

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
BUREAU OF HUMAN SERVICES LICENSING
Assisted Living Residences (55 Pa.Code Chapter 2800)

Q/A - Regulatory Clarifications – August 2015

The clarifications and interpretations below will remain on the Department's web site until the information is included in the next updated Regulatory Compliance Guide (RCG).

Regulation: § 2800.15(c) – Abuse Reporting Covered by Law

§ 2800.15(c) - The residence shall immediately submit to the Department's assisted living residence office a plan of supervision or notice of suspension of the affected staff person.

Question: Does the residence have to submit a written plan following an allegation of abuse?

ANSWER: Yes, the residence needs to immediately submit to the applicable Departmental regional office a plan of supervision or notice of suspension of the affected staff person. This plan may be provided on the reportable incident form when reporting the incident to the regional office.

**Regulation: § 2800.16(d) – Reportable Incidents and Conditions;
§ 2800.141(a) – Resident Medical Evaluation and Health Care; §
2800.224(a) – Initial Assessment and Preliminary Support Plan**

§ 2800.16(d) - The residence shall submit a final report, on a form prescribed by the Department, to the Department's assisted living residence office immediately following the conclusion of the investigation.

§ 2800.141(a) - 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, subject to the provisions of § 2800.22 (relating to application and admission).

§ 2800.224(a)(2) - An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Question: Can an assisted living residence use older versions of Departmental forms?

ANSWER: No. The most current version on the DHS web site is the form approved by the Department.

Regulation: § 2800.202 – Prohibitions

§ 2800.202 - The following procedures are 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. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device or the resident or his designee understands the need for the device and consents to its use.

Question: When is a geriatric chair considered a restraint?

ANSWER: A geriatric chair or recliner is considered a restraint 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.

Regulation: § 2800.227(d) – Development of the Final Support Plan

§ 2800.227(d) - Each residence shall document in the resident's final support plan the dietary, 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 residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Question: Does the RASP need to be updated each time there is a change in dosage for a new or existing medication?

ANSWER: No. This information should be reflected on the resident's MAR; the MAR should be updated accordingly with this information.