pennsylvania
DEPARTMENT OF HUMAN SERVICES

Office of Developmental Programs

REGULATORY COMPLIANCE GUIDE

A Tool for Community Home Regulators, Operators, and Stakeholders

55 Pa. Code Chapter 6400

Community Homes for Individuals with an Intellectual Disability or Autism

February 14, 2023 Edition

Introduction

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

55 Pa. Code Ch. 6400 (Relating to Community Homes for Individuals with Intellectual Disabilities or Autism) establishes the minimum requirements to operate a community home for individuals with intellectual disabilities or autism in the Commonwealth of Pennsylvania.

The Regulatory Compliance Guide, or RCG, is a companion piece to the Chapter 6400 regulations; 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.

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 licensing staffs need to know how compliance will be determined. This guide is meant to help operators and licensing staffs better understand and apply the regulations.

This guide has been developed to provide clear explanations of the regulatory requirements of Chapter 6400 to help providers provide safe environments and effective services to individuals through regulatory compliance and to help regulators protect individuals 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 as well as overviews of complex regulatory issues to provide a more global understanding of the chapter and its purpose.

Licensing Requirements versus Waiver Requirements

Chapter 6400 contains the minimum requirements that shall be met to obtain and maintain a license to operate a Community Home. Most – but not all – 6400 licensees are also enrolled as providers of Office of Developmental Programs (ODP) Home and Community-Based Waiver services ("Waiver providers"). Waiver providers must meet additional requirements beyond Chapter 6400 as established by the Department's Consolidated and Adult Autism Waivers, the terms of their ODP Provider Agreements, and 55 Pa. Code Chapter 6100 (Relating to Services for Individuals with an Intellectual Disability or Autism). [1] Adult Community Autism Program (ACAP) providers are not considered "waiver providers" for purposes of this guide; ACAP providers should refer to their ACAP agreements for requirements beyond Chapter 6400.

Portions of this guide provide information on the relationship between the Chapter 6400 regulations and additional requirements for Waiver providers. Please note that such information is not provided for purposes of maintaining regulatory compliance with Chapter 6400, but rather to ensure that providers are better able to differentiate between what is required for licensure and what is required to provide Waiver services. A crosswalk of human services licensing regulations and Chapter 6100 requirements is attached as an appendix to this guide.

[1] Chapter 6100 requirements also apply to base-funded providers; the "For Waiver Providers" section also applies to base-funded providers of the Residential Habilitation service.

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Using 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 to effectively use the guide:

43c	6400.43(c) - A chief executive officer shall have one of the following groups of qualifications: 1. A master's degree or above from an accredited college or university and 2 years work experience in administration or the human services field. 2. A bachelor's degree from an accredited college or university and 4 years work experience in administration or the human services field.

Discussion: Master's and bachelor's degrees do not need to be in any specific field or academic discipline. Honorary degrees are not acceptable.

Volunteer work and intern work may be counted as work experience.

"Human services field" includes, but is not necessarily limited to:

Anthropology	Counseling/Guidance	Health Education Music Therapy	Recreational Therapy
Art/Dance Therapy	Criminal Justice	Nursing/Medicine	Rehabilitation Counseling
Audiology	Divinity/Religion/Theology	Nutrition	Social Work
Child Development/Family Relations	Drama Therapy	Occupational Therapy	Sociology
Community Mental Health	Education	Pastoral Counseling	Special Education
Chemical Dependence Administration	Gerontology	Physical Therapy	Speech Pathology
	Health Administration	Psychology	Vocational Counseling

Inspection Procedures: Licensing staffs will review the CEO's degree or official college transcript and resume to determine compliance.

This portion lists the regulation exactly as it appears in Chapter 6400.

The "**Discussion**" section provides information about applying the regulation, including referencing other regulations and applicable narratives.

The "**Inspection Procedures**" section describes how licensing staff may measure compliance with the regulation.

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Primary Benefit: Ensures that the CEO has the required education and work experience to oversee services and supports provided to individuals.

For Waiver Providers: Per the Consolidated Waiver, in the case of an entity enrolled on or after November 1, 2018, to provide Residential Habilitation services, or a current provider hiring new executive level staff, one of the following must have a minimum of five years' experience as a manager with responsibility for providing residential services for individuals with an intellectual disability, developmental disability, autism and/or serious mental illness and a bachelor's degree:

- Executive Director; or,
- Chief Executive Officer; or,
- Chief Operations Officer; or,
- Director, Assistant or Associate Director.

This is not a Chapter 6400 requirement and is not required for licensure, but any 6400 licensee that wishes to render waiver-funded Residential Habilitation must meet this requirement in order to successfully enroll as an ODP provider.

The "**Primary Benefit**" section explains how the regulation protects individuals' health, safety, and well-being.

The "**For Waiver Providers**" provides information that is not related to licensing requirements but is important for Waiver providers to know and understand.

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When is a License Required?

Chapter 6400 defines "Community home for individuals with an intellectual disability or autism (home)" as "a building or separate dwelling unit in which residential care is provided to one or more individuals with an intellectual disability or autism, except as provided in § 6400.3(f) (relating to applicability). Each apartment unit within an apartment building is considered a separate home. Each part of a duplex, if there is physical separation between the living areas, is considered a separate home." Pursuant to 6400.3(f), Chapter 6400 does not apply to:

- *Private homes of persons providing care to a relative with an intellectual disability or autism.*
- A "relative" includes a parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, or nephew. Homes owned or leased by an individual with an intellectual disability or autism are also private homes unless the home is owned by a provider and leased to the individual.
- *Residential facilities operated by the Department.*
- *Intermediate care facilities for individuals with an intellectual disability licensed by the Department in accordance with Chapter 6600 (relating to intermediate care facilities for individuals with an intellectual disability) or intermediate care facilities for individuals with other related conditions.*
- *Foster family care homes licensed by the Office of Children, Youth and Families of the Department that serve only foster care children.*
- *Summer camps.*
- *Facilities serving exclusively personal care home, drug and alcohol, mental health, or domiciliary care residents.*
- *Residential homes for three or fewer people with an intellectual disability or autism who are 18 years of age or older and who need a yearly average of 30 hours or less direct staff contact per week per home.*
- "Direct staff contact" means "the provision of residential services (services provided in or by the home) to an individual as specified in the individual's ISP, either in-person or via active engagement/interaction with the individual using remote technology." Monitoring devices as part of remote support does not count as "direct staff contact." The 30-hour weekly average is calculated by determining the total amount of direct staff contact as defined above during each week that the provider renders or intends to render services. For example, if a provider renders 24 hours of service in week 1 and 40 hours of service in week 2, the average number of hours direct staff contact is 32 (24 hours + 40 hours = 64 hours ÷ 2 weeks = 32). If the individual receives services other than residential services, e.g., Community Participation Support, the hours of service for the other services is not included in the total hours of service calculation.
- If one or more individuals served in the home is under 18 years of age, the home must be licensed regardless of the number of hours of direct staff contact per week the individual requires.
- If an individual with an intellectual disability or autism resides in a licensed home, all regulatory requirements apply regardless of the number of hours of direct staff contact per week the individual requires.
- If one or more individuals with an intellectual disability or autism resides in an unlicensed building or separate dwelling unit in which residential care is provided by a provider that owns, leases, or operates the building/unit, the provider is responsible to demonstrate that all individuals who reside in the home need a yearly average of 30 hours or less direct staff contact per week per home.

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- *Child residential facilities which serve exclusively children, which are regulated under Chapter 3800 (relating to child residential and day treatment facilities).*
    - If both children and adults (people who are 18 years of age or older) reside in the home, Chapter 6400 licensure is required.

"Immediate"

The terms "immediate" or "immediately" appear in multiple regulations and discussion sections in this guide, but the term is not defined in regulation. As such, for the purposes of applying the Chapter 6400 regulations, the Department adopts the following clarification of "immediate":

- If the regulation references or relates to a statutory requirement, e.g., 6400.17 (relating to Reporting Child Abuse), the statutory definition of "immediate" will be applied.
- If an event or situation creates a suspicion of or actual threat to the individual's health, safety, welfare, or rights, "immediate" means "without delay for any reason upon discovery of the event or situation."
- If an event or situation where failure to act may impact the individual's need for new or modified services or treatment, "immediate" means that a plan to act must be developed and implemented to protect that individual's health, safety, welfare, or rights as soon as can be accomplished before the event or situation creates a suspicion of or actual threat to the individual's health, safety, welfare, or rights.

If a provider cannot determine whether the event or situation creates a suspicion of or actual threat to the individual's health, safety, welfare, or rights, actions must be taken without delay for any reason upon discovery of the event or situation.

The Department will evaluate the specific details or any situation where "immediate" action is required to determine whether the provider acted within an allowable timeframe.

Communication

Providers must ensure that written, oral, and other forms of communication with the individual and persons designated by the individual, occur in a language and the mode of communication preferred by the individual or a person designated by the individual. Anything required to be communicated to an individual and to persons designed by the individual must be communicated in the individual's preferred communication method.

Failure to engage in receptive and/or expressive communication using a communication method understood by the individual during direct and indirect service delivery will considered to be discrimination against the individual based on the individual's disability, a violation of 6400.32(a).

It is the provider's responsibility to assess, support, and assist each individual to determine the tools that the individual needs in order to communicate effectively.

Providers must provide aids and services when needed to communicate effectively with the individuals they support, including but not limited to:

(1) Assistive listening systems and devices
(2) Captioning
(3) Interpretation
(4) Telephone handset amplifiers, hearing-aid compatible telephones, text telephones (TTYs), videophones, captioned telephones, and other voice, text, and video-based telecommunications products
(5) Telecommunications relay service, video relay service, and video remote interpreting

Regardless of the mode of communication the individual uses, it is the provider's responsibility to ensure ready access to communication at all times, e.g., if the individual uses assistive technology to communicate, it is the provider's responsibility to ensure that the device(s) is charged, in good working order, and is readily accessible to the individual at all times.

Behavior is a form of communication; individuals who do not communicate using words or who are not understood by others may engage in behaviors such as aggression towards others, property destruction, or self-injurious behavior to get their wants and needs met. It is the provider's responsibility to recognize there is meaning behind the behavior and to assess, support, and assist the individual to determine the tools that the individual needs in order to communicate safely and effectively.

Communication is both expressive and receptive. Many individuals use multiple modes of communication both expressively and receptively. An individual may not use the same modality for expressive and receptive communication. For example, someone may prefer to receptively communicate in American Sign Language (ASL) but prefer to expressively communicate using spoken English. Another individual may prefer to receptively communicate using artifacts but will expressively communicate using eye gaze. I.e., if the individual uses American Sign Language and reads some English, the provider should not communicate solely through writing to the individual. The provider should be using American Sign Language.

Methods of communication include, but are not limited to:

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Aided Forms of Augmentative and Alternative Communication (AAC)	Communication devices that improve an individual's ability to communicate. This includes, but is not limited to, spoken output devices, tablets and computer applications that support expressive and receptive communication skills, Picture Exchange Communication System (PECS), print systems, braille, symbol systems, artifacts, objects of reference (OOR), and any other system of communication that does not solely rely on physical productions of communication (anything that is not gestured or voiced communication).
Artifacts, Tactile Cues, and/or Objects of Reference (OOR)	A concrete physical object, artifact, or texture that is used to refer to a person, place, object, or activity. The artifacts, textures, and objects must be individualized to the person using them and should be something that the person comes into contact with when interacting with the indicated person, place, object, or activity.
Braille	A form of written language for people who are blind, in which characters are represented by patterns of raised dots that are felt with the fingertips.
Eye Gaze	Prolonged glance at an object, person, or artifact for an extended period to communicate an interest or desire for interaction with said object, person, or artifact.
Haptics/Touch Cues	A tactile sensation that represents an incoming signal received by the somatic system, or a relationship between tactile sensations which can be used to infer a higher level of information. E.g., visual environmental or emotional information can be provided through touch.
Paralanguage	The non-lexical component of communication by speech, for example intonation, pitch and speed of speaking, hesitation noises, gesture, and facial expression.
Picture Exchange	The process by which information, requests, and comments are exchanged between individuals through pictures.
Picture Exchange Communication System (PECS)	PECS consists of six phases and begins by teaching an individual to give a single picture of a desired item or action to a "communicative partner" who immediately honors the exchange as a request. The system goes on to teach discrimination of pictures and how to put them together in sentences. In the more advanced phases, individuals are taught to use modifiers, answer questions, and comment.
Pidgin Signed English (PSE)	A grammatically simplified combination of ASL and English originally developed by hearing individuals who become Deaf or hard of hearing during adulthood. The main difference between PSE and SEE is that PSE still mainly follows ASL sentence structure such as the dropping of determiners, suffixes, and articles but is signed in English word order. SEE has its own set of accepted signs for all part of English including determiners, prefixes, suffixes, and articles.
Print Systems	Print Systems are used to support the development of communication, either instead of, or alongside, text, speech, sign language, or objects of reference; print systems are typically less complex than PECS, are homemade (not a part of the PECS official program materials) and are meant for individuals who have some degree of vision loss. Symbols can vary from concrete, such as a picture of a cartoon house to represent "home," to abstract concepts such as an arrow representing "up."
Sign Language	American Sign Language (ASL) a form of sign language developed in the US and used also in English-speaking parts of Canada. Foreign Sign Language is a form of sign language originating from another country i.e., British Sign Language, French Sign Language, Mexican Sign Language, etc.
Signed Exact English (SEE II)	A system of manual communication that strives to be an exact representation of English vocabulary and grammar.
Spoken language	A language produced by articulate sounds; a systematic means of communicating by the use of sounds. This includes all spoken languages such as English, Spanish, Chinese, etc. *Spoken language does not always equal communication.
Symbol Systems	Symbol Systems are used to help people with complex disabilities, including those who are Deaf-Blind, to understand what is being communicated to them; to anticipate an event or activity; to express themselves, and to make choices. Types of symbolic systems include objects of reference (OOR), symbolic objects, photos,

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	pictures, line drawings, and written text that can be used independently or in conjunction with other communication methods, as part of a total communication approach.
Tactile Sign Language	A common means of communication used by people with both a sight impairment and hearing loss (Deaf-Blindness), which is based on a sign language or other system of manual communication. "Tactile signing" refers to the mode or medium i.e., signing (using some form of signed language or code) using touch.
Visual Gestural Communication	A method of communication that provides a means of bypassing vocabulary and strict grammar rules of a language, and instead involves gestures, facial expression, and body language use and analysis.

Responding to Medical Emergencies

Any event that threatens someone's life or limb in such a way that immediate medical care is needed to prevent death or serious impairment of health is considered to be a medical emergency.

When responding to a medical emergency, time is of the essence, and delays in treatment can often lead to more serious consequences, or even death. It is essential that all provider staff know how to recognize medical emergencies and how to seek immediate medical attention when a medical emergency occurs. ODP has issued a Health Alert that includes extensive information about medical emergencies and how to properly respond to them. It is strongly recommended that providers review the Health Alert and incorporate its content into their staff training plans and operational policies.

First responders and medical professionals providing immediate medical attention need information about an individual's health needs to provide the best and most appropriate type of treatment. This information should be readily accessible in the event of an emergency and accompany the individual to the hospital where emergency treatment will be provided.

It is very important that the information about individual's health needs that is provided to first responders and medical professionals be concise such that they can quickly and easily understand the individual's current health needs. The information should include, at a minimum:

- The individual's name and birth date.
- The individual's Social Security number.
- The individual's preferred method of communication.
- The individual's physical disabilities.
- The individual's ability to ambulate.
- Assistive devices used by the individual.
- The individual's physician's name and telephone number.
- A list of the individual's current medications, including the dosage and frequency.
- A list of the individual's allergies.
- The individual's insurance or third-party payer and identification number.
- The individual's power of attorney for health care or health care proxy, if applicable.
- The individual's designated person with current address and telephone number.
- Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable.

Grace Periods

- 5-day grace periods are permitted for certain requirements that require completion in less than 1 year. If a grace period is permitted, this will be noted above the "Discussion" section of the applicable regulations.
- 15-day grace periods are permitted for certain annual requirements. If a grace period is permitted, this will be noted above the "Discussion" section of the applicable regulations.
- Grace periods for some regulations are not permitted. If a grace period is not permitted, this will be noted above the "Discussion" section of the applicable regulation's requirements.
- Grace periods for the following sections of regulations are not permitted.
    - Incident Management
    - Individual Rights
    - Staff Training
    - Medication Administration

To the extent that flexibility is permitted, it will be described in the "Discussion" section of any given regulation within the section.

Clarification of Terminology

"Generally"

The term "generally" appears many times in this guide when clarifying the meaning of a term used in a regulation. It does not constitute a strict interpretation or regulatory definition of the clarified term, nor does it limit the term's interpretation by the Department.

"Provider"

The term "provider" is used throughout the guide; the term as used here means a person, entity, or agency that delivers a service to the individual. Unless otherwise specified, it applies to all staff employed or contracted with a provider agency. When a regulation reads "home," the term should be interpreted to include the provider agency as a whole.

"Recommended"

Throughout the RCG, you will repeatedly see the words "recommended" or "strongly recommended." These words indicate that 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.

Changes to Regulation

The content of each regulation in this guide has not been altered in any way from how the regulation appears in Chapter 6400. In some cases, the format of the regulations has been modified to improve readability.

"Complaints" versus "Grievances"

The terms "complaint" and "grievance" are synonymous for purposes of enforcing Chapter 6400. Both mean "an expression of dissatisfaction with or allegation of wrongdoing by the provider or a person employed by the provider."

Electronic Signatures

Electronic signatures are permissible for any document that must be "signed" by regulation. Providers are responsible for ensuring that electronic signatures conform to all applicable statutes and regulations relating to electronic signatures, including but not limited to the Electronic Transaction Act (73 P. S. § § 2260.101—2260.5101).

When Staff Reside in the Home

Direct support professionals occasionally live in the Community Homes where they are employed as their primary residence. While this is not specifically prohibited by regulation, none of the protections afforded by Chapter 6400 may be impeded or compromised by shared residency.

