds- inop. smoke det.
104e	C	V	NM	NA	Daily meals/dining room	130i	C	V	NM	NA	Fire alarm- mobility
105a	C	V	NM	NA	Laundry service - SSI	131a	C	V	NM	NA	Fire extinguisher
105b	C	V	NM	NA	Laundry service – Non-SSI	131b	C	V	NM	NA	Fire extinguisher-3000 ft
105c	C	V	NM	NA	Supply of linens/towels	131c	C	V	NM	NA	Kitchen fire extinguisher
105d	C	V	NM	NA	Changing bed linens/towels	131d	C	V	NM	NA	UL approved extinguishers
105e	C	V	NM	NA	Clean linen storage	131e	C	V	NM	NA	Accessible fire extinguishers
105f-1	C	V	NM	NA	Labeling clothes	131f	C	V	NM	NA	Fire extinguisher inspection
105f-2	C	V	NM	NA	Clothing return – 24 hrs	132a	C	V	NM	NA	Monthly fire drill
105g-1	C	V	NM	NA	Lint removal – each use	132b	C	V	NM	NA	Safety inspection/fire drill
105g-2	C	V	NM	NA	Duct cleaning	132c	C	V	NM	NA	Fire drill records
106	C	V	NM	NA	Swimming area	132d	C	V	NM	NA	Evacuation
107a	C	V	NM	NA	Emergency preparedness	132e	C	V	NM	NA	Fire drill - sleeping hours
107b	C	V	NM	NA	Emergency procedures	132f	C	V	NM	NA	Alternate exit routes
107c	C	V	NM	NA	Food/water – 3 day supply	132g	C	V	NM	NA	Fire drills – days/times
107d	C	V	NM	NA	Procedure EMA submission	132h	C	V	NM	NA	Designated meeting place
108	C	V	NM	NA	Firearms & weapons	132i	C	V	NM	NA	Testing fire alarm
109a	C	V	NM	NA	Pets	132j	C	V	NM	NA	Elevators
109b	C	V	NM	NA	Rabies vaccination	133a1	C	V	NM	NA	Exit signs
109c	C	V	NM	NA	Pets – health	133a2	C	V	NM	NA	Exit signs-direction
109d	C	V	NM	NA	Pets – charge	133a3	C	V	NM	NA	Exit signs-letter size

FIRE SAFETY

121a	C	V	NM	NA	Unobstructed egress
121b	C	V	NM	NA	Locking device approval
122	C	V	NM	NA	Two access. exits/floor
123a	C	V	NM	NA	Exit doors
123b	C	V	NM	NA	Emerg. procedures posted
123c	C	V	NM	NA	Evacuation diagrams
123d	C	V	NM	NA	Mobility need – FS area
124	C	V	NM	NA	Notice to fire department
125a	C	V	NM	NA	Combustible storage
125b	C	V	NM	NA	Combustible res. access
126a	C	V	NM	NA	Furnace inspection
126b	C	V	NM	NA	Furnace cleaning
127a	C	V	NM	NA	Portable space heaters
127b	C	V	NM	NA	Non-portable space heaters
128a	C	V	NM	NA	Kerosene heaters
128b	C	V	NM	NA	Stoves – approval/cleaning
128c	C	V	NM	NA	Wood/coal burning stoves
129a	C	V	NM	NA	Fireplace screens
129b	C	V	NM	NA	Fireplace cleaning
130a	C	V	NM	NA	Smoke det. – 15 ft bedroom

RESIDENT HEALTH

141a-1	C	V	NM	NA	Medical evaluation
141a-2	C	V	NM	NA	Medical evaluation content
141b1	C	V	NM	NA	Annual medical evaluation
141b2	C	V	NM	NA	Medical evaluation change
142a	C	V	NM	NA	Secure medical care
142b	C	V	NM	NA	Refusal-medical treatment
142c	C	V	NM	NA	Consent for treatment
142d	C	V	NM	NA	Secure preventive care
143a	C	V	NM	NA	Emergency medical plan
143b	C	V	NM	NA	Residents medical info
144b	C	V	NM	NA	Smoking – Home Rules
144c	C	V	NM	NA	Smoking procedures
144c-1	C	V	NM	NA	Smoking area guidelines
144c-2	C	V	NM	NA	Smoking area distance
144c-3	C	V	NM	NA	Smoking during transport
144d	C	V	NM	NA	Smoking outside

