

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

Q/A - Regulatory Clarifications – April 2017

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: § 2800.18 – Applicable Laws

§ 2800.18 - A residence shall comply with applicable Federal, State and local laws, ordinances and regulations.

Question: According to the National Fire Protection Association (NFPA) 720 standards the carbon monoxide detector shall be located "in the same room as a permanently installed fuel burning appliance." However, according to the Carbon Monoxide Alarms Standards Act which went into effect September 23, 2016, the carbon monoxide detector shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. Is it permissible for a residence to place a carbon monoxide detector in the same room as the fossil fuel burning appliance if the room is too small to allow for the carbon monoxide detector to be placed 15 feet or more from the fossil fuel burning appliance? Is it permissible for the residence if it follows the manufacturer's instructions and places the carbon monoxide detector in the same room as the fossil fuel-burning appliance?

ANSWER: 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. 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. Residences should keep the manufacturer's instructions on file, especially if the residence uses this information to place the detector within 15 feet from the device.

Question: What are some examples of fossil fuel-burning devices?

ANSWER: 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.

Question: If the approved CO detector installed in close proximity of a furnace or other appliance cannot be heard by a staff on duty on a specific floor or wing of the residence, does the additional CO detector that is required to be installed where it can be heard by staff need to be interconnected?

ANSWER: No, the Carbon Monoxide Alarms Standards Act does not require that the additional CO detector, installed where it can be heard by the staff on duty, is to be interconnected.

Regulation: § 2800.63(d) – First Aid, CPR and Obstructed Airway Training

§ 2800.63(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 training, unless the resident has a do not resuscitate order.

Question: Must the “Pennsylvania Orders for Life-Sustaining Treatment” (POLST) form be used?

ANSWER: No. Out of hospital DNRs and any document accepted by the home’s local EMS responders would also be acceptable.

Question: Also, which supersedes – the POLST form or the DNR?

ANSWER: 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.

Regulation: § 2800.184(a) – Labeling of Medications

§ 2800.184(a) - The original container for prescription medications must 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.*

Question: What is recommended regarding storage of insulin pens that don't have the pharmacy label on them? The manufacturer's instructions indicate 2 different storage temperatures; room temperature for opened pens and the refrigerator for unopened pens.

ANSWER: Since the manufacturer allows opened insulin pens to be stored at room temperature, they need to be labeled with the resident's first and last name, date it was opened, and staff's initials that opened the insulin pen. If the residence has a re-sealable bag with the label, the residence can store the opened insulin pens in the re-sealable bag. This would not be considered dispensing.

Regulation: § 2800.229(a), (b) – Excludable Conditions; Exceptions

§ 2800.229 -

(a) Excludable conditions. Except as provided in subsection (b), a residence may not admit, retain or serve an individual with any of the following conditions or health care needs:

- (1) Ventilator dependency.*
- (2) Stage III and IV decubiti and vascular ulcers that are not in a healing stage.*
- (3) Continuous intravenous fluids.*
- (4) Reportable infectious diseases, such as tuberculosis, in a communicable state that requires isolation of the individual or requires special precautions by a caretaker to prevent transmission of the disease unless the Department of Health directs that isolation be established within the residence.*

(5) Nasogastric tubes.

(6) Physical restraints.

(7) Continuous skilled nursing care 24 hours a day.

(b) Exception. The residence may submit a written request to the Department on a form provided by the Department for an exception related to any of the conditions or health care needs listed in subsection (a) or (e) to allow the residence to admit, retain or serve an individual with one of those conditions or health care needs, unless a determination is unnecessary as set forth in subsection (e).

Question: When are residences required to submit a Request to Admit a Resident with an Excludable Condition (RAREC) form?

ANSWER: A residence may not admit, retain, or serve an individual with an excludable condition without an exception. The residence should submit a RAREC form for an excludable condition prior to admission (if needs are already known) or if a resident develops an excludable condition while a resident of the residence when it is first diagnosed/discovered.