Grouping

This guide generally lists the regulations in sequential order. In some cases, regulations from different sections or subsections have been grouped together for operational purposes, i.e., because the regulations will usually be measured at the same time.

Inspection Procedures

Please note that the "Inspection Procedures" section 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.

Entrance and Exit Conferences

Each inspection will include an entrance and exit conference. Conferences may be conducted in-person, remotely using audiovisual technology, or via a hybrid in-person/remote process.

Entrance Conferences

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, licensing staff will:

(a) Introduce each agent of the Department by name, department, and title.

(b) Briefly state the purpose of the inspection.

(c) 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, licensing staff will

not disclose the identity of complainant or the specific subject/topic of complaint but may provide the 6400 section head(s) that will be reviewed, e.g., "physical site."

(d) 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.

(e) Provide an opportunity for the provider to ask basic, initial process questions.

(f) Request a workspace in the home where staff may work in private.

Exit Conferences

If the inspection will last more than one day, licensing staff will conduct a partial exit conference with the provider at the end of each day on-site. Licensing staff will explain the progress of the inspection, including what has been and what remains to be done and when Licensing staff will return to complete the inspection.

Prior to conducting the final exit conference, licensing staff will:

(a) Review the regulations to be measured during a full inspection to ensure that compliance has been measured in all areas.

(b) Confer and agree on preliminary findings.

(c) Notify the provider and impacted counties/Administrative Entities (AE) of the time and place of the exit conference.

During the final exit conference, licensing staff will:

6400 Allow the provider to include any staff they wish to have present, including attorneys.

6401 Remind attendees that the purpose of the conference is to provide preliminary violation findings.

6402 Review each violation found, provide the rationale for each regulation cited, provide technical assistance, and discuss the home's Plan of Correction (POC).

6403 Invite providers to respond to the preliminary findings or demonstrate compliance with regulations found in violation. The provider may present missing documents or materials to show evidence of compliance or corrections made during the inspection.

6404 Provide an opportunity to ask questions about the process or the regulations.

6405 Refer to appropriate local or state training sources.

6406 Provide forms, technical assistance materials, and other documents to assist with compliance.

6407 Explain the process for developing an acceptable, step-by–step POC using this guide.

6408 Explain the next steps in license process.

During the final exit conference, Licensing staff will NOT:

(a) Make preliminary licensing recommendations,

(b) Speculate regarding possible licensing outcomes,

(c) Discuss possible enforcement actions; or

(d) Make statements of value judgments about the home's appearance, operations, or staff.

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Regulatory Waivers

Providers must comply with all regulations. However, the Department recognizes that there are occasions where compliance with a regulation impedes the provider's ability to provide services to an individual. As a result, the Department permits providers to request that a section, subsection, paragraph, or subparagraph of a regulation not apply when it is in the best interest of an individual or group of individuals who receive services from the provider.

A waiver request will be granted if only certain conditions are met. The following is required for a regulation to be waived:

1. There is no jeopardy to an individual's health, safety, and well-being if the waiver is granted,
2. An individual or group of individuals will benefit if the waiver is granted because it will result in increased person-centered practices, integration, independence, choice, or community opportunities for individuals; and
3. Any additional conditions deemed appropriate by the Department based on the circumstances unique to a given situation are met.

Regulations that Will Not be Waived

Department will accept and act on requests for regulatory waivers except for the following regulations:

- §§ 6400.1-5 (relating to General Provisions).
- §§ 6400.11 - 25 (relating to General Requirements).
- §§ 6400.31-34 (relating to Individual Rights)
- §§ 6400.191-210 (relating to Restrictive Procedures).

The Department will not approve any request to waive the above regulations. In the event that compliance with one or more of the above regulations impedes the ability to provide services to an individual, providers are encouraged to contact the Department for technical assistance with reaching the desired outcome while maintaining compliance with the regulation outside of the regulatory waiver process.

Requesting a Waiver

- All requests for waivers of a regulation must be submitted on form DP 1087 "Request for Waiver of Regulation," available here. Requests received via any other format will be returned to the licensee or ODP enrolled provider with instructions for proper submission.
- The DP 1087 form must be completed in its entirety and include any documentation necessary to support the request.
- In some cases, the Department may contact the licensee for clarification or additional information relating to the request in order to make an informed decision about the request. Communication with a requestor relating to the request prior to making a final decision may be through email, telephone, telecommunications applications that offer live-feed video interactions, or any other method.
- If the waiver relates to specific individuals, the requestor must provide a copy of DP-1087 to the affected individuals and to persons designated by the individuals prior to or at the

same time as submission to the Department. If more than one specific individual is impacted, the copy provided to any one individual may only include that individual's identifying information; other individuals' identifying information must be redacted. For example, if a waiver request impacts three individuals, identifying information for "Individual 2" and "Individual 3" must be redacted on the copy provided to "Individual 1," and so on.

Providers must comply with all regulations unless a waiver has been approved. Submitting a request for a waiver does not permit noncompliance, nor is a plan to submit a waiver an acceptable plan of correction for a regulatory violation.

The Waiver Decision

Licensees will receive formal notice of the Department's decision via email. In the event that the waiver request is denied, notice will also be sent via traditional and certified mail.

Licensees have the right to appeal the denial of a waiver request in accordance with 1 Pa. Code Part II, Chapters 31-35; ODP enrolled providers have the right to appeal the denial of a Chapter 6100 waiver request in accordance with 55 Pa. Code Chapter 41 (relating to Medical Assistance Provider Appeal Procedures).

All individuals and persons designated by the individuals who received copies of the request must also receive a copy of the Department's decision. If the decision includes identifying information about multiple individuals, copies provided to any one individual and designated person must be redacted as described above.

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 individuals.

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General Requirements

Licensure or Approval of Facilities and Agencies	
11	6400.11 - The requirements specified in Chapter 20 (relating to licensure or approval of facilities and agencies) shall be met.

Discussion: Community homes for individuals with intellectual disabilities or autism are licensed in accordance with the licensing procedures established by 55 Pa. Code Chapter 20. Community homes are strongly encouraged to review Chapter 20. Chapter 20 and all other Department of Human Services regulations may be found at www.Pa. Code.com.

Inspection Procedures: If a violation of Chapter 20 is suspected, licensing staff will seek supervisory guidance before documenting a violation on a Licensing Inspection Summary.

Primary Benefit: Chapter 20 contains additional regulatory requirements to protect individuals' health, safety, and rights.

Maximum Capacity	
13	6400.13 - The maximum capacity specified on the certificate of compliance may not be exceeded.

Discussion: "Maximum capacity," also known as "licensed capacity," means the total number of individuals who require community home services that the home is permitted to serve. The licensed capacity for each home operated by a provider agency is listed on the agency's current license.

To ensure equitable treatment and consistency of practice, the Department's policy is to establish the maximum capacity of homes based on the applicable regulatory requirements related to same.

The following must be taken into consideration when determining maximum capacity:

- The maximum licensed capacity in a community home is initially determined by the number of bathtubs, showers, and toilets. A home with only one bathtub or shower cannot exceed a licensed capacity of 4. A home with only one toilet cannot exceed a licensed capacity of 4.
- Per 6400.81 - relating to individual bedrooms - any room that has the following must be counted as a bedroom:
    a. A door;
    b. At least one exterior window that permits a view of the outside;
    c. A closet or wardrobe space; and
    d. At least 80 square feet of wall-to-wall space.
- Any bedroom that has:
- 120 square feet or more is considered a two-person bedroom by default.
- 119 square feet or less is considered a one-person bedroom by default.

See Part 2, Certificates of Occupancy and Maximum Capacity for more details.

Inspection Procedures: Licensing staff will verify the total number of individuals who reside in the home. If the number of individuals exceeds the maximum capacity as specified on the license, a violation will be recorded.

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.

For Waiver Providers: Licensed capacity is not the same as "Approved Program Capacity," or APC. APC is the maximum number of individuals who are authorized by the Department to receive services, regardless of funding, at an enrolled home. The licensed capacity may be greater than or equal to the APC but can never be less than the APC. APC is managed by ODP's Regional Waiver Capacity Managers and is separate and distinct from the licensing process.

Fire Safety Occupancy Permit

14a	6400.14(a) - If the home is located outside the cities of Philadelphia, Scranton, and Pittsburgh and is located in a multiple family dwelling, the home shall have a valid fire safety occupancy permit listing the appropriate type of occupancy from the Department of Labor and Industry. If the home is located in the cities of Philadelphia, Scranton, or Pittsburgh, the home shall have a valid fire safety occupancy permit from the Department of Public Safety of the city of Pittsburgh, the Department of Licensing and Inspection of the city of Philadelphia, or the Department of Community Development of the city of Scranton, if required by local codes.

Discussion: Each home must have a valid certificate of occupancy for the service location unless otherwise noted by the municipality or township where the service location is located that a certificate of occupancy is not required.

If the municipality will not issue a letter to the provider because municipal codes clearly specify that a certificate of occupancy is not required, providers may present documentation of the date, time, and person contacted at the municipality, and contact information for the person along with a copy of the salient codes as evidence of compliance. The Department may contact the municipality to verify the information.

A Fire Safety Occupancy permit is acceptable in certain municipalities if a building was constructed prior to a certain year. Other preliminary inspection reports or letters are not acceptable.

Inspection Procedures: A certificate of occupancy is submitted during the initial licensing application process and a copy should be available to licensing staff upon request.

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

14b	6400.14(b) - If the fire safety occupancy permit is withdrawn, restricted, or revised, the home shall notify the Department orally within 1 working day and in writing within 2 working days.

Discussion: A certificate of occupancy may be withdrawn or restricted for reasons such as property damage or physical site modifications that were not approved by the local building authority. Withdrawal or restriction will be issued in writing; this written documentation should be provided to the Department with the notification required by this regulation.

Inspection Procedures: Licensing staff will ask the person responsible for certificates of occupancy whether the certificate was withdrawn, restricted, or revised for any home within the past year and/or review appropriate documentation relating to same.

Primary Benefit: Ensures that individual health and safety is not compromised by failure to meet or maintain construction standards.

14c	6400.14(c) - If a building is structurally renovated or altered after the initial fire safety occupancy permit is issued, the home shall have a new occupancy permit or written approval if required from the Department of Labor and Industry, the Department of Health, the Department of Public Safety of the city of Pittsburgh, the Department of Licensing and Inspection of the city of Philadelphia, or the Department of Community Development of the city of Scranton.

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.

Inspection Procedures: Minor repairs generally do not require new permits. However, major repairs or renovations may. Licensing staff 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.

Primary Benefit: Ensures that individual health and safety is not compromised by failure to meet or maintain construction standards.

Certificates of Occupancy

A certificate of occupancy (called a "Fire Safety Occupancy Permit" in Chapter 6400) 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

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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 facilities are rated as "institutional" type construction because the occupants are unable to leave the premises due to incarceration.

Each community home must have a certificate of occupancy. Because community homes by definition provide services for a period exceeding 24 hours - in other words, because people sleep in them – and because the individuals are able to come and go from the homes, the homes' occupancy types must be "individual."

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, community homes were issued fire safety approvals through regulations adopted under the Fire and Panic Act of 1927. 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, community 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 certificates of occupancy for buildings constructed after 2004 include:

I-2 R-3 I-1 R-4

Acceptable certificates of occupancy for buildings constructed between 1927 and 2004 include:

C-1	C-3	SPCH
C-2	LPCH	C2/LP

If home is located in Philadelphia, Scranton, and Pittsburgh – contact the Department's Operator Support Hotline or the Department's Regional Office

For buildings constructed before 1927: contact the Department's Regional Office.

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.

Homes should always contact the local building code authority or the Department of Labor and Industry for guidance about whether a new Certificate of Occupancy is required prior to making any renovations.

Self-Assessment of Homes	
15a	6400.15(a) - The agency shall complete a self-assessment of each home the agency operates serving eight or fewer individuals, within 3 to 6 months prior to the expiration date of the agency's certificate of compliance, to measure and record compliance with this chapter.

Grace Period: Not permitted.

Discussion: Providers must assess all homes for regulatory compliance as required by this regulation. It is strongly recommended that detailed corrective actions are included on all completed self-assessments and providers incorporate the self-assessment process into their overall quality management process. It is always better for a provider to identify and correct a violation before it is discovered by the Department.

It is also recommended that providers use the results of the last full inspection (the Licensing Inspection Summaries and Plans of Correction) conducted by the Department as part of their self-assessments.

Although this regulation reads "within 3-6 months of the expiration of the agency's license," it is strongly recommended that providers complete the assessment within 6-9 months following **the last annual inspection by the Department**. This supports the provider in making corrective actions prior to the inspection where violations may be found.

Provider agencies are encouraged to complete self-assessments throughout the year as method to identify areas of noncompliance and correct identified violations.

Self-assessment forms can be found here.

Inspection Procedures: Licensing staff will review providers' records to ensure that the self-assessment was completed within 3-6 months of either the expiration date of the current license or 6-9 months following the last annual inspection by the Department. If a provider identifies areas of noncompliance while completing a self-assessment, provided those noncompliance areas have been corrected, licensing staff will not identify those areas as noncompliant. **Violations identified and subsequently corrected through the self-assessment process will not be cited on the Department's Licensing Inspection Summary.**

Primary Benefit: Allows provider agencies to measure compliance and correct any identified violations prior to an annual renewal inspection conducted by the Department.

For Waiver Providers:

Providers will also be required to complete programmatic "self-assessments" for reasons unrelated to licensing, e.g., the Quality Assessment and Improvement (QA&I) process. Please note that the "self-assessments" referenced in this section are different from programmatic self-assessments.

15b	6400.15(b) - The agency shall use the Department's licensing inspection instrument for the community homes for individuals with an intellectual disability or autism regulations to measure and record compliance.

Discussion: The Department's licensing inspection instrument is attached as Appendix A of this guide. Providers may use their own inspection instruments to measure and record compliance with the 6400 regulations as long as the provider's instrument includes **all** of the elements of the Department's instrument. It is the provider's responsibility to demonstrate how their instruments include all of the elements of the Department's instrument.

Inspection Procedures: Licensing staff will review the self-assessment completed by the agency to ensure that the Department's instrument or an instrument that contains all of the elements of the Department's instrument was used.

Primary Benefit: Allows provider agencies to measure compliance and correct any identified violations prior to an annual renewal inspection conducted by the Department.

15c	6400.15(c)- A copy of the agency's self-assessment results and a written summary of corrections made shall be kept by the agency for at least 1 year.

Discussion: It is recommended that providers maintain self-assessment results for at least four years to identify performance trends as part of a quality management process.

The comment boxes provided on the self-assessment tool should be utilized to capture identified violations and a summary of the corrections made.

Inspection Procedures: Licensing staff will review the provider's records to ensure that results are maintained for at least one year.

Primary Benefit: Allows providers to track performance over time to avoid systematic noncompliance and repeated violations; demonstrates a good-faith effort to comply with the Department's regulations.

For Waiver Providers: § 6100.54(c)(1) requires that records, documents, information, and financial books be kept for at least 4 years from the Commonwealth's fiscal year-end or 4 years from the provider's fiscal year-end, whichever is later.

Abuse	
16	6400.16 - Abuse of an individual is prohibited. Abuse is an act or omission of an act that willfully deprives an individual of rights or human dignity or which may cause or causes actual physical injury or emotional harm to an individual, such as striking or kicking an individual; neglect; rape; sexual molestation, sexual exploitation, or sexual harassment of an individual; sexual contact between a staff person and an individual; restraining an individual without following the requirements in this chapter; financial exploitation of an individual; humiliating an individual; or withholding regularly scheduled meals.

Discussion: As specified in the regulation, abuse is either:

- An act or omission of an act that willfully deprives an individual of rights or human dignity, or
- An act or omission of an act which may cause or causes actual physical injury or emotional harm to an individual.

The term "willful" generally means an intentional or deliberate act or omission of an act.

Examples of abuse include, but are not limited to:

- The infliction of injury to an individual by a staff person,
- The infliction of injury to an individual by another individual,
- Failure to provide care recommended by a health care professional such as diet restrictions, feeding procedures, physical positioning routines, and ensuring a trauma-free environment,
- Inappropriate use of restrictive procedures as specified at 6400.193,
- Use of a prohibited procedure specified at 6400.207,
- Intimidation or punishment of an individual,
- Deprivation by the community 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 individual,
- Abandonment or desertion by the community home or its staff persons, which generally means an act or omission of an act that knowingly and intentionally results in leaving an individual unattended that is not consistent with the individual's needs as specified in the Individual Plan,
- Mistreatment or discipline of any kind,
- Any sexual contact, regardless of consent, between an individual and a staff person,
- Psychological abuse that causes or may cause mental or emotional anguish by threat, intimidation, humiliation, isolation, or other verbal or nonverbal conduct.

This regulation also prohibits neglect of an individual, generally defined as failure to provide needed or adequate care. Examples of neglect include, but are not limited to:

- Failure to provide needed care,
- Failure to provide care as instructed by a health care professional or as specified in the Individual Plan,
- Failure to provide other needed supervision,

- Failure to provide protection from hazards.

Abuse and neglect may be a single event or a pattern of events over time.

A single person may be a victim of abuse or neglect, but systematic failures within the agency that create conditions conducive to physical injury or emotional harm may also be considered abuse or neglect. For example, an agency that fails to implement Individual Plans, maintains inconsistent records about individuals' needs, and does not properly train its staff creates conditions where abuse or neglect could easily occur.

Additional information related to abuse, neglect, and exploitation is located in ODP's most current Incident Management Bulletin.

Inspection Procedures: Each instance of abuse will be evaluated based on the circumstances specific to the situation. Inspection procedures will generally include reviewing providers' records, staff interviews, discussions with individuals and families, and the review of documentation produced by a third party, e.g., medical records obtained from a hospital. 6400.32(c) may be cited in addition to this regulation.

Primary Benefit: Protects individuals from abuse, neglect, and exploitation.

Child Abuse	
17	6400.17 - The home shall immediately report abuse or suspected abuse of an individual 17 years of age or younger to ChildLine 1(800) 932-0313.

Discussion: Information about ChildLine and abuse reporting is available here.

Grace Period: Not Permitted.

Inspection Procedures: Licensing staff will consult with applicable Department personnel in the event of any suspected violation of this regulation.

Primary Benefit: Ensures that children are protected from abuse.

Incident Report and Investigation	
18a	6400.18(a) – The home shall report the following incidents, alleged incidents, and suspected incidents through the Department's information management system or on a form specified by the Department with 24 hours of discovery by a staff person: • Death. • A physical act by an individual in attempt to complete suicide. • Inpatient admission to a hospital. • Abuse, including individual to individual abuse. • Neglect. • Exploitation. • An individual who is missing for more than 24 hours or who could be in jeopardy if missing at all. • Law enforcement activity that occurs during the provision of a service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual. • Injury requiring treatment beyond first aid. • Fire requiring the services of the fire department not including false alarms. • Emergency closure. • Theft or misuse of individual funds. • A violation of individual rights.
18b	6400.18(b) – The home shall report the following incidents, alleged incidents, and suspected incidents through the Department's information management system or on a form specified by the Department with 72 hours of discovery by a staff person: • Use of restraint.

	A medication error as specified in §6400.167 (relating to medication errors), if the medication was ordered by a health care practitioner.

Discussion: "The Department's information management system" is the Enterprise Incident Management (EIM) system. Providers are expected to use EIM in lieu of the paper form unless EIM is not operational. Incidents reported by form must be entered into EIM as soon as possible.

Providers are required to utilize the most current ODP incident management (IM) bulletin in order to satisfy the reporting requirements as specified in these regulations. The IM bulletin establishes categories for the required reporting incident types specified in these regulations for operational purposes. Each incident primary category has been defined and given secondary category delineations in order to support better outcomes when conducting incident/risk management activities. A crosswalk between incident types in regulation and primary/secondary category delineations is available in the most current IM bulletin.

At no time may a provider conduct an "informal review" of an event that may be classified as an incident, in lieu of ensuring the reporting of an incident in the Department's information management system.

Providers are required to be diligent in detecting incidents. Alleged and suspected incidents may be detected via a variety of methods beyond verbal reports. These include, but are not limited to:

- Observation of physical, behavioral, or emotional indicators of abuse, neglect, or another incident type.
- Trend analysis reveals patterns of injury, illness, or other incidents that could be indicators of abuse, neglect, or another incident type.

Failure to report, investigate, analyze, and react to incidents could have significant legal, regulatory, and programmatic consequences. It is essential that providers have a robust incident management process that is integrated into their general business practices.

The Incident Management process is a subset of a larger risk management process. Incident policies, procedures, training, response, and reporting are all important components of the process. Combined with other areas of risk assessment such as employee injuries, complaints, satisfaction surveys, and hiring practices, incident management is an essential component of a comprehensive quality management process.

Inspection procedures: Licensing staff will verify that the incident report was submitted on time (within 24 or 72 hours of discovery) by reviewing the EIM incident reports, the EIM management review report, records, applicable policies, interviewing staff, and interacting with individuals. If, during the course of the inspection, an unreported incident is discovered, a citation under 18a or 18b will be issued. In addition, a citation under 18a or 18b will be issued if an incident is reported beyond the required timeframe and there is not correction action documented or implemented within the Department's information management system.

18c	6400.18(c) – The individual and persons designated by the individual shall be notified within 24 hours of discovery of an incident relating to the individual.
18d	6400.18(d) - The home shall keep documentation of the notification in subsection (c).
18e	6400.18(e) - The incident report, or a summary of the incident, the finding, and the actions taken, redacted to exclude information about another individual and the reporter, unless the reporter is the individual who receives the report, shall be available to the individual and persons designated by the individual upon request.

Discussion: Notification is based on individual preference and any legal requirement. Individuals have the right to withhold notification about an incident at any time unless there is a notification requirement based on a formal legal relationship (such as guardian). Providers are to verify with the individual or the person who makes decisions on the individual's behalf who should receive notification about an incident each time an incident occurs, regardless of the information reflected in an individual's record; incidents are by nature unexpected such that individuals may feel comfortable with some information being shared and uncomfortable with other information being shared depending on the circumstances of each incident. The only exception to 6400.18(c) is when a person designated by the individual is the alleged perpetrator in an incident requiring investigation by a Department-Certified Investigator.

Acceptable documentation of notification may be contained in the Department's information management system.

An incident report does not include the investigation file. In order to satisfy the requirements listed in 6400.18 (e), providers must supply the following:

1. A summary of the incident, to include:
    a. A description of the incident,
    b. The immediate action(s) taken to protect the health, safety, and well-being of the individual,
    c. Incident classification, and
    d. All notification information to include date and person or entity notified.
2. The findings, to include:
    a. Additional Information, and
    b. Investigation findings and determination (when applicable).
3. The actions taken, to include:
    a. Corrective Actions planned or implemented, and
    b. Medical Intervention Information.

Any release of information must comply with all applicable laws and regulations that include but are not limited to:

1. Personally identifiable information (**PII**).
2. The Health Insurance Portability and Accountability Act (HIPAA).
3. Disability Rights Pennsylvania (ODP Bulletin 00-08-15, Disability Rights Network Access to Records and Joint Investigations).

Personally identifiable information (**PII**) is information which can be used to distinguish or trace an individual's identity, such as their name, social security number, biometric records, etc. alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

HIPAA (Health Insurance Portability and Accountability Act of 1996) is United States legislation that provides data privacy and security provisions for safeguarding medical information.

Inspection Procedures: Licensing staff will determine that notifications occurred, and records were released as requested by reviewing records, applicable policies, interviewing staff, and interacting with individuals.

Primary Benefit: Individuals designated by the individual are notified of significant events. In addition, individuals that have a circle of support extending beyond the paid provider service system experience a greater quality of life and an increase in health and safety protections.

18f	6400.18(f) – The home shall take immediate action to protect the health, safety, and well-being of the individual following the initial knowledge or notice of an incident, alleged incident, or suspected incident.

Discussion: A strong incident management system begins with recognition and response to events.

Providers must demonstrate that prompt, adequate actions to protect health, safety, and rights are implemented and documented within the Department's information management system. While there is no defined timeframe for immediate, actions must be taken (or planned) no later than 24 hours after discovery/recognition of an incident. Providers must be careful when "planning" actions to protect health, safety, and rights. In general, things such as emergency medical attention, separation of targets, notifications to law enforcement, or protective service entities, etc. are not considered things that can be planned for a future date/time. However, formal counseling, appointments at rape crisis centers, etc. are actions that can be taken after 24 hours have passed from incident discovery/recognition, but the documentation that these are being planned must be present in the Department's information management system.

All aspects of the incident must be considered when determining if prompt and appropriate action was taken as a result of an incident. Key indicators of prompt and appropriate action include but are not limited to:

1. The involvement of law enforcement.
2. Separation of individual(s) from alleged targets.
3. Prompt medical attention.

Medical attention generally refers to examination and/or treatment by a qualified medical professional and/or basic first aid. Depending on the nature of the incident, staff implementing immediate first aid alone may not satisfy this requirement. When reviewing evidence related to medical care consider the following:

a. Did the staff person(s) recognize symptoms of illness or injury and seek treatment promptly?
    i. Evidence that neglect may have occurred can include, but is not limited to:

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1. Unnecessary delays in calling emergency services, such as calling program supervisor, nursing staff, family etc. before 911.
2. Failure to acknowledge/recognize symptoms of illness/injury such that the individual:
    a. Reports illness, pain, discomfort etc. and there is a failure to seek prompt treatment.
    b. Displays signs or symptoms of illness/injury and they are not recognized which causes a failure to seek prompt treatment.

b. Did the staff person(s), caregiver(s), or other responsible person(s) provide CPR, First Aid, or other life-sustaining treatment appropriately and promptly?
    i. Was CPR initiated if appropriate?
    ii. Was First Aid applied correctly?

c. Were all person-centered health care protocols followed, including:
    1. Meal preparation.
    2. Special diet.
    3. Supervision plan(s).
    4. Eating protocols.
    5. Skin integrity protocols.
    6. Medication Administration.

Failure to take immediate action to protect the health, safety, and well-being of the individual following the initial knowledge or notice of an incident, alleged incident, or suspected incident is a form of neglect.

Inspection Procedures: Licensing staff will determine that actions to protect health, safety, rights, and well-being were completed by reviewing records, applicable policies, interviewing staff, and interacting with individuals.

Primary Benefit: Increase in health and safety protections for all individuals at an organization via the implementation of policies and procedures that allow for immediate actions to protect health, safety rights, and well-being.

18g	6400.18(g) - The home shall initiate an investigation of an incident, alleged incident, or suspected incident within 24 hours of discovery by a staff person.

Discussion: The rules of evidence followed by investigators when conducting investigations generally relate to one of three critical elements: OBJECTIVITY, SPEED, and THOROUGHNESS. The need to begin an investigation within 24 hours is most closely related to speed. ODP uses investigator assignment and witness testimony to measure the adherence to the 24-hour initiation of investigations. The provider must assign a Department Certified Investigator (CI) no later than 24 hours after discovery of an alleged incident by a staff person. In addition, a CI pursuant to 6400.18(h) is required to collect the first witness statement no later than 24 hours from being assigned to investigate the incident.

The rules of evidence related to speed exist because of what is considered the "half-life" of evidence. All evidence changes character over time. The properties, characteristic, condition, etc. that a piece of evidence has today will evolve and become different tomorrow.

Witness testimony may also be altered or lost when investigations are delayed. Witness memories change or fade over time. As humans we have the ability to replay memories in our minds. As a result, those memories can inadvertently be altered over time, causing the original experiences/observations to be changed. "Rehashing" the incident with others can also inadvertently cause memories to change, as well as intentionally "colluding" with another person to "get the stories straight." Because of these factors, it is critical to initiate witness interviews as close to the time of incident discovery as possible, e.g., the first witness interview should occur no more than 24 hours after the discovery of the incident.

Licensing staff will determine that the CI obtained the first witness statement within 24 hours of being assigned the investigation by reviewing the investigation file and information in EIM. It is important to note that the CI may exceed this timeframe in certain circumstances. The CI must make a notation in the Certified Investigator's Report (CIR) about the reason for this delay. If the reason for the delay is a circumstance beyond the control of the CI and/or the provider and is documented in the CIR it will not result in a regulatory violation.

Inspection Procedures: Licensing staff will determine that the provider assigned the CI within 24 hours of the discovery by a staff person by reviewing the investigation file and information in EIM. Providers are required to have the ability to have access to a CI at all times.

Primary Benefit: Increases the integrity and quality of an investigation.

18h	6400.18(h) - A Department-certified incident investigator shall conduct the investigation of the following incidents: 1. Death that occurs during the provision of service. 2. Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint. 3. Abuse. 4. Neglect. 5. Exploitation. 6. Injury requiring treatment beyond first aid as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint. 7. Theft or misuse of individual funds. A violation of individual rights.

Discussion:

ODP requires that a Department-certified incident investigator conducts investigations using the process, standards of quality, and template(s) outlined in the current ODP certified investigator's manual.

A Department certified incident investigator is referred to as a certified investigator (CI).

To be a CI, a person must:

1. Have a high school diploma or general education diploma,
2. Be 21 years of age or older,
3. Meet the criminal history checks under Pa. Code § 6100.47,
4. Complete the Department's prerequisite requirements within 3 months of enrolling and prior to completion of the certification training; and
5. Complete the certification training and pass the exam. A CI must be recertified every 3 years.

Inspection Procedures: Licensing staff will determine that the categories referenced in 6400.18h have been investigated by a Department-certified incident investigator by reviewing training records that must include a certificate obtained from ODP that indicates the person has passed the course.

Primary Benefit: Certain incidents have been determined to be a sufficiently serious indicator of risk that they require an investigation by a Department Certified Investigator (CI). These incidents are considered critical incidents.

18i	6400.18(i) The home shall finalize the incident report through the Department's information management system or on a form specified by the Department within 30 days of discovery of the incident by a staff person unless the home notifies the Department in writing that an extension is necessary and the reason for the extension.

Discussion: In order for the incident management process to work effectively, timelines for report completion must be met. EIM contains a Management Review report that allows providers to track the timeliness of final report submission. When an extension is warranted, notification to the Department is made through EIM.

Inspection Procedures: Licensing staff will verify that the final incident report was submitted on time by reviewing EIM incident reports and the EIM management review report.

Primary Benefit: Ensures events are recognized and managed in a timely manner.

18j1-6	6400.18(j)(1)-(6) The home shall provide the following information to the Department as part of the final incident report: • Additional detail about the incident. • The results of the incidents investigation. • Action taken to protect the health, safety, and well-being of the individual. • A description of the corrective action taken in response to an incident and to prevent recurrence of the incident. • The person responsible for implementing the corrective action. • The date the corrective action was implemented or is to be implemented.

Discussion: The final incident report must include all required documentation related to the incident. Documentation means that the information is present within the incident report and is not being supplemented by outside sources. An

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incident report needs to be complete enough so that anyone with a reasonable knowledge of the intellectual disability and autism service system is able to read the report and get an accurate account of the situation. In other words, any reviewing entity should be able to read through the incident report and have a clear understanding of the situation.

In addition, information that is included in a final incident report must reflect what is in practice on site.

Inspection Procedures: Licensing staff will verify that the final incident report has all required elements by reviewing the EIM incident reports, records, applicable policies, interviewing staff, and interacting with individuals.

Primary Benefit: Ensure effective risk mitigation activities.

19a1-8	6400.19(a)(1) – In investigating an incident, the home shall review and consider the following needs of the affected individual: • Potential risks. • Health care information. • Medication history and current medication. • Behavioral health history. • Incident history. • Social needs. • Environmental needs. • Personal safety.
19b	6400.19(b) - The home shall monitor an individual's risk for recurring incidents and implement corrective action, as appropriate.
19c	6400.19(c) – The home shall work cooperatively with the individual plan team to revise the individual plan if indicated by the incident.
20a1-3	6400.20(a)(1)-(3)- The home shall complete the following for each confirmed incident: 1. Analysis to determine the cause of the incident. 2. Corrective action, if indicated. 3. A strategy to address the potential risks to the individual.

Discussion: Providers are expected to support individuals to have the same opportunities and experiences available to everyone in the community. Individuals want to be fully in control over everything about their lives, to have choice and control over things they do, to be healthy and safe, to fully participate in the life of the community, to have friends and family, to work, and to enjoy all the freedoms of citizenship.

With personal control, freedom, and opportunities for growth comes risk. When exercising personal control, freedom, and opportunities for growth, incidents may occur. The responsibility of those providing services is to listen, to respect each person's autonomy, to honor their decisions, and to help them mitigate risk.

The incident management process is one method for which an organization may help people negotiate choice and mitigate risk. One essential component of the incident management process is the development and implementation of corrective actions related to an incident. There are rarely circumstances for which a corrective action would not be required in order to fully mitigate risk and allow for an incident to be complete. Corrective actions are an essential element of managing risk after an incident. Corrective actions not only help prevent future incidents, but they also help people negotiate choice and mitigate risks.

Information about developing corrective action(s) for an incident that required an investigation by a Department-certified investigator may be found in ODP's Administrative Review manual. Providers are required to utilize the most recent version of the Administrative Review process manual in order to make an investigation determination and for the creation of corrective action(s) that mitigate risk and help prevent future occurrence of incidents.

If an incident did not require an investigation by a CI, providers are not required to utilize the Administrative Review process to develop corrective actions, however, ODP strongly recommends that providers review the materials contained in the manual to assist in developing any corrective action(s) related to an incident.

Key elements of a corrective action plan for all incidents include, but are not necessarily limited to:

- Actions that increase protection to the individual and other individuals from similar incidents in the future,
- Actions that raise the overall quality level of care and services provided by the Organization,
- Actions that can improve timely, objective, and thorough investigations; and/or

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- Actions that assure regulatory requirements are consistently met by the organization.

The Individual Plan may need to be updated to include risk mitigation strategies as a result of corrective action plan as a result of an incident.

Inspection Procedures: Licensing staff will review the incident report in EIM and verify that any risk mitigation strategies present in the incident report and/or outlined in the corrective action section are reflected in the Individual Plan and that there is evidence of strategies being implemented on site. Additional information may be found in records, applicable policies, staff interviews, and interactions with individuals.

Primary Benefit: Ensure implementation of effective risk mitigation activities.

20b	6400.20(b) – The home shall review and analyze incidents and conduct and document a trend analysis at least every 3 months.
20c (1-3)	6400.20(c) – The home shall identify and implement preventive measures to reduce: • The number of incidents. • The severity of the risk associated with the incident. • The likelihood of an incident recurring.
20d	6400.20(d) – The home shall educate staff persons and the individual based on the circumstances of the incident.
20e	6400.20(e) – The home shall monitor incidents and take actions to mitigate and manage risks.

Discussion: Quality management involves both individual and systemic oversight of incident and risk management. Providers must work with the individual, the Individual Plan team, and other appropriate stakeholders to mitigate individual medical, behavioral, and socio-economic risks in a timely manner regardless of whether they rise to the level of a reportable incident.

A socio-economic crisis is defined as a crisis involving economic and social factors such as income, education, occupation, wealth, and physical and mental health.

Providers must create and maintain a method to communicate quality, risk, and incident management activities to appropriate stakeholders in order to implement risk mitigation, corrective action, training, technical assistance, and/or education plans.

Quality Management practices must be comprised of methods that include individuals and staff in risk mitigation planning and implementation, based on the circumstances of the incident. Providers must complete quality management activities as outlined in ODP's most current incident management bulletin in order to satisfy the reporting requirements as specified in these regulations.

Inspection Procedures: Licensing Staff will verify that documentation of the activities listed from 20b-20e is maintained.

Primary Benefit: Ensures appropriate short and long-term responses to incidents to protect health and safety and prevent recurrence; allows providers to identify and correct weaknesses in their Incident Management processes.

Criminal History Record Check	
21a	6400.21(a) - An application for a Pennsylvania criminal history record check shall be submitted to the State Police for prospective employees of the home who will have direct contact with individuals, including part-time and temporary staff persons who will have direct contact with individuals, within 5 working days after the person's date of hire.
21b	6400.21(b) - If a prospective employee who will have direct contact with individuals resides outside this Commonwealth, an application for a Federal Bureau of Investigation (FBI) criminal history record check shall be submitted to the FBI in addition to the Pennsylvania criminal history record check within 5 working days after the person's date of hire.

21c	6400.21(c) - The Pennsylvania and FBI criminal history record checks shall have been completed no more than 1 year prior to the person's date of hire.

Grace Period: Not Permitted.

Discussion: Although not specifically referenced in these regulations, Community Home providers are subject to the Older Adult Protective Services Act ("OAPSA"), 35 P.S. 10225.701-10225-707, which establishes criteria for the hiring and retention of employees.

OAPSA was passed in 1987 to protect Pennsylvanians aged 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. The Department subsequently concluded that Community Homes meet the definition of "facility." Additionally, 6400.24 requires providers to comply with applicable Federal, State, and local statutes, regulations, and ordinances, including OAPSA.

The requirements of these regulations are superseded by OAPSA; as such, licensing staff will measure compliance against OAPSA's standards as opposed to these regulations unless otherwise specified.

What are the Timeframes for Requesting and Receiving Background Checks? Providers must request the necessary background checks on or before the employee's first day of work where the employee will have direct contact with individuals.

A 3rd party vendor may assist a facility in helping staff acquire the required background checks, but the checks themselves must be acquired through PDA (Department of Aging) and PSP and the results themselves, not a summary, must be included in the employee folder.

What Kind of Criminal Background Checks Does OAPSA Require? All employees, 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:

- CEOs, Program Specialists, and operators who have direct contact with individuals served,
- An owner/operator (including a board member or partner) who has even occasional, direct, unsupervised contact with individuals served,
- Direct support professionals,
- 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 an individual served who will not have direct oversight by other employed staff OR unsupervised access to an individual's personal living quarters without direct oversight by other employed staff,
- Staff who receive compensation other than money (such as room and board); and
- Employees of a home health care agency or a hospice agency assigned by the licensed setting to provide care in the setting.

Who does Not Need a Criminal Background Check? Persons who do not need criminal background checks include:

- Employees of the licensed setting on July 1, 1998, who were employed by the licensed setting for a continuous period of at least 1 year prior to July 1, 1998,
- Employees who have obtained the necessary checks at one licensed setting who then transfer to another setting that is established or supervised, or both, by the same operator,
- Employees who are employed by a new licensed setting solely through a transfer of ownership of that setting,
  - An owner/operator (including a board member or partner) who is never on-site at the licensed setting,
    - A contracted employee who has no direct contact with residents or unsupervised access to the individuals' personal living quarters,
    - Volunteers,

- Private caregivers hired by an individual served or their family that are not employed by a hospice or home health agency,
- Family members; and
- Individuals served by the licensed setting.

Hiring and Retention Requirements: Prior to December 30, 2015, OAPSA included a list of "prohibited offences" that precluded providers from hiring staff with prior convictions of such offences. However, on December 30, 2015, the Commonwealth Court held in Peake v. Commonwealth of Pennsylvania, et al., 216 M.D. 2015, that the "lifetime employment ban" contained in Section 503(a) of the Older Adults Protective Services Act ("OAPSA"), 35 P.S. §10225.503(a), violates due process guarantees under the Pennsylvania Constitution and is therefore not enforceable. The Court also held that the Department of Aging's ("Department") previously posted "Interim Policy" (pertaining to the employment of individuals with certain criminal convictions caring for older adults) is invalid. After evaluation and in consultation with the Pennsylvania Office of Attorney General, the Commonwealth has decided not to appeal the Court's order.

As a result of the above, **providers must continue to obtain criminal background checks in accordance with OAPSA**, but the Department may not preclude the hiring or require the termination of an employee convicted of one or more of the "Prohibitive Offenses" specified in OAPSA (See Appendix B).

If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime,
- Facts surrounding the conviction,
- Time elapsed since the conviction,
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

Inspection Procedures: Licensing staff will review a sample of staffs' criminal history record checks to ensure that the process was followed in accordance with OAPSA.

Primary Benefit: Protects individuals from abuse and mistreatment.

21d	6400.21(d) - A copy of the final reports received from the State Police and the FBI, if applicable, shall be kept.

Discussion: The Pennsylvania State Police and FBI will issue a report even if the person does not have a criminal record. Copies of reports must be retained for all employees, even those who do not have criminal records.

Inspection Procedures: Licensing staff will review a sample of staff records to verify that records were retained as required.

Primary Benefit: Allows the provider to demonstrate compliance with applicable laws and regulations.

21e	6400.21(e) - If the home serves primarily individuals who are 17 years of age or younger, 23 Pa. C.S. § § 6301—6384 (relating to the Child Protective Services Law) applies.

Discussion: Although this regulation reads "primarily," the Child Protective Services Law ("CPSL") applies if anyone 17 years of age or younger resides in the home.

Background checks required by the CPSL include the Pennsylvania Child Abuse History Clearance, the Pennsylvania State Police Criminal Record Check, and a Federal Bureau of Investigation (FBI) Criminal Background Check.

Additional information on the requirements of the CPSL, including who is required to obtain a clearance and the timeframes in which they must be obtained, is available here.

Inspection Procedures: Licensing staff will consult with applicable Department personnel in the event of any suspected violation of this regulation.

Primary Benefit: Protects children from abuse.

Individual Funds and Property	
22a	6400.22(a) - There shall be a written policy that establishes procedures for the protection and adequate accounting of individual funds and property and for counseling the individual concerning the use of funds and property.

Discussion: It is the provider's responsibility to demonstrate to licensing staff how the policy required by this regulation:

- Protects individuals' funds,
- Protects individuals' personal property; and
- Specifies how individuals will be counseled regarding the use of funds and property.

"Counseled" generally means the provision of assistance and guidance relating to how individuals manage their money and personal possessions.

The type and amount of counseling relating to use of funds and property are informed by the assessment and person-centered planning processes. The policy required by this regulation must reference that counseling will be based on each individual's needs as opposed to a "standard" counseling process.

It is strongly recommended that the provider's policy reference all regulations in this section (22b – 22g).

Inspection Procedures: Licensing staff will review the provider's policy to ensure that all of the required elements are included.

Primary Benefit: Establishes how providers will safeguard individual funds and property; ensures person-centeredness in assistance with money and personal possessions.

22b	6400.22(b) - The home's policy may not prohibit the individual's right to manage the individual's own finances.

Discussion: Self-explanatory.

Inspection Procedures: Licensing staff will review the provider's policy to ensure that individuals have the right to manage their own finances in accordance with the Individual Plan.

Primary Benefit: Promotes self-direction, choice, and control in financial management.

22c	6400.22(c) - Individual funds and property shall be used for the individual's benefit.

Discussion: This regulation does not govern how individuals freely choose to use their funds and property but does restrict provider agencies and staff from engaging in activities that subject or have the potential to subject individuals to exploitation. Such activities include, but are not limited to:

- Permitting staff persons to accept loans of money and property from an individual.
- Permitting staff to accept monetary gifts from an individual.
- Requiring an individual to purchase items for the home, even if the individual will benefit from the item and/or will be reimbursed for the purchase at some point in the future.
- Coercing an individual to use personal funds or property for any reason (note that this is different from encouraging an individual to use funds for personal benefit in accordance with the Individual Plan).

If an individual wishes to attend an event with an admission fee or similar expense (e.g., sporting events, concerts, etc.), and a staff person must accompany the individual to provide necessary services and supports, the individual may freely (i.e., without coercion) choose to use his or her personal funds to pay for the staff person.

Inspection Procedures: Licensing staff will examine how individual funds and property are used by reviewing applicable policies, interviewing staff, and interacting with individuals.

Primary Benefit: Ensures that individuals benefit from their money and property in a manner of their choosing while preventing situations that could lead to exploitation.

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22d	6400.22(d) - The home shall keep an up-to-date financial and property record for each individual that includes the following: • Personal possessions and funds received by or deposited with the family or home. • Disbursements made to or for the individual.

Discussion: This regulation only applies when the provider does one or more of the following because the individual is unable to manage his or her own finances as specified in the assessment and individual plan:

1. Receives funds from the individual or the individual's designated person to use on the individual's behalf.
2. Receives a personal possession or furnishing with significant financial or sentimental value from the individual or the individual's designated person; the Department interprets "significant financial interest" as any item worth $50 or more. Whether or not a possession has "sentimental value" is based on the perception of the individual regardless of the item's monetary value.
3. Holds and disperses money for an individual.

"Up-to-date" is defined as "extending up to the present time," which suggests that providers must record financial and property records immediately. However, for purposes of this regulation, "up-to-date" means that records of the above transactions are recorded within three business days of the transaction. It is recommended but not required that evidence of the transaction, e.g., a receipt or credit card statement, be retained in the individual's record.

Inspection Procedures: Licensing staff will review a sample of individuals' financial and property records.

Primary Benefit: Supports individuals with financial and property management; ensures accountability of individuals' resources.

22e1	6400.22(e)(1) If the home assumes the responsibility of maintaining an individual's financial resources, the following shall be maintained for each individual: A separate record of financial resources, including the dates and amounts of deposits and withdrawals.
22e2	6400.22(e)(2) - For a withdrawal when the individual is given the money directly, the record shall indicate that funds were given directly to the individual.
22e3	6400.22(e)(3) - Documentation, by actual receipt or expense record, of each single purchase exceeding $15 made on behalf of the individual carried out by or in conjunction with a staff person.

Discussion: Self-explanatory.

Inspection Procedures: Licensing staff will review a sample of individuals' financial and property records. Records that indicate cash withdrawals will require Licensing staff to confirm the financial management skills of the individual by match the amount and frequency of cash withdrawals with the individual's plan as it relates to financial management. Licensing staff will also interview the individual if deemed necessary.

Primary Benefit: Supports individuals with financial and property management; ensures accountability of individuals' resources.

22f	6400.22(f) - There may be no commingling of the individual's personal funds with the home or staff person's funds.

Discussion: Individuals' funds may not be kept in a bank account or held on the premises with staff, agency, or home funds.

Inspection Procedures: Licensing staff will review a sample of individuals' financial and property records and interview applicable provider staff regarding accounting practices.

Primary Benefit: Supports individuals with financial and property management; ensures accountability of individuals' resources.

22g	6400.22(g) - There may be no borrowing of the individual's personal funds by staff persons or by the home.

Discussion: See 6400.22(c) for additional information. As a reminder, 6400.22(c) does not govern how individuals freely choose to use their funds and property but does restrict provider agencies and staff from engaging in activities that subject or have the potential to subject individuals to exploitation.

Inspection Procedures: Licensing staff will examine how individual funds and property are used by reviewing applicable policies, interviewing staff, and interacting with individuals.

Primary Benefit: Ensures that individuals benefit from their money and property in a manner of their choosing while preventing situations that could lead to exploitation.

210(b)	6400.210(b) – An individual's personal funds or property may not be used as payment for damages unless the individual consents to make restitution for the damages. The following consent provisions apply unless there is a court-ordered restitution: • A separate written consent is required for each incidence of restitution. • Consent shall be obtained in the presence of the individual or a person designated by the individual. • The home may not coerce the individual to provide consent.

Discussion: A "court-ordered restitution" supersedes the consent requirements of this regulation.

Inspection Procedures: Licensing staff will examine how individual funds and property are used by reviewing applicable policies, interviewing staff, and interacting with individuals.

Primary Benefit: Prevents exploitation and misuse of individual's funds.

Grievance Procedures

23	6400.23 - The home shall have written grievance procedures for individuals, individual's families, advocates, and staff persons that assure investigation and resolution of complaints.

Discussion: A complaint is an expression of dissatisfaction with or allegation of wrongdoing by the provider, including staff persons. Complaints may range in severity such that some can be easily addressed while others may require reporting, investigation, and referral to protective services.

The procedures will be considered acceptable as long as investigation and resolution are addressed and all of the parties specified in the regulation are referenced.

It is recommended but not required that the procedures be specific to the person's role, i.e., that there be separate procedures for individuals, families, advocates, and staff persons as opposed to a single process for everyone.

Grievance procedures must be written in a manner so as not to exclude the unique communication needs of individuals, individual's families, advocates, and staff persons. For example, a grievance procedure that requires all complaints to be received in writing may exclude a significant portion of complaints as it requires a skill that not everyone may possess.

Inspection Procedures: Licensing staff will review the procedures to verify that investigation and resolution are addressed, and all of the parties specified in the regulation are referenced.

Primary Benefit: Establishes a consistent and equitable process for investigating and resolving complaints.

For Waiver Providers: Additional requirements for complaint procedures can be found in Chapter 6100.51(a)-(h).

Applicable Statutes and Regulations

24	6400.24 – The home shall comply with applicable Federal and State statutes and regulations and local ordinances.

Discussion: Please see Appendix C for a non-exhaustive listing of examples of applicable laws.

Inspection Procedures: 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 licensing staff if the appropriate enforcing authority issues a citation, violation report, or other applicable notice of violation.

Primary Benefit: Ensures compliance with other applicable health, safety, and wellness requirements not incorporated in Chapter 6400.

Children's Services	
25a	6400.25(a) – The child, the child's parents, and the child's legal guardian shall be provided the opportunity to participate in the exercise of rights, decision-making, and individual plan activities, unless otherwise provided by court order.

Discussion: A child is a person aged 17 or younger.

Inspection Procedures: Any actual or suspected rights violation will be evaluated based on the circumstances specific to the situation. Inspection procedures may include reviewing providers' records, staff interviews, and discussions with individuals and families.

Primary Benefit: Safeguards child's, child's parents, and child's legal guardian's rights.

25b	6400.25(b) – The provisions of this chapter regarding rights, decision-making, and individual plan activities shall be implemented in accordance with generally accepted, age-appropriate parental decision-making and practices for children including bedtimes, privacy, school attendance, study hours, visitors, and access to food and property and do not require a modification of rights in the individual plan in accordance with § 6400.185 (relating to content of the individual plan).

Discussion: "Generally accepted, age appropriate" generally means considering the actual age of a child and treating the child in ways that are typical of other children of that age.

"Generally accepted, age-appropriate parental decision-making and practices for children including bedtimes, privacy, school attendance, study hours, visitors, and access to food and property" will be unique to each child based on the content of the Individual Plan.

Inspection Procedures: See § 6400.185.

Primary Benefit: Allows for age-appropriate care to children with minimal administrative burden to the provider.

For Waiver Providers: When a child is receiving or is eligible for waiver services, "Opportunity to participate" generally means that the child, parent, and guardian be engaged in discussions in and outside of service planning meetings, made aware of rights and restrictions, offered choices wherever possible, and asked for opinions or authorizations. The opportunity to participate should include information such as the availability of services and supports. The parent(s) or guardian should be provided information about services included in waivers, the circumstances in which the child could be offered waiver services, and the Prioritization of Urgency of Need for Services (PUNS) process.

25c	6400.25(c) –The individual plan in § 6400.185 shall include desired outcomes relating to strengthening or securing a permanent caregiving relationship for the child.

Discussion: A "permanent caregiving relationship" generally means a consistent and nurturing adult in day-to-day care within a bonded connection anticipated to last throughout the child's lifespan. A staff member of a facility performing duties as part of their job responsibilities for a child is not considered a "permanent caregiving relationship."

An understanding of child development underscores a difference between children and adults - children need a constant and nurturing figure in day-to-day care in order to develop emotionally and socially. The guiding principle underlying permanency is the simple concept that all children need to grow up in a family environment.

A child's residency in a Community Home should be regarded as short term with active planning to secure transition to a family-centered, private residence.

If a child has existing caregiver relationships, the Community Home must provide opportunities and activities that preserve the child's relationship with their caregivers to the fullest extent possible through visits and frequent communication. If a child does not have existing caregiver relationships, the Community Home must explore ways to secure such relationships, such as establishing or strengthen connections with adults who have some kind of relationship with the child.

In order to facilitate development of the Individual Plan, efforts to strengthen or secure a permanent caregiving

relationship should be addressed and documented in the assessment required by § 6400.181 as well as in the individual plan in § 6400.185.

Inspection Procedures: See §§ 6400.181-190.

Primary Benefit: Supports permanence in caregiving for healthy growth and development throughout the lifespan.

25d	6400.25(d) – An unrelated child and adult may not share a bedroom.

Discussion: "Relatives" include a parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, or nephew where the relationship is established by birth, marriage, or adoption.

A child is a person 17 years old or younger. An adult is a person 18 years old or older.

Inspection Procedures: Licensing staff will review sleeping arrangements for each individual.

Primary Benefit: Protects children from actual or alleged abuse; provides for privacy.

Individual Rights

Informing and Encouraging Exercise of Rights

Note: Each instance of an actual or alleged violation of an individual's rights will be evaluated based on the circumstances specific to the situation. Inspection procedures will generally include reviewing providers' records, staff interviews, discussions with individuals and families, and the review of documentation produced by a third party, e.g. medical records obtained from a hospital. As such, the "Inspection Procedures" portion of the guide is omitted from this section unless otherwise indicated.

31a	6400.31(a) – An individual may not be deprived of rights as provided under § 6400.32 (relating to rights of the individual).

Discussion: To deprive someone of rights generally means "to take away or withhold an individual's right(s)." This regulation will be cited whenever there is an act by a provider to take away or withhold a person's rights, such as for punishment or as a "reward" for behaving in a specified way. This includes acts that are intentional or unintentional. It may or may not be cited in conjunction with a specific violation of rights provided under § 6400.32.

Primary Benefit: Protects individuals from deliberate acts to take away or withhold a protected right.

31b	6400.31(b) – The home shall educate, assist, and provide the accommodation necessary for the individual to make choices and understand the individual's rights.

Discussion: Each individual must be actively provided with the necessary support to make choices and understand the rights afforded under these regulations. The form of support and/or accommodation should be based on each individual's need but may include approaches such as development of communication boards, choice boards, use of communication devices whether low technology or high technology, training and/or skill development.

All humans are lifelong learners; for some individuals, strategies for understanding rights and increasing the number and complexity of choices may involve long term support strategies.

Inspection Procedures: Evidence of accommodations, tools, and strategies for ongoing education, assistance, and provision of necessary accommodations will be examined. This may include review of records, applicable policies, interviewing staff, interacting with individuals, and observing the availability and use of communication technology.

Primary Benefit: Ensures that individuals understand their rights; maximizes self-direction by making choices.

31c	6400.31(c) – An individual may not be reprimanded, punished, or retaliated against for exercising the individual's rights.

Discussion: Reprimanding, punishing, or retaliating against an individual is considered to be an act to take away or withhold an individual's rights. See 6400.31(a) above. Reprimanding, punishment, and retaliation is based on the perception of the individual and/or how any reasonable person would interpret a specific act to constitute reprimanding, punishment, or retaliation.

Primary Benefit: Protects individuals from deliberate acts to take away or withhold a protected right.

31d	6400.31(d) – A court's written order that restricts an individual's rights shall be followed.
31e	6400.31(e) – A court-appointed legal guardian may exercise rights and make decisions on behalf of an individual in accordance with the conditions of guardianship as specified in the court order.
31f	6400.31(f) – An individual who has a court-appointed legal guardian, or who has a court order restricting the individual's rights, shall be involved in decision-making in accordance with the court order.
31g	6400.31(g) – An individual has the right to designate persons to assist in decision-making and exercising rights on behalf of the individual.

DISCLAIMER – The information below is for informational purposes only and does not constitute legal advice or interpretation of applicable laws including but not limited to P.L. 1484, No. 169 (Act 169). Providers must seek guidance from legal counsel when questions about legal authority to make decisions arise in any given situation. Any guidance provided by the Department as it relates to these regulations will be limited to what is required for regulatory compliance only.

Discussion: Compliance with these regulations requires an understanding of substitute decision-making.

There are times when individuals will require assistance with making decisions. The types of decision support a person needs may vary greatly over the course of their life. It is important to recognize that the fact that an individual has a disability in of itself does not inform about decision making capacity. It is also essential to understand that individuals are assumed to have the capacity to consent to all decisions in their life unless deemed otherwise.

It should never be assumed that because an individual was deemed unable to make one decision that they would automatically be unable to make another decision of the same, similar, or different type.

Consent and Capacity

When supporting people to make decisions the terms *consent* and *capacity* are commonly used to determine if a person is able to independently make a decision. Basically, a person must have the capacity to give consent in matters that require a decision.

Consent is usually grouped into *simple* and *informed*.

Simple Consent

Simple consent is the most frequently used type of consent as it relates to many daily activities that an individual will experience. Simple consent does not require the individual to understand every aspect of the decision. This is because this type of consent relates to daily activities that are not any riskier than what any individual encounters on a daily basis. Examples include, but are not limited to:

1. Meal planning,
2. Recreational Activities,
3. Certain routine medical care; and
4. What to wear.

Even if an individual has some type of formal substitute decision maker (such as a guardian) every effort should be made to respect these simple consent situations.

Informed Consent

In general, informed consent is the knowing consent voluntarily given by a person (or by the person's substitute decision-maker, if applicable) who can understand and weigh the risks and benefits involved in the decision or matter.

The decisions that require informed consent represent situations that have an increased level of risk to an individual compared to routine daily activities. Examples include, but are not limited to:

1. The decision to undergo or refuse complex medical treatments, invasive medical testing, or surgery.
2. Decisions related to money, property or certain possessions.

In order to give informed consent, an individual must be found to have the *capacity* (sometimes referred to as *competence*) to give the consent. In general capacity/competency is measured by determining if an individual:

1. Understands the issue/situation,
2. Understands all the options and risks associated with each option,
3. Is able to organize the information in such a manner that they can come to a decision; and
4. Is able to effectively communicate their decision via their chosen method of communication.

An individual's capacity to make a decision is not dependent on the ability to make a decision for which the entire Individual Plan team agrees. The team must understand the dignity of risk as it relates to each decision an individual makes. In many situations team members must respect a person's capacity to make a decision that is not necessarily the recommendation of the support team.

Types of Substitute Decision Makers

Informal Supports: Informal supports are one of the most common forms of decision-making assistance that individuals use every day. These supports are able to participate in any activity that an individual desires and provides consent.

Guardians of the Person or Estate: In order to have a *Guardian of the Person or Estate*, the courts must have considered an individual to be *incapacitated* and in need of guardianship services. An individual is considered *incapacitated* when their ability to receive, evaluate, and communicate information is so compromised that they are unable to maintain the basic elements of health and safety or manage their finances. A person does not need a guardian simply because they are incapacitated. In the situations when the courts find a person incapacitated and in need of guardianship services, they will appoint a *Limited* or *Plenary* guardian of the person or estate.

A *Limited Guardian of the Person* will have specific decision-making authority outlined on the guardianship order produced by the courts. This typically includes things such as deciding how and when to receive services/supports, where/whom to live with and basic healthcare.

A *Limited Guardian of the Estate* will have specific decision-making authority outlined on the guardianship order produced by the courts. This authority is limited to financial/fiscal matters on behalf of an individual.

A *Plenary Guardian of the Person* has unlimited decision-making authority on behalf of the individual (unless limited by the guardianship statute or otherwise outlined in court documents). While the term unlimited implies that a Plenary Guardian has complete authority in all matters regarding the individual, there are a few legal exceptions this rule. A Plenary Guardian is not able to:

1. Have an individual committed to a psychiatric facility or state center,
2. Terminate parental rights,
3. Authorize an abortion,
4. Refuse life-saving treatment(s)[2],
5. Make decisions about marriage or divorce without a specific court order giving such authority; or
6. Consent to sterilization, psychosurgery, electroconvulsive therapy, removal of a healthy body organ, participation in experiments or experimental procedures without a specific court order giving such authority.

A *Plenary Guardian of the Estate* is considered to have authority over all an individual's assets and income.

Guardians of the Person and Estate are required to submit annual reports to the court. These reports are required to help detect abuse, neglect, and/or financial exploitation.

Representative Payee: A *Representative Payee* is a person or agency charged with managing an individual's Social Security or Supplemental Security income. Representative Payees are appointed by the Social Security Administration (SSA) any time an individual is unable to manage their own finances as evidenced by an evaluation by the SSA.

In order to have a Representative Payee, an individual does not have to be deemed incapacitated by the courts. This makes having a Representative Payee a preferred option for Substitute Decision making as it relates to finances, as it allows individuals to maintain the most authority over their right to manage their finances.

A Representative Payee is required to manage funds the same way the individual would if they were capable. There are a few guidelines that a Representative Payee must follow in order to maintain this authority. They include, but are not necessarily limited to:

[2] See section related to Surrogate Healthcare Decision making for additional information about end-of-life decision making.

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1. Meeting the needs of an individual by ensuring that food, clothing, shelter, utilities, medical/dental care, and personal spending are provided,
2. Ensuring that funds left, after meeting an individual's needs, are placed in interest bearing accounts or trusts in order to provide for future needs,
3. Ensuring that all resource limit rules are followed; and
4. Providing monthly discretionary spending to the individual that meets current SSA guidelines. The Representative Payee may not withhold this money because they do not approve of what the individual may do with the money.

Representative Payees have limits to their authority they are:

5. Only able to manage Social Security benefits, unless given some other legal authority,
6. Only able to sign documents related to Social Security,
7. Not able to spend funds for themselves,
8. Not able to spend funds so that an individual's basic needs can no longer be met; or
9. Not able to charge for Representative Payee services unless approval for this type of fee was given by the SSA.

Power of Attorney: A Power of Attorney is a written document where a competent person (principal) gives authority to a person chosen by an individual (agent) to make decisions. The decisions that a Power of Attorney may make can be varied and are dependent upon what is written on the Power of Attorney document. It is important to note that a Power of Attorney does not have to be written by a lawyer or reviewed by the court system (as is the case with Guardianship).

Often individuals have a Power of Attorney to handle financial matters, but other authorities can be given using this method of substitute decision making. These include but are not limited to physical health decisions, mental health decisions, and others as outlined in the Power for Attorney document. All Power of Attorney documents need to include when they will become effective and under what circumstances the Power of Attorney may act. In addition, if an individual signs their name with an "X" or other similar mark, is unable to sign for themselves, or relies on others to sign documents, then two witnesses over the age of 18 (that are not being appointed as the Power of Attorney) must also sign the document.

Surrogate Healthcare Decision Makers: There are three types of surrogate healthcare decision-makers (SDM):

- Legal guardian – A person appointed by the court make health care decisions on an individual's behalf because the person is not competent to do so.
- Health care agent — A person designated by the person in an advance health care directive, such as a power of attorney, when the person was competent to make such decisions.
- Health care representative— A person authorized to make health care decisions for an individual who has knowledge of the individual's preferences and values, usually a relative.

All guardians are SDMs as specified in the individual's guardianship order, but not all SDMs are guardians.

SDMs have the ability to make decisions that require consent, not to make all choices for a person. Health care decisions require consent. Decisions about what food to eat, what clothes to wear, etc. do not. In general, applicable laws dictate when consent is needed. To the extent of their ability, individuals have the right to participate in decisions affecting their quality of life. SDMs must allow the individual to take an active role in planning services.

An SDM cannot require a provider to not perform its statutory, regulatory, or contractual obligations. Providers must comply with all applicable federal and state requirements as a condition of licensure. Failure to adhere to requirements puts the provider at risk of adverse action.

SDMs do not have more authority than an individual would otherwise have; in other words, an SDM can't "require" a provider to not comply with a rule just like an individual can't decide to "require" a provider to not comply with a rule.

What are Health Care Decisions?

A decision regarding an individual's health care, including, but not limited to, the following:

- Selection and discharge of a health care provider,
- Approval or disapproval of a diagnostic test, surgical procedure or program of medication, and
- Directions to initiate, continue, withhold, or withdraw all forms of life-sustaining treatment, including instructions not to resuscitate.

Determining Competency

Can the individual, when provided appropriate medical information, communication supports, and technical assistance do all of the following:

- Understand the potential material benefits, risks and alternatives involved in a specific proposed health care decision?
- Make the health care decision on his own behalf?
- Communicate that health care decision to any other person?

Note that the term "competent" is intended to permit individuals to be found competent to make some health care decisions, but incompetent to make others. For example, a person may be able to decide whether she wants to receive behavioral health services but not whether she wants a heart transplant.

Emergency Situations

Consent is implied in law for emergencies and there is no need to seek a surrogate health care decision maker before providing emergency medical treatment.

A provider must comply with all applicable statutory, regulatory, or contractual requirements as a condition of licensure – in any case where emergency treatment is required or suspected to be required (such as when an individual is showing signs of medical distress that would precipitate a call to first responders), the provider must seek such treatment.

Non-Emergent Health Care Decisions

Healthcare decisions are to be made in a manner that best adheres to the individual's wishes. When a surrogate health care decision maker is needed to make a non-emergent health care decision, the decision is made in the following order:

- Whatever is specified in an advance directive made by the individual before he became incompetent, because this is what the individual chose when he could make the choice.
- The decision of a health care agent, because this is the person the individual chose to make decisions on his behalf when he could make such a choice.
- The decision of a guardian, because the court granted the guardian such authority because the person was not competent to do so.
- The decision of a health care representative, because the person has knowledge of the individual's preferences and values.

If the medical treatment in question is not for purposes of treating an end-stage medical condition, only a health care agent can make the decision to withhold such treatment. Neither guardians nor representatives can make decisions like this. Simply put: if the treatment is such that the person will probably get better if the treatment is provided, it must be provided unless the agent says otherwise.

Tips for Managing Health Care Decisions

Before a Situation Presents

- Establish advance directives and/or identify health care agents whenever possible. Remember that the individual is the highest authority in decision-making. If the individual is competent, support the individual in making decisions about what the individual wants if the individual can't make decisions anymore.
- Clearly establish roles when services are initiated. Determine who is serving as the SDM, and what kind of SDM the person is.
- Explain the provider's responsibilities and policies on decision-making when services are initiated. SDMs should be notified that providers must comply with all applicable requirements as a condition of licensure and that requests to do anything that conflicts with those requirements may not and will not be honored.

When Something Happens

- Explain the potential benefits to receiving the service.
- Explore alternatives to the service that are equally effective and more acceptable to the SDM.
- When appropriate, explain that an untreated condition for which consent is not required could lead to a situation where consent is required, i.e., the person's condition worsens such that a treatment must be provided. In such cases, continued refusal to consent could lead to external intervention such as a petition for involuntary treatment, a referral to protective services, etc.
- Continue to encourage the treatment or service and document the SDM's response.
- If the condition requiring the treatment or service worsens to the point where the individual is a threat to self or others, consider involuntary intervention.

- If, after extensive attempts to support the person and secure appropriate services, determine whether provider is still qualified to support the person.
- Seek guidance from counsel as soon as possible.

Please refer to the Department's bulletin and applicable attachments located at 6000-11-01 - Procedures for Surrogate Health Care Decision Making and consult with your legal counsel for more information about substitute decision-making.

Managing Conflicts with Decision-Makers – The UBEAM Method

While understanding the concept of substitute decision-making and the authority granted to each type of decision-maker is important, this information may not be helpful in managing conflicts between the decision-maker's (or the individual's) desires and the provider's responsibilities. Instead of resolving conflicts by challenging someone's right to make a decision, ODP recommends applying a method called Understand-Brainstorm-Educate-Apply and Analyze-Modify, or UBEAM:

1. **U**nderstand means identifying why a person isn't consenting. Is there something in the person's past that creates feelings of anxiety about the support that requires consent? Does the person have a preconceived notion about what the support entails? Has the support been explained to the person in a manner that allows her to understand what is happening? Questions like these can help understand the barriers to consent.
2. **B**rainstorm means coming up with possible strategies to overcome the barriers to consent. Strategies might include risk mitigation activities (see 6400.32(e)), Gradual Introduction Plans, Desensitization, or creative approaches based on the individual's needs and desires.
3. **E**ducate means helping the person understand why support is important and explaining the ideas to mitigate barriers.
4. **A**pply and Analyze means implement the ideas and plans and determining what works and what does not work through observation, trend analysis, and outcomes.
5. **M**odify means changing the plan to remove the things that are not working and expand the things that are working.

The primary goal of UBEAM is to protect the individual's right to self-direction, choice, and control while preventing negative health and safety outcomes through negotiation and compromise.

Primary Benefit: Provides clarification relating to the scope of a decision-maker's ability to make decisions on the individual's behalf and offers a method for conflict resolution.

Rights of the Individual	
32a	6400.32(a) - An individual may not be discriminated against because of race, color, creed, disability, religious affiliation, ancestry, gender, gender identity, sexual orientation, national origin, or age.

Discussion: "Discrimination" as used in this regulation generally means "to make a difference in treatment or favor based on an individual's race, color, creed, disability, religious affiliation, ancestry, gender, gender identity, sexual orientation, national origin, or age."

Discrimination against an individual based on disability generally means the assumption that an individual is unable to do something because of the individual's disability. It does not include person-specific needs based on a disability as specified in the Individual Plan.

Primary Benefit: Ensures equitable treatment of an individual regardless of race, color, creed, disability, religious affiliation, ancestry, gender, gender identity, sexual orientation, national origin, or age.

32b	6400.32(b) - An individual has the right to civil and legal rights afforded by law, including the right to vote, speak freely, practice the religion of his choice, and practice no religion.

Discussion: Self-explanatory.

Primary Benefit: Ensures that individuals with an intellectual disability or autism have the same civil and legal rights afforded by law as persons who do not have a disability.

32c	6400.32(c) - An individual may not be abused, neglected, mistreated, exploited, abandoned, or subjected to corporal punishment.

Discussion: As specified in the regulation, *abuse* is either:

- An act or omission of an act that willfully deprives an individual of rights or human dignity, or
- An act or omission of an act which may cause or causes actual physical injury or emotional harm to an individual.

Examples of abuse include, but are not limited to:

- The infliction of injury to an individual by a staff person,
- The infliction of injury to an individual by another individual,
- Failure to provide care recommended by a health care professional such as diet restrictions, feeding procedures, physical positioning routines, and ensuring a trauma-free environment,
- Inappropriate use of restrictive procedures as specified at 6400.193,
- Use of a prohibited procedure specified at 6400.207,
- Intimidation or punishment of an individual,
- Deprivation by the community 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 individual,
- Abandonment or desertion by the community home or its staff persons,
- Mistreatment or discipline of any kind,
- Any sexual contact, regardless of consent, between an individual and a staff person; or
- Psychological Abuse that causes or may cause mental or emotional anguish by threat, intimidation, humiliation, isolation, or other verbal or nonverbal conduct.

This regulation also prohibits neglect of an individual, generally defined as failure to provide needed or adequate care. Examples of neglect may include, but are not limited to:

- Failure to provide needed care,
- Failure to provide care as instructed by a health care professional or as specified in the Individual Plan,
- Failure to provide other needed supervision,
- Failure to provide protection from hazards,
- Leaving individual(s) unattended; or
- Failure to provide medication management.

Abuse and neglect may be a single event or a pattern of events over time.

A single person may be a victim of abuse or neglect, but systematic failures within the agency that create conditions conducive to physical injury or emotional harm may also be considered abuse or neglect. For example, an agency that fails to implement Individual Plans, maintains inconsistent records about individuals' needs, and does not properly train its staff creates conditions where abuse or neglect could easily occur. Systematic failure can also result from not recognizing the need to report an allegation of abuse or neglect through the incident management process. If incidents are not reported, or not reported properly, an individual may be subject to further abuse or neglect, and there will be inadequate controls to prevent recurrence.

Mistreatment generally means any act that causes or may cause physical or emotional harm.

Abandonment generally means an act or omission of an act that knowingly and intentionally results in leaving an individual unattended that is not consistent with the individual's needs as specified in the Individual Plan.