NUTRITION

161a	C	V	NM	NA	Meals – USDA allow.	184b	C	V	NM	NA	Resident meds labeled
161b	C	V	NM	NA	Well-balanced meals	184c	C	V	NM	NA	Sample prescription meds
161c	C	V	NM	NA	Additional portions	185a	C	V	NM	NA	Storage procedures
161d	C	V	NM	NA	Special dietary needs	185b	C	V	NM	NA	Medication procedures
161e	C	V	NM	NA	Dietary alternatives	186a	C	V	NM	NA	Authorized prescriber
161f	C	V	NM	NA	Drinking water	186b	C	V	NM	NA	Medication used by resident
162a	C	V	NM	NA	Hours between meals	186c	C	V	NM	NA	Changes in medications
162b	C	V	NM	NA	Missed meals	187a	C	V	NM	NA	Medication record
162c	C	V	NM	NA	Menus - posted	187b	C	V	NM	NA	Date/time of med admin
162d	C	V	NM	NA	Past menus	187c	C	V	NM	NA	Refusal to take medication
162e	C	V	NM	NA	Menu changes	187d	C	V	NM	NA	Follow prescriber's orders
163a	C	V	NM	NA	Food service handwashing	188b	C	V	NM	NA	Medication error reporting
163b	C	V	NM	NA	Sanitary practices	188c	C	V	NM	NA	Med error-documentation
163c	C	V	NM	NA	Good health	188d	C	V	NM	NA	System to doc med errors
163d	C	V	NM	NA	Infected wound	188e	C	V	NM	NA	Follow-up med errors
164a	C	V	NM	NA	Withholding meals	189a	C	V	NM	NA	Adverse reaction treatment
164b	C	V	NM	NA	Resident forced to eat	189b	C	V	NM	NA	Document adverse reaction
164c	C	V	NM	NA	Resident refusal-eat/drink	190a	C	V	NM	NA	Completion of course–meds
164d	C	V	NM	NA	Encourage nutrition	190b	C	V	NM	NA	Insulin injections
						190c	C	V	NM	NA	Record of training
						191	C	V	NM	NA	Resident right to refuse

TRANSPORTATION

171b1	C	V	NM	NA	Providing transportation
171b2	C	V	NM	NA	Transportation-staff age
171b3	C	V	NM	NA	Transp – no resid. drivers
171b4	C	V	NM	NA	Transportation-staff training
171b5	C	V	NM	NA	Transportation-first aid kit
171b6	C	V	NM	NA	Transp.– hands free cell
171b7	C	V	NM	NA	Transportation assistant
171c	C	V	NM	NA	Home's vehicle documents
171d	C	V	NM	NA	Transportation-medical appt

MEDICATIONS

181a	C	V	NM	NA	Self-administration assist.
181b	C	V	NM	NA	S-A Medication reminder
181c	C	V	NM	NA	S-A Assessment
181d	C	V	NM	NA	S-A Storing medication
181e	C	V	NM	NA	S-A Capable
181f	C	V	NM	NA	S-A Record of medication
182a	C	V	NM	NA	Referral
182b	C	V	NM	NA	Prescription medication
182c	C	V	NM	NA	Medication administration
183a-1	C	V	NM	NA	Orig. containers/no prepour
183a-2	C	V	NM	NA	Injections
183b	C	V	NM	NA	Meds, syringes locked
183c	C	V	NM	NA	Refrigerated meds locked
183d	C	V	NM	NA	Current medications
183e	C	V	NM	NA	Storing medications
183f	C	V	NM	NA	Discontinued medications
184a	C	V	NM	NA	Labeling – OTC/CAM