Exploitation generally means an act or course of conduct by a provider against an individual or an individual's resources, without the informed consent of the individual or with consent obtained through misrepresentation, coercion, or threats of force, that results in monetary, personal or other benefit, gain or profit for the perpetrator or monetary, or personal loss to the individual.

Corporal punishment generally means an act intended to cause physical pain to an individual.

6400.16 may be cited in addition to this regulation.

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Primary Benefit: Protects individuals from harm.

32d	6400.32(d) - An individual shall be treated with dignity and respect.

Discussion: Undignified or disrespectful treatment may take many forms, including but not limited to treating an individual differently than a person without a disability would be treated or infantilizing an individual. It includes any act that subjects the individual to emotional harm that does not rise to the level of abuse.

Treating an individual with dignity and respect involves constant communication with the individual about their care and supporting decision-making to the greatest extent possible. Treating individuals with dignity and respect includes providing services and environments are age appropriate, respectful of individual differences and physically, and culturally and linguistically accessible. Additionally, services and environments should support choices that present risks by balancing autonomy and safety.

Primary Benefit: Ensures that individuals are not subject to emotional harm.

32e	6400.32(e) -An individual has the right to make choices and accept risks.

Discussion: Providers are equally obligated to protect individuals' right to self-direction, choice, and control *and* to protect individuals' health and safety. Understanding the concept of Risk Mitigation is *essential* to balancing these obligations.

Risk Mitigation

Risk factors are conditions or habits that have the potential to result in a negative event.

Risk Mitigation generally includes:

- **Removal of exposure to a risk factor.**
- **Example**: Choosing cleaning products that are not poisonous, regardless of an individual's ability to use, recognize, or avoid poisons.
- **Reducing exposure to a risk factor.**
- **Example:** Developing a behavioral support component of the individual plan for an individual with Prader Willi that maximizes the person's ability to make food choices while limiting access to food at all times.
- **Transferring high-risk options to options with lower risk.**
- **Example:** Offering an individual with diabetes a sugar-free cookie instead of a regular cookie.
- **Educating individuals to more safely be exposed to the risk factor that cannot be removed, reduced, or transferred.**
- **Examples:**

1. Teaching a person about how to be safe in the kitchen around hot stoves.
2. Providing sexual education to a person who has begun to have relationships of this nature.

Understanding an individual's needs and abilities is very important to Risk Mitigation. This is best achieved through the assessment and Individual Plan processes.

Providers may not honor an individual choice that is in direct conflict with the requirements of this chapter, e.g., an individual wishes to possess a firearm and store it on the premises or wishes to access a poisonous material if the individual cannot safely use the material.

Unexpected Situations

Risk factors may manifest quickly and unexpectedly. When this occurs in the moment, health and safety should take precedence over protecting choice – however, the new risk factor should be addressed in the individual's care plans as *soon as possible* to achieve balance.

When will a Violation Occur?

Expressly forbidding or severely limiting individual choice (such as prohibiting anyone in a home from choosing any food items) OR allowing unrestricted choices that present a clear and present danger to the individual may result in a regulatory violation.

Licensing staff will consult with appropriate ODP staff when a violation of this regulation is suspected.

Primary Benefit: Protects the individual's right to make choices and take risks while ensuring that health and safety is protected.

32f	6400.32(f) - An individual has the right to refuse to participate in activities and services.

Discussion: Self-explanatory.

Primary Benefit: Protects self-direction, choice, and control.

32g	6400.32(g) - An individual has the right to control his own schedule and activities.

Discussion: Choices about scheduling and controlling one's daily routine should be based on the individual's needs and desires as specified in the Assessment and Individual Plan.

Restricting or eliminating an individual's ability to control his or her schedule or activities solely for the benefit of the provider is prohibited.

Primary Benefit: Protects self-direction, choice, and control.

32h	6400.32(h) - An individual has the right to privacy of person and possessions.

Discussion: Privacy of person includes, but is not limited to:

- The ability to be nude or partially nude without being seen by others,
- Engaging in independent self-care activities such as bathing or toileting without being seen by others,
- Receiving assistance with self-care activities in an area inaccessible to others from the fewest possible number of staff persons and preventing staff not providing assistance with such care from accessing the area while assistance is being provided by other staff; or
- Engaging in sexual activities without being seen by others.

Privacy of person may be violated by direct observation of the above (for example, a person is physically present in the area and viewing the activity or is eavesdropping on a private telephone conversation, etc.) or indirect observation via electronic means such as video equipment.

Privacy of possessions generally means that items that are the sole property of the individual are not accessed or used by others without consent. This includes searching an individual's bedroom or furnishings (such as a closet or drawer) *unless* the provider has reasonable suspicion that the individual is in possession of an item that poses an immediate threat to the health and safety of the individual or others.

Privacy and Technology

ODP has seen a significant increase in the use of assistive technology and remote supports in residential service provision in recent years and fully supports the use of technology to maximize individuals' independence and to improve health and safety protections. At the same time, residential providers must ensure that technology used meets regulatory and applicable waiver requirements, including but not limited to an individual's right to privacy. ODP has developed a Residential Technology Evaluation Tool to assist providers in determining whether a privacy violation will or may occur. The tool is not a required form although ODP strongly recommends its use. Providers may develop their own tool to determine whether a privacy violation will or may occur. The Residential Technology Evaluation Tool is attached to this guide as Appendix H. This tool may also be used to assist providers and ISP teams in using person-centered planning to determine whether assistive technology and/or remote supports are appropriate for each individual.

Primary Benefit: Ensures that individuals are protected from emotional harm when engaging in private activities; protects individual choice in use and access of possessions.

For Waiver Providers: The Consolidated Waiver effective January 1, 2023, includes the following relating to individual privacy:

When Remote Supports is provided as a method of Residential Habilitation service delivery, an evaluation plan must document the impact the remote supports will have on the participant's privacy, including whether devices and/or equipment used facilitate each participant's right to privacy of person and possessions.

Recording of live interactions with the participant via audio or video is prohibited. Live video or audio transmission is only allowable to persons designated by the participant and designated staff employed by the provider responsible for direct service delivery.

Without exception, the use of cameras or video monitoring equipment in bedrooms and bathrooms is strictly prohibited.

It is allowable for staff to provide live audio prompts needed by the participant in bathrooms and bedrooms as part of this method of service delivery. The participant must be alerted prior to the activation of any audio communication device unless the participant turns on the audio communication device themselves.

Live real-time video communication between the participant and a staff person may only occur in the participant's bedroom when all of the following are met:

- The participant has chosen to receive services in their bedroom due to a medical condition which makes it difficult or impossible for them to leave their bedroom to receive services in another room in the house or the participant would like privacy from others in the home (staff, family, housemates, etc.) during the receipt of services,
- The participant turns the video communication device on and off themselves or requests assistance in turning the video communication device on and off,
- The participant does not share a bedroom with others; and
- Service delivery via video communication will not be performed as part of any activity during which privacy would generally be expected (while a participant is in a state of undress, during sexual activities, etc.).

32i	6400.32(i) - An individual has the right of access to and security of the individual's possessions.

Discussion: The provider must ensure that each individual is provided with an area or furnishing that may only be accessed by the individual in accordance with the assessment and Individual Plan. A provider may not store individual belongings such that individuals must ask a staff person to access and provide personal possessions unless otherwise specified in the assessment and Individual Plan.

"Possessions" includes money to the extent that the individual is able to manage his or her finances and stores money in his or her personal space, e.g., a lockbox in the individual's bedroom; see § 6400.22 above for information about management of funds.

Storing seasonal clothing or large volumes of personal possessions such that staff assistance to retrieve personal items is required will not be considered a violation of this regulation.

Primary Benefit: Protects individual choice in use and access of possessions.

32j	6400.32(j) - An individual has the right to voice concerns about the services the individual receives.

Discussion: It is strongly recommended that this right be referenced in the grievance policy required by 6400.23.

Primary Benefit: Protects self-direction, choice, and control without fear of retribution or reprisal.

32k	6400.32(k) - An individual has the right to participate in the development and implementation of the individual plan.

Discussion: As per 31b, it is incumbent upon the provider to provide needed education, assistance, and accommodations in order for the participant to participate in the individual plan development and implementation.

Individuals and persons designated by the individual may not be prevented or excluded from Individual Plan development unless they decline to participate.

Primary Benefit: Protects self-direction, choice, and control without fear of retribution or reprisal.

32l	6400.32(l) - An individual has the right to receive scheduled and unscheduled visitors, and to communicate and meet privately with whom the individual chooses, at any time.

Discussion: Residential services are often the primary residence of the individual(s) and as such, it is his or her home. Each individual must be able to welcome friends and family into their home as anyone else would have the right to do. Each individual should have the opportunity to develop close, private, and personal relationships without unnecessary barriers or obstacles imposed on them.

Situations where one individual's visitors or visitation times create a nuisance to other individuals in the home should be resolved through negotiation of choices as specified at 6400.33.

Providers may not unilaterally determine whether a visitor the individual chooses to receive poses a threat to an individual; these situations should be addressed through the Risk Mitigation process described at 6400.32(e) above. Providers may make provisional unilateral decisions to prohibit visitors in cases where a visitor is a new friend or acquaintance (e.g., a person the individual met on the bus and invited to the home) when there is reasonable suspicion that the visitor poses a threat to the individual based on the visitor's actions and/or the ability of the individual to recognize potential dangers posed by persons unknown to the individual as specified in the assessment and individual plan. Providers should contact law enforcement as appropriate if a visitor poses a potential threat to the individual or others in the home, including staff persons.

Providers may not restrict visitors at the request of a person who is not a substitute decision-maker, e.g., a family member who does not meet the criteria to serve as a substitute decision-maker.

A private area is one that is inaccessible to anyone other than the individual and persons of the individual's choosing and is not actively subject to video or audio monitoring.

Primary Benefit: Affords individuals the same right to receive visitors as a person without a disability.

32m	6400.32(m) - An individual has the right to unrestricted access to send and receive mail and other forms of communications, unopened and unread by others, including the right to share contact information with whom the individual chooses.

Discussion: This regulation applies to all types of communications, including but not limited to traditional mail, e-mail, and text messages.

Incoming mail addressed or directed to an individual may only be opened by the individual unless the individual requires or requests assistance with accessing mail.

Items to be used by the provider that are addressed to the individual (such as mail-order medications for a person who does not self-administer medications) are not subject to this requirement.

If the individual needs assistive technology to text and read mail/email in private, the provider should discuss this during the Individual Plan team meeting so that appropriate resources and/or evaluations can be located and accessed.

Primary Benefit: Affords individuals the same right to privacy when communicating with others as a person without a disability.

32n	6400.32(n) - An individual has the right to unrestricted and private access to telecommunications.

Discussion: This regulation applies to all types of communication devices including but not limited to landline telephones, cell phones, tablets, and computers.

Primary Benefit: Affords individuals the same right to privacy when communicating with others as a person without a disability.

32o	6400.32(o) - An individual has the right to manage and access the individual's finances.

Discussion: See "Individual Funds and Property" above.

Primary Benefit: Promotes self-direction, choice, and control.

32p	6400.32(p) - An individual has the right to choose persons with whom to share a bedroom.
Discussion: Individuals must be offered the choice to share a bedroom with a person OR refuse to share a bedroom with another person. **Primary Benefit:** Promotes self-direction, choice, and control.	
32q	6400.32(q) - An individual has the right to furnish and decorate the individual's bedroom and the common areas of the home in accordance with § 6400.33 (relating to negotiation of choices).
Discussion: An individual may furnish his or her private space (usually a one-person bedroom) in any way he or she chooses. Decorations in shared spaces such as living rooms and dining areas must be acceptable to and agreed upon by all individuals who live in the home. Please see § 6400.33 below for information on negotiation of choices. **Primary Benefit:** Promotes self-direction, choice, and control.	
32r	6400.32(r) - An individual has the right to lock the individual's bedroom door.
32r1	6400.32(r)(1) – Locking may be provided by a key, access card, keypad code or other entry mechanism accessible to the individual to permit the individual to unlock and lock the door.
32r2	6400.32(r)(2) – Access to an individual's bedroom shall be provided only in a life-safety emergency or with the express permission of the individual for each incidence of access.
32r3	6400.32(r)(3) –Assistive technology shall be provided as needed to allow the individual to lock and unlock the door without assistance.
32r4	6400.32(r)(4) – The locking mechanism shall allow easy and immediate access by the individual and staff persons in the event of an emergency.
32r5	6400.32(r)(5) – Direct service workers who provide services to the individual shall have the key or entry device to lock and unlock the door.

Discussion: All individuals have the right to lock their bedroom doors. Bedroom doors must be equipped with locks even if the individual does not wish to lock their door.

Bedroom doors may be locked with a key locking device; however, 6400.101 requires, in part, that exits from rooms be unobstructed. A key locking device that requires a key to *exit* the bedroom constitutes obstructed egress; the locking mechanism on the inside of the bedroom door must be a deadbolt or doorknob lock that can be opened without use of a key.

Additionally, if a key locking device of any kind is used, the provider must ensure the following, at a minimum, in order to meet the requirements of 6400.32(r)(4):

- All staff persons must have keys to each individual's bedroom on their persons at all times when individuals are present in the home.
- In addition to keys carried by staff persons, copies of keys to each individual's bedroom door must be stored in a location accessible only to staff.
- Each key must be clearly labeled to identify which key opens each individual's bedroom door.

If a card-access system is used that does not have an override mechanism that permits entry without the card, the provider must ensure the following, at a minimum, in order to meet the requirements of 6400.32(r)(4):

- All staff persons must have cards to each individual's bedroom on their persons at all times when individuals are present in the home.
- In addition to cards carried by staff persons, additional cards to each individual's bedroom door must be stored in a location accessible only to staff.
- Each card must be clearly labeled to identify which key opens each individual's bedroom door

It is *strongly* recommended that key-locking devices of any kind and/or card access systems that do not have an override mechanism not be used to meet the requirements of these regulations. Providers are strongly encouraged to

use keypads, biometric locking devices, or any other device that both does not require a key or card to open the door and has an override mechanism that can be used in emergencies.

"Life-safety emergencies" include, but are not limited to:

1. Events that require evacuation from the home,
2. Unanticipated medical or behavioral emergencies; or
3. Medical or behavioral emergencies or the potential for same that present on a recurring basis as a result of a chronic medical or behavioral condition.

There is no regulatory requirement for providers to establish procedures for obtaining permission to enter an individual's bedroom or to obtain written consent from the individual in advance of access. However, providers are required to demonstrate to licensing staff the method for ensuring express permission, so it is strongly recommended that the provider's procedures for the individual's right to make choices required by 6400.33(b) include, at a minimum:

- Person-centered identification of what will constitute a life-safety emergency,
- Written consent from the individual or the individual's substitute decision-maker that clearly specifies what types of entry are permissible and what types of entry are not permitted in accordance with the individual's wishes,
- A process to obtain the above when the provider begins serving the individual; and
- A process that allows the individual to modify the above at any time.

Inspection Procedures: Licensing staff will observe locks on bedroom doors, interview individuals, and staff and review signed statements to ensure the individual is able to exercise this right and are safe in an emergency.

Primary Benefit: Affords individuals the same privacy protections as people who do not have a disability.

32s	6400.32(s) – An individual has the right to have a key, access card, keypad code, or other entry mechanism to lock and unlock an entrance door of the home.
32s1	6400.32(s)(1) – Assistive technology shall be provided as needed to allow the individual to lock and unlock the door without assistance.
32s2	6400.32(s)(2) – The locking mechanism shall allow easy and immediate access by the individual and staff persons in the event of an emergency.
32s3	6400.32(s)(3) – Direct service workers who provide service to the individual shall have the key or entry device to lock and unlock the door.

Discussion: These regulations apply to all doors by which individuals may enter the home.

Entrance doors may be locked with a key locking device; however, 6400.101 requires, in part, that exits from the building be unobstructed. A key locking device that requires a key, card, or passcode to *exit* the home constitutes obstructed egress; the locking mechanism on the inside of the door must be a deadbolt or doorknob lock that can be opened without use of a key.

It is *strongly* recommended that key-locking devices of any kind not be used to meet the requirements of these regulations. Providers are encouraged to use card access systems, keypads, biometric locking devices, or any other device that does not require a key to open the door.

Primary Benefit: Promotes independence; establishes a lifestyle equivalent to that of persons who do not have a disability.

32t	6400.32(t) – An individual has the right to access food at any time.

Discussion: Food must be available for individuals at all times. The meaning of "available" (i.e., whether individuals must request food or are able to access it independently), the type of food, and the level of independence required with obtaining, preparing, and eating the food must be consistent with the assessment and the individual plan.

Primary Benefit: Promotes self-direction, choice, and control.

32u	6400.32(u) – An individual has the right to make health care decisions.

Discussion: All individuals, including people with substitute decision makers, must be afforded the opportunity to participate in health care decisions.

The right to make healthcare decisions includes the right to choose healthcare practitioners, including but not limited to primary care physicians and pharmacies. Providers may not require individuals to receive treatment from a healthcare practitioner or pharmacy designated by the provider as a condition of receiving services from the provider. Providers must honor requests from individuals or persons designated by the individual to use a healthcare practitioner or pharmacy other than those affiliated with or preferred by the provider.

If a provider uses the same healthcare practitioner to render services to individuals, or if the provider uses the same pharmacy to obtain individuals' medications, and subsequently elects to change practitioners or pharmacies, individuals and their designated persons must be informed of the change in writing and communicated to the individuals via the individuals' preferred communication methods. The notice must be provided in advance of the change.

Primary Benefit: Promotes self-direction, choice, and control.

32v	6400.32(v) – An individual's right may only be modified in accordance with § 6400.185 (relating to content of individual plan) to the extent necessary to mitigate a significant health and safety risk to the individual or others.

Discussion: "Significant health and safety risk" generally means anything that may result in substantial physical or emotional pain, bodily injury, death, or substantial risk of death if the rights listed on this section are protected and promoted to the fullest possible extent.

Rights must be modified to allow the maximum amount of choice and control consistent with the assessment and Individual Plan; modifying rights beyond what is needed to mitigate a health and safety risk is not permitted.

Please see "Risk Mitigation" discussed at 6400.32(e) above for more information about managing risk.

Primary Benefit: Promotes self-direction, choice, and control while allowing for prevention of injury or death.

Negotiation of Choices	
33a	6400.33(a) – An individual's rights shall be exercised so that another individual's rights are not violated.

Discussion: Providers must support the exercise of an individual's rights unless such exercise violates another individual's rights. The fullest exercise of rights ends when such exercise will violate another individual's rights. For example, an individual's desire to decorate the common areas of the home per 6400.32(q) with material that is offensive to another individual violates the latter's right to be treated with dignity and respect protected by 6400.32(d).

Primary Benefit: Protects the rights of all individuals served in the home in a fair and equitable manner.

33b	6400.33(b) – The provider shall assist the affected individuals to negotiate choices in accordance with the provider's procedures for the individuals to resolve differences and make choices.

Discussion: This regulation requires the provider to produce procedures for individuals to resolve differences and make choices. This regulation does not specify the content of the required procedures, but the procedures must, at a minimum:

- Reference and describe how differences will be resolved,
- Reference and describe how individual choice will be promoted and protected such that individuals have the maximum amount of choice without resulting in a significant health and safety risk; and
- Ensure that the procedures do not violate any of the rights protected by this section.

Primary Benefit: Ensures consistency and fairness in the provider's approach to choice-making.

For Waiver Providers: The Residential Habilitation provider must provide the level of services necessary to enable the participant to meet habilitation outcomes. This includes ensuring assistance, support, and guidance (which includes prompting, instruction, modeling, and reinforcement) will be provided as needed to enable the participant to develop and maintain positive interactions and relationships with residents of one home and share meals and activities, as appropriate. This would include supporting individuals to negotiate choices with people they share a home with.

Informing of Rights	
34a	6400.34(a) – The home shall inform and explain individual rights and the process to report a rights violation to the individual, and persons designated by the individual, upon admission to the home and annually thereafter.
Discussion: The information required by this regulation must be maintained in writing and retained in each individual's record. The information provided to the individual must address all areas of the Individual Rights section (6400.31 – 6400.33). **Primary Benefit:** Ensures that individuals are informed of their rights. **For Waiver Providers:** In addition to the rights included in Chapter 6400 and described in this guide, waiver providers must also notify individuals receiving waiver services of their rights as described in Chapter 6100.182(a)-(o).	
34b	6400.34(b) – The home shall keep a copy of the statement signed by the individual, or the individual's court-appointed legal guardian, acknowledging receipt of the information on individual right.
Discussion: These statements should be retained in the individuals' files. **Primary Benefit:** Verifies that individuals were informed of their rights.	

Staffing

Minimum Age	
42	6400.42 - A staff person counted in the staff-individual ratio shall be 18 years of age or older.
Discussion: Self-explanatory. **Inspection Procedures**: If the provider employs anyone under age 18, licensing staff will exclude them when verifying appropriate staff-individual ratios. **Primary Benefit:** Ensures that staff persons have the necessary level of maturity to care for individuals.	
Chief Executive Officer	
43a	6400.43(a) - There shall be one chief executive officer responsible for the home or agency.
43b1-4	6400.43(b) - The chief executive officer shall be responsible for the administration and general management of the home, including the following: 1. Implementation of policies and procedures. 2. Admission and discharge of individuals. 3. Safety and protection of individuals 4. Compliance with this chapter.
Discussion: A CEO may designate responsibilities to other staff, but the CEO is ultimately responsible for compliance with these regulations. **Inspection Procedures:** Licensing staff will determine if the CEO's actions or failure to act constitute a violation of this regulation. **Primary Benefit:** Designates the person responsible for the overall operation of the agency and each home operated by the agency and who is accountable for meeting the requirements to operate the agency.	
43c	6400.43(c) - A chief executive officer shall have one of the following groups of qualifications: • A master's degree or above from an accredited college or university and 2 years work experience in administration or the human services field.

	• A bachelor's degree from an accredited college or university and 4 years work experience in administration or the human services field.

Discussion: Master's and bachelor's degrees do not need to be in any specific field or academic discipline. Honorary degrees are not acceptable.

Volunteer work and intern work may be counted as work experience.

"Human services field" includes, but is not necessarily limited to:

Anthropology	Criminal Justice	Music Therapy	Recreational Therapy
Art/Dance Therapy	Divinity/Religion/Theology	Nursing/Medicine	Rehabilitation Counseling
Child Development/Family Relations	Dram Therapy	Nutrition	Social Work
Community Mental Health	Education	Occupational Therapy	Sociology
Chemical Dependence Administration	Gerontology	Pastoral Counseling	Special Education
Counseling/Guidance	Health Administration	Physical Therapy	Speech Pathology
	Health Education	Psychology	Vocational Counseling

Inspection Procedures: Licensing staffs will review the CEO's degree or official college transcript and resume to determine compliance.

Primary Benefit: Ensures that the CEO has the required education and work experience to oversee services and supports provided to individuals.

For Waiver Providers: Per the Consolidated Waiver, in the case of an entity enrolled on or after November 1, 2018, to provide Residential Habilitation services, or a current provider hiring new executive level staff, one of the following must have a minimum of five years' experience as a manager with responsibility for providing residential services for individuals with an intellectual disability, developmental disability, autism, and/or serious mental illness and a bachelor's degree:

- Executive Director,
- Chief Executive Officer,
- Chief Operations Officer; or
- Director, Assistant, or Associate Director.

This is not a Chapter 6400 requirement and is not required for licensure, but any 6400 licensee that wishes to render the Residential Habilitation service must meet this requirement in order to successfully enroll as an ODP provider.

Program Specialist	
44a	6400.44(a) - A minimum of 1 program specialist shall be assigned for every 30 individuals. A program specialist shall be responsible for a maximum of 30 people, including people served in other types of services.

Discussion: "Served in other types of services" refers to other programs offered by the provider. For example, if a program specialist also supports people in an adult training facility operated by the provider, the total number of people for which the program specialist is responsible is calculated by adding the number of people served in the adult training facility to the number of people served in the residential program. An individual should only be counted once, i.e., if the individual supported by the program specialist is served in both the residential and day activities offered by the provider, the individual is only counted once in the program specialist-individual ratio.

"Other services" are not limited to licensed settings. For example, the program specialist who supports people who receive waiver services such as Community Participation Support offered by the provider, the people are to be included in the program specialist-individual ratio.

Inspection Procedures: Licensing staff will calculate program specialist-individual ratios as described above.

Primary Benefit: Ensures that program specialists have a manageable "caseload" such that duties can be performed appropriately.

44b1	6400.44-(b)(1) – The program specialist shall be responsible for the following: Coordinating and completing assessments.
44b2	6400.44(b)(2) – The program specialist shall be responsible for the following: Participating in the individual plan process, development, team reviews and implementation in accordance with this chapter.
44b3	6400.44(b)(3) – The program specialist shall be responsible for the following: providing and supervising activities for the individuals in accordance with the individual plans.
44b4	6400.44(b)(4) – The program specialist shall be responsible for the following: Supporting the integration of individuals in the community.
44b5	6400.44(b)(5) – The program specialist shall be responsible for the following: Supporting individuals communication and involvement with families and friends.

Discussion: Completing high-quality, accurate assessments is one of the most important duties of the program specialist. The assessment is the foundation of person-centered services; an inaccurate or nonspecific assessment will have a cascade effect such that many other regulation violations may occur. An inaccurate or nonspecific assessment may even result in death or serious injury.

Assessments used to develop the plan includes assessments completed by early intervention and educational professionals to address developmental needs of children and by health care professionals to address specific physical or behavioral health needs.

Program specialists are responsible for ensuring that the assessment and the Individual Plan contain the same information and that the individual receives services in accordance with both the Individual Plan and the requirements of this chapter.

All individuals must be offered the opportunity to experience community integration. "Integration" as used in 6400.44(b)(4) means that individuals are brought into equal participation with people who do not have a disability. Integration is not achieved if the individual is only offered community activities that include other individuals and/or provider staff and may result in a violation of this regulation. A key component of successful integration is continual involvement with family and friends. In development and implementation of the Individual Plan, program specialists should ensure individualized approaches to supporting involvement with family and friends.

Communication methods must be consistent with the individual's communication ability such that maximal ability to communicate is achieved.

Inspection Procedures: Licensing staff will identify patterns of program specialists' performance though the measurement of the applicable regulations in this chapter. Failure to adequately perform assigned duties may result in a violation of this regulation.

Primary Benefit: Establishes responsibility for functions essential to supporting individuals appropriately.

44c1-3	6400.44(c) - A program specialist shall have one of the following groups of qualifications: 1. A master's degree or above from an accredited college or university and 1 year of work experience working directly with individuals with an intellectual disability or autism. 2. A bachelor's degree from an accredited college or university and 2 years of work experience working directly with individuals with an intellectual disability or autism. 3. An associate's degree or 60 credit hours from an accredited college or university and 4 years of work experience working directly with individuals with an intellectual disability or autism.

Discussion: Degrees may be in any subject.

"Working directly with individuals with an intellectual disability or autism" means that the program specialist's work history must include consistent, face-to-face interaction with individuals. Work experience that did not include such interaction (such as administrative work) may not be counted, even if the work was related to indirect support of individuals.

Years of work may be cumulative.

Inspection Procedures: Licensing staff will review Program Specialist educational qualifications.

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

Staffing	
45a	6400.45(a) – A minimum of one staff person for every eight individuals shall be awake and physically present at the home when individuals are awake at the home.

Discussion: Anyone who meets the qualifications of a direct service worker and is 18 years of age or older (including the administrator or a volunteer) will serve to meet this requirement, unless the needs of or plan for any individual(s) requires a level of attention or supervision that requires a greater than 1:8 ratio and/or requires staff with specific credentials and or training.

This regulation only includes individuals who live in the home. Visitors are not included.

If one or more individuals are in the home, at least one staff person must be present. Exceptions to this requirement may be made in accordance with 6400.45(c).

1. If no individuals are present in the home but may return at any time, a staff person must be present. This does not mean that staff must be present in the home when individuals are not present, but rather that staff be available to support a person who returns home. Exceptions to this requirement may be made in accordance with 6400.45(c).

Inspection Procedures: Licensing staff will review individual assessment, individual plans, staff schedules and, payroll records and will conduct interviews to verity that this requirement is met.

Primary Benefit: Ensures that there are sufficient staff on duty at the home to meet individual needs.

45b	6400.45(b) - A minimum of 1 staff person for every 16 individuals shall be physically present at the home when individuals are sleeping at the home.

Discussion: Self-explanatory.

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

Primary Benefit: Ensures that there are sufficient staff on duty at the home to meet individual needs.

45c	6400.45(c) - An individual may be left unsupervised for specified periods of time if the absence of direct supervision is consistent with the individual's assessment and is part of the individual plan, as an outcome which requires the achievement of a higher level of independence.

Discussion: Please see 6400.181(e)(4) for information about assessing supervision needs.

Inspection Procedures: Please see 6400.181(e)(4).

Primary Benefit: Promotes person-centered independence while protecting health and safety.

45d	6400.45(d) - The staff qualifications and staff ratio as specified in the individual plan shall be implemented as written, including when the staff ratio is greater than required under subsections (a), (b) and (c).

Discussion: Individuals may require support beyond the minimum requirements of these regulations. This allows the Individual Plan team to adjust the requirements to meet the needs of the individual.

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Inspection Procedures: Licensing staff will compare individuals' supervision needs including assessments, individual plans, and health care professional's orders with staff schedules and payroll records to verify that supervision needs are met.

Primary Benefit: Ensures that individuals receive the appropriate amount of support according to specified needs.

45e	6400.45(e) - An individual may not be left unsupervised solely for the convenience of the home or the direct service worker.

Discussion: An individual's supervision needs always take precedence over staff convenience. The individual's routine may not be altered solely to accommodate the home's operations.

Inspection Procedures: Licensing staff will interview direct service workers and interact with individuals to determine whether individuals' supervision needs are compromised for staffs' convenience.

Primary Benefit: Protects the individual's right to control the individual's schedule guaranteed by 6400.32(g).

Staff Training	
46a	6400.46(a) – Program specialists and direct service workers shall be trained before working with individuals in: • General fire safety, • Evacuation procedures, • Responsibilities during fire drills, • The designated meeting place outside the building or within the fire safe area in the event of an actual fire, • Smoking safety procedures if individuals or staff persons smoke at the home, • The use of fire extinguishers, smoke detectors and fire alarms; and • Notification of the local fire department as soon as possible after a fire is discovered.
46b	6400.46(b) – Program specialists and direct service workers shall be trained annually by a fire safety expert in the training areas specified in subsection (a).

Discussion: It is **strongly recommended** that training relating to evacuation procedures and designated meeting places be specific to each home operated by the provider based on the design and layout of the home; standard or "generic" training may be provided for all other required elements. It is not required that a fire safety expert perform the initial and annual training; this may be provided by agency personnel who have received training by a fire safety expert.

It is the provider's responsibility to demonstrate that this training was provided by a qualified fire safety expert; a safety expert must be one of the following:

- Member of a local fire department,
- Fire protection engineer,
- State-certified fire protection instructor,
- College instructor in fire science,
- Graduate of a county or State fire school,
- Volunteer trained and certified by a county or Commonwealth fire school; or
- Insurance company loss control representative.

Please see § 6400.112(d) for information about "fire-safe areas."

This training does not need to be face-to-face. Videos and other training packages are acceptable if they are prepared by a fire safety expert and if the film or type contains up-to-date fire safety techniques. If a "generic" video is used, it must be supplemented by site-specific information relating to evacuation procedures and designated meeting places as described above.

The College of Direct Support (CDS) is a nationally recognized web-based training curriculum that provides learning opportunities on many topics of importance to people with developmental disabilities and those who support them. Since 2003, the Pennsylvania Department of Human Services, Office of Developmental Programs has supported the use of the CDS as a way to offer effective, consistent training to Direct Support Professionals, Supports Coordinators, supervisory and managerial staff, self-advocates, families, and other interested parties across the Commonwealth. The College of Direct Support's (CDS) lesson titled "Fire Safety" under the "Safety at Home and in the Community" course meets the

requirements of 6400.46a provided that each CDS learner passes the accompanying test with a score of 80% or higher. All CDS courses can be taken as many times as needed to ensure a passing score.

Volunteers and short-term staff (including temporary staff from staffing agencies) must receive the required training before working with individuals unless such staff are retained in the event of an emergency for a period not to exceed 3 days.

"Annual staff training" means training that is provided to staff with no more than 12 months lapse from last training. The "annual" training required does not have to be based on the person's exact date of hire. For example, if a staff person hired on November 1, 2019, receives their first annual training on April 1, 2020, then their next annual training must be completed by April 30, 2021. Subsequent annual trainings are based on the date of the first annual training.

For purposes of complying with 6400.46(b), annual fire safety training can be scheduled any time within 12 months from the last training in order for a group of staff to be trained by a fire safety expert or by an agency personnel who has received training by a fire safety expert.

Grace Period: Not Permitted.

This training may be counted towards the annual staff training requirements in §6400.46(c) and §6400.46(d).

Inspection Procedures: Licensing staff will review the training records required by 6400.50(a), staff schedules, and staff attendance records as needed.

Primary Benefit: Ensures that staff are fully informed about and ready to react appropriately in the event of a fire.

46c	6400.46(c) – Program specialists and direct service workers and at least one person in a vehicle while individuals are being transported by the home shall be trained in first aid techniques before working with individuals.

Discussion: This regulation is specific to times when the provider is transporting individuals.

"First aid techniques" generally include, but are not limited to, treatment of and response to:

1. Signs of illness that require immediate attention such that 911 should be contacted,
2. Burns,
3. Cuts,
4. Abrasions (scrapes),
5. Stings,
6. Splinters,
7. Sprains; and
8. Strains.

Inspection Procedures: Licensing staff will review the training records required by 6400.50(a).

Primary Benefit: Ensures the health and safety of the individuals when they are being transported.

46d	6400.46(d) - Program specialists, direct service workers and drivers of and aides in vehicles shall be trained within 6 months after the day of initial employment and annually thereafter, by an individual certified as a trainer by a hospital or other recognized health care organization, in first aid, Heimlich techniques, and cardio-pulmonary resuscitation.

Discussion: The requirement for training within 6 months after *initial* employment applies to all program specialists and direct care service workers, and vehicle drivers and aids hired after November 8, 1991.

This requirement does not require formal certification, only training.

The provider is responsible for demonstrating that a trainer is certified by a hospital or recognized health care organization. "Recognized health care organizations" include, but are not limited to:

- The American Red Cross
- The American Heart Association

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- The American Safety and Health Institute
- The National Safety Council First Aid Institute

A trainer's certification that does not include an in-person component, e.g., internet-based training, is acceptable only if the trainer is not employed by the provider.

All training *must* include an in-person component. Learning and executing proper form is key to performing life-saving techniques both to provide assistance to someone in need and also to help avoid injury to the person it is being administered to. Using approved manikins, visual aids, and hands-on instruction, an in-person class offers a wider range of experiences to address the different learning styles of participants. Taking a class in person also has the added benefit of meeting professionals who are knowledgeable in the techniques and can respond to questions that may be more difficult to address through an online-only course.

If a staff person is certified by a hospital or other recognized health care organization and the certification is valid for more than one year, the staff person does not need to take the training required by this regulation.

The 6-month time period specified in this regulation is cumulative, not consecutive. Any staff person who works or is anticipated to work for the provider for 6 months or more within a calendar year must receive the training required by this regulation.

"Annual staff training" means training that is provided to staff with no more than 12 months lapse from last training. The "annual" training required does not have to be based on the person's date of hire. For example, if a staff person hired on November 1, 2019, receives their first annual training on April 1, 2020, then their next annual training must be completed by April 30, 2021. Subsequent annual trainings are based on the date of the first annual training.

For purposes of complying with 6400.46(d), the required trainings can be scheduled any time within 12 months from the last training in order for a group of staff to be trained by an individual certified as a trainer by a hospital or other recognized health care organization.