SAFE MANAGEMENT TECHNIQUES

201	C	V	NM	NA	Positive interventions
202	C	V	NM	NA	Prohibitions

SERVICES

221a	C	V	NM	NA	Program activities
221b	C	V	NM	NA	Activity types
221c	C	V	NM	NA	Post activity calendar
222	C	V	NM	NA	Social services
223a	C	V	NM	NA	Description of service
223b	C	V	NM	NA	Service procedures
224a	C	V	NM	NA	Preadmission screen form
224b	C	V	NM	NA	Assessment referral
224c	C	V	NM	NA	Preadmission screening
225a	C	V	NM	NA	Assessment – 15 days
225c	C	V	NM	NA	Additional assessment
225d	C	V	NM	NA	Higher level of care
226a	C	V	NM	NA	Mobility – assessment
226b	C	V	NM	NA	Mobility – requirements
226c	C	V	NM	NA	30 day DPW notice-mobility
227a	C	V	NM	NA	Support plan – 30 days
227c	C	V	NM	NA	Support plan – revision
227d	C	V	NM	NA	Support plan – med/dental
227e	C	V	NM	NA	Self-administer medication
227f	C	V	NM	NA	Resident participation
227g	C	V	NM	NA	Support plan - signatures
227h	C	V	NM	NA	Support plan – refusal sign

227i	C	V	NM	NA	Support plan – accessible	234b	C	V	NM	NA	Support plan - elements
227j	C	V	NM	NA	Support plan – copy	234c	C	V	NM	NA	SP responsible person
228a	C	V	NM	NA	Assistance in relocating	234d	C	V	NM	NA	Support plan - revision
228b	C	V	NM	NA	Discharge or transfer	234e	C	V	NM	NA	Involvement & participation
228c	C	V	NM	NA	Closure of the home	235	C	V	NM	NA	Discharge/transfer/closure
228d	C	V	NM	NA	Resident to leave the home	236	C	V	NM	NA	Staff training
228e	C	V	NM	NA	Discharge and transfer	237a	C	V	NM	NA	Activities
228h	C	V	NM	NA	Grounds- discharge/transfer	237b	C	V	NM	NA	Resident participation
						238	C	V	NM	NA	Staffing
						239a	C	V	NM	NA	Legal entity

SECURED DEMENTIA CARE UNITS

231b	C	V	NM	NA	Medical evaluation
231c	C	V	NM	NA	Preadmission screening
231e	C	V	NM	NA	No objection statement
231f	C	V	NM	NA	Assessed annually
231g	C	V	NM	NA	Non-dementia admission
231h	C	V	NM	NA	Resident-home contract
232a	C	V	NM	NA	Exercise – indoor/outdoor
232b	C	V	NM	NA	Bedroom – 2 residents
232c	C	V	NM	NA	Activity space
232d	C	V	NM	NA	Awareness/independence
233a	C	V	NM	NA	Lock approval
233b	C	V	NM	NA	Lock manufact. statement
233c	C	V	NM	NA	Key-locking devices
233d	C	V	NM	NA	Electronic/magnetic system
233e	C	V	NM	NA	Fire alarm systems
234a	C	V	NM	NA	Admission – support plan

RESIDENT RECORDS

251a	C	V	NM	NA	Resident record each res.
251b	C	V	NM	NA	Record entries - legible
251c	C	V	NM	NA	Standardized forms
251d	C	V	NM	NA	Res. records on premises
251e	C	V	NM	NA	Records – availability
252	C	V	NM	NA	Records – content
253a	C	V	NM	NA	Records – 3 year retention
253b	C	V	NM	NA	Records – disposal
253c	C	V	NM	NA	Records – logging disposed
253d	C	V	NM	NA	Records – audit/litigation
254a	C	V	NM	NA	Records – discharge/activity
254b	C	V	NM	NA	Policy and Procedures
254c	C	V	NM	NA	Records – storing

SETTLEMENT PROVISIONS TO BE MEASURED

- C V NM _____

*Additional pages to be added as needed.