This applies to volunteers who serve as program specialists or direct service workers. It does not apply to licensed medical professionals such as a physician, registered nurse, or licensed practical nurse.

"First aid techniques" generally include, but are not limited to treatment of and response to:

1. Signs of illness that require immediate attention such that 911 should be contacted,
2. Burns,
3. Cuts,
4. Abrasions (scrapes),
5. Stings,
6. Splinters,
7. Sprains; and
8. Strains.

Airway Clearance Devices: Airway clearance devices (ACD) are items designed to help remove a lodged objects from the airway of an individual who is choking. The Chapter 6400 regulations neither require nor prohibit ACD use, although ACD use may not be used as a replacement for cardio-pulmonary resuscitation training.

The Department strongly recommends that a provider who wishes to use ACD consult with their legal counsel and insurance carrier to ensure that there are no issues related to ACD use that are unrelated to the Chapter 6400 requirements.

It is also recommended that providers who use ACD develop and implement a policy for how it will be used, which includes but is not limited to how staff will be trained and when ACD use will occur.

Inspection Procedures: Licensing staff will review the training records required by 6400.50(a).

Primary Benefit: Ensures that staff are able to respond appropriately to medical emergencies.

Training Records	
50a	6400.50 (a) - Records of orientation and training, including the training source, content, dates, length of training, copies of certificates received, and staff persons attending, shall be kept.

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50b	6400.50 (b) - The home shall keep a training record for each person trained.

Discussion: Training records may be stored electronically provided that a hard copy of the training documentation for any staff person is available upon request.

Inspection Procedures: Licensing staff will review staff training records to verify that all training required by this chapter is provided. Hard-copy records do not need to be obtained if viewing electronic records is practicable.

Primary Benefit: Verifies that staff received training necessary to protect individuals' health and safety.

Orientation	
51a1-6	6400.51(a) - Prior to working alone with individuals, and within 30 days after hire, the following shall complete the orientation as described in subsection (b): 1. Management, program, administrative and fiscal staff persons. 2. Dietary, housekeeping, maintenance, and ancillary staff persons, except for persons who provide dietary, housekeeping, maintenance, or ancillary services and who are employed or contracted by the building owner and the licensed facility does not own the building. 3. Direct service workers, including full-time and part-time staff persons. 4. Volunteers who will work alone with individuals. 5. Paid and unpaid interns who will work alone with individuals. 6. Consultants and contractors who are paid or contracted by the home and who will work alone with individuals, except for consultants and contractors who provide a service for fewer than 30 days within a 12-month period and who are licensed, certified, or registered by the Department of State in a health care or social service field.
51b1-5	6400.51(b) – The orientation must encompass the following areas: • The application of: • Person-centered practices • Community integration • Individual choice, and • Supporting individuals to develop and maintain relationships. • The prevention, detection, and reporting of abuse, suspected abuse, and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S.§§ 10225.101-10225-5102), the Child Protective Service Law (23 Pa. C.S §§ 6301-6386), the Adult Protective Services Act (35 P.S. §§ 10210.101-10210.704), and applicable protective services regulations. • Individual rights. • Recognizing and reporting incidents. • Job-related knowledge and skills.

Discussion: The orientation requirements for all positions listed above are required because a person serving in any position may encounter an individual who receives services. The person must understand how to interact appropriately with the individual. While a person may not have direct contact with an individual, the person requires a basic level of training on the required topics, since the person may be in a position of decision-making or implementation related to the physical location where services are delivered or about the financial or administrative polices or procedures.

Orientation is critical in ensuring that persons required to complete orientation have the knowledge necessary to ensure the health, wellness, and rights of the individuals to whom they render services. For purposes of this regulatory requirement, a DSP is "working alone" when they are not in the line of sight of other persons who have received orientation or annual training as applicable per regulatory requirements. This includes temporary or permanent staff from a staffing agency.

Example: Two DSPs are working in a group home where three people live. One DSP was hired 5 days ago, the other DSP was hired 26 months ago. One of the DSPs must assist one of the individuals with personal care for 30 minutes in the bathroom of the home. During this time the other DSP is responsible for the provision of Residential Habilitation services

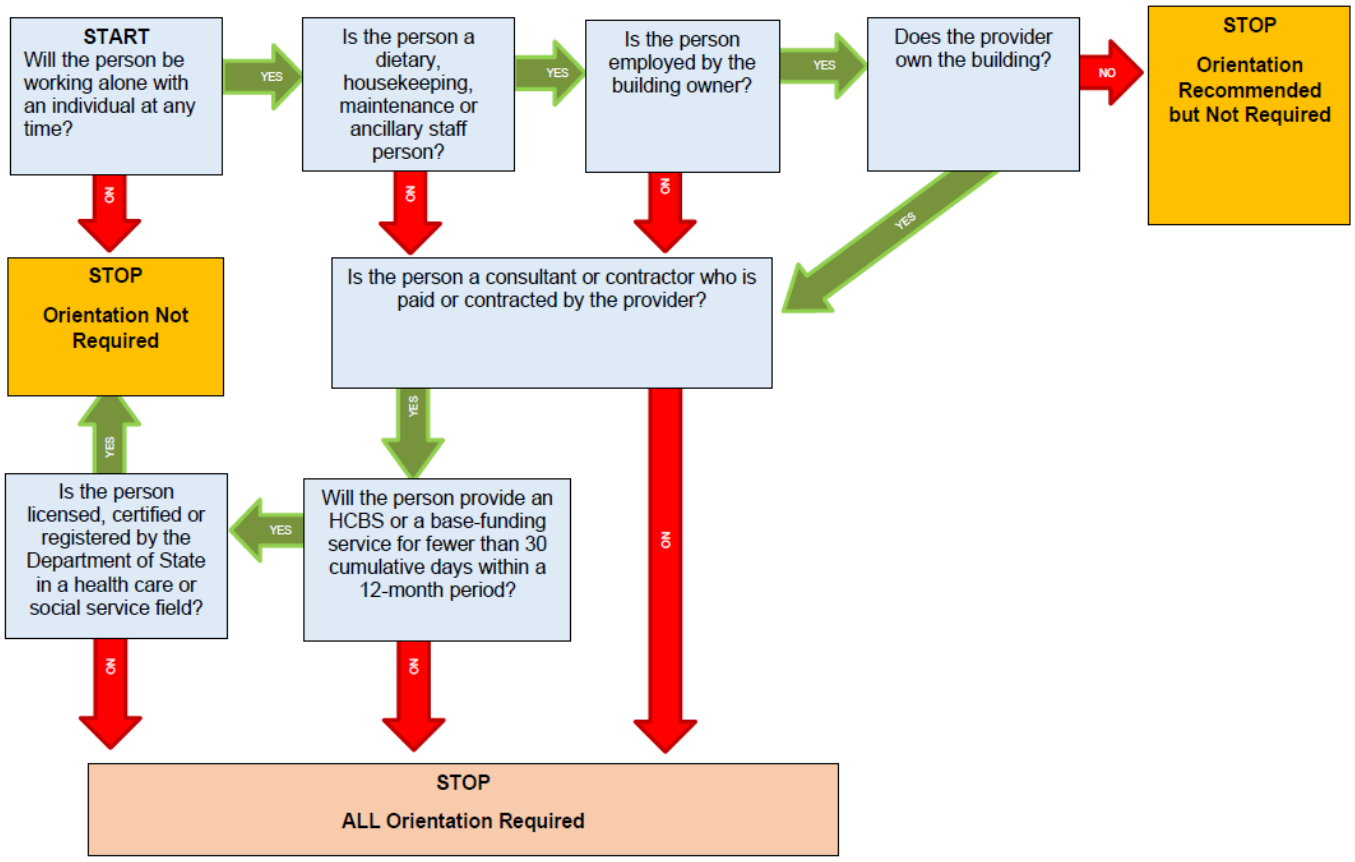
to the other two individuals who are in other parts of the home. In this scenario, the DSP hired 5 days ago must have completed orientation and the DSP hired 26 months ago must have completed annual training as applicable per regulatory requirements.

There is not a minimum number of hours required for orientation topics. The orientation must cover all required topics and be sufficient to ensure that people who are required to receive the orientation understand the requirements to perform their job in a manner that reflects this understanding.

Providers may accept orientation from a DSP's previous employer on topics related to person-centered approaches, rights, abuse, and incidents. If providers elect to accept a previous employer's orientation, it is the provider's responsibility to ensure that the orientation occurred within 12 months prior to hire and to obtain documentation from the previous provider demonstrating that the person received the orientation. Such documentation must meet all regulatory requirements relating to training records. Providers may not accept orientation from a previous provider on topics relating to job-related knowledge and skills.

ODP has developed a suite of free online orientation courses available here that will satisfy all regulatory orientation requirements with the exception of job-related knowledge and skills. Providers are responsible for developing and providing orientation on the knowledge and skills each staff person needs to perform their job duties. This orientation can be provided on the job as part of the staff person's scheduled workday.

The following decision tree should be used to determine who does and does not need to complete orientation:



Any of the training on orientation topics listed at 6400.51(b) may be delivered through web-based formats except 6400.51(b)(5) if the staff person works directly with an individual. If the staff person works directly with an individual, there must be an in-person component to 6400.51(b)(5).

There is no required format or specific content required by 6400.51(b)(1)-(4) provided that the content is accurate based on any regulation, communication, or training produced by the Department. The Department does provide content that meets the requirements for orientation on MyODP.org. Training records must reflect that each of the orientation topics were addressed.

The "job-related knowledge and skills" orientation required by 6400.51(b)(5) must include all knowledge and skills necessary for the health, safety, and welfare of the specific individuals served including recommendations and orders from a health care professional, which include, but are not limited to, safe eating/feeding procedures, respiratory

maintenance and treatments, positioning and transferring procedures, skin integrity protocols, individual-specific emergency procedures, safe and appropriate use of trauma-informed behavior supports, and an understanding of age-related factors such as interests, preferred activities, and stamina, as specified in the Individual Plan if the person works directly with an individual. To ensure that the staff person is effectively oriented, a portion of the staff person's training must include being physically present with the individual the staff person will support.

Additional clarification about these requirements can be found in ODP's Orientation and Annual Training Regulation Requirements Questions and Answers document.

Inspection Procedures: Licensing staff will review the training records required by 6400.50(a).

Primary Benefit: Ensures that all staff understand the laws and best practices relating to supporting individuals with an intellectual disability or autism and has the knowledge and skills necessary to assure the health and welfare of the individual(s) served.

Annual Training	
52a1-3	6400.52(a) – The following shall complete 24 hours of training relating to job skills and knowledge each year: • Direct service workers, • Direct supervisors of direct service workers; and • Program specialists.
52b1-5	6400.52(b) – The following staff persons shall complete 12 hours of training each year: • Management, program, administrative and fiscal staff persons. • Dietary, housekeeping, maintenance, and ancillary staff persons, except for persons who provide dietary, housekeeping, maintenance, or ancillary services and who are employed or contracted by the building owner and the licensed facility does not own the building. • Consultants and contractors who are paid or contracted by the home and who work alone with individuals, except for consultants and contractors who provide a service for fewer than 30 days within a 12-month period and who are licensed, certified, or registered by the Department of State in a health care or social service field. • Volunteers who work alone with individuals. • Paid and unpaid interns who work alone with individuals.
52c1-6	6400.52(b) – The annual training hours specified in subsections (a) and (b) must encompass the following areas: ○ The application of person-centered practices, community integration, individual choice, and supporting individuals to develop and maintain relationships. ○ The prevention, detection, and reporting of abuse, suspected abuse, and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S.§§ 10225.101-10225-5102), the Child Protective Service Law (23 Pa. C.S §§ 6301-6386), the Adult Protective Services Act (35 P.S. §§ 10210.101-10210.704), and applicable adult protective services regulations. ○ Individual rights. ○ Recognizing and reporting incidents. ○ The safe and appropriate use of behavior supports if the person works directly with an individual. ○ Implementation of the individual plan if the person works directly with an individual.

Discussion: The training requirements for all positions required to complete 12 hours of annual training in the bullets above are reasonable because a person serving in any position may encounter an individual who receives services. The person must understand how to interact appropriately with the individual. While a person may not have direct contact with an individual, the person requires a basic level of training on the required topics, since the person may be in a position of decision-making or implementation related to the physical location where services are delivered or about the financial or administrative polices or procedures.

Providers can determine which months are covered by a training year for persons required to complete annual training as long as 12 months are covered in the training year. Providers can choose to use the same training year to cover all persons or different training years for each person. Examples of a training year include:

1. Calendar year (January 1 through December 31),
2. State fiscal year (July 1 through June 30); and
3. Any other dates chosen by the provider that covers a 12-month time frame.

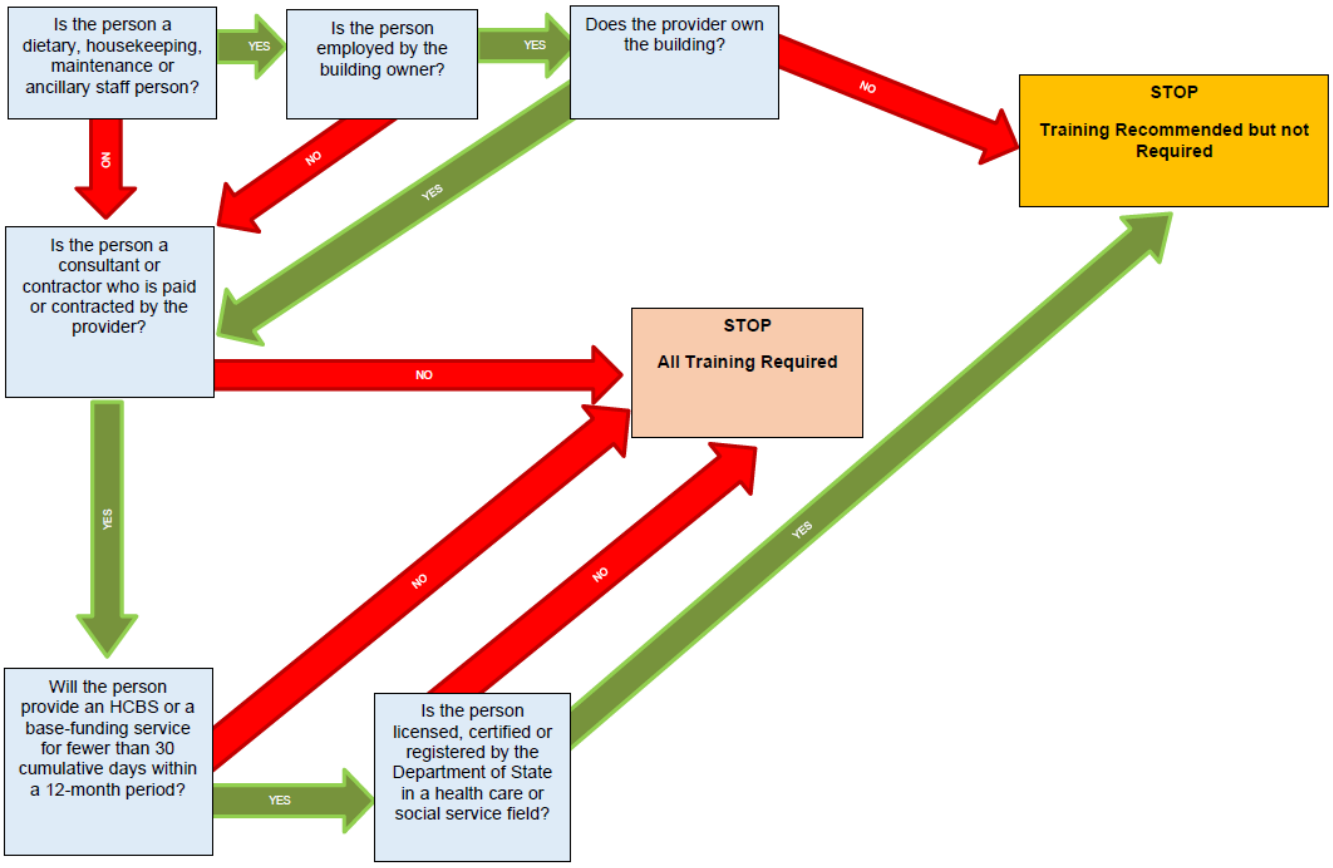
The provider must establish the beginning and end dates of the training year in writing. This could be accomplished through training plans, provider qualification documentation records, policies, procedures, etc. Providers will be considered compliant with regulatory requirements if all required annual training occurs during the training year. Depending on when each person completes annual training during the 12-month period, it is possible that more than 12 months might lapse between the completion of annual training from one training year to the next.

Example: The provider determines that they will use a calendar year as the annual training year for all persons required to take annual training. Person A completes some annual training requirements on April 3, 2022, and then completes the remaining annual training requirements on September 18, 2022. Even though Person A completed training requirements for calendar year 2022 by September 18, 2022, the provider will be compliant for calendar year 2023 as long as Person A completes all required training by December 31, 2023.

It is required that the following complete 12 hours of annual training each year:

1. Management,
2. Program,
3. Administrative,
4. Fiscal,
5. Dietary,
6. Housekeeping,
7. Maintenance; and
8. Ancillary staff persons.

The following decision tree should be used to determine who does and does not need to complete annual training:



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The training must include all of the topics required by 6400.52(c) but can include other job-related topics as well.

Any of the annual training topics listed at 6400.52(c) may be delivered through a web-based format except for 6400.52(c)(5)-(6).

There is no required format or specific content required by 6400.52(c)(1)-(4) provided that the content is accurate based on any regulation, communication, or training produced by the Department. The Department does provide content that meets the requirements for annual training on MyODP.org. Training records must reflect that each of the annual training topics were addressed.

Providers may accept training from a DSP's previous employer on topics related to person-centered approaches, rights, abuse, and incidents. If providers elect to accept a previous employer's training content, it is the provider's responsibility to ensure that the training occurred within 12 months prior to hire and to obtain documentation from the previous provider demonstrating that the person received the training. Such documentation must meet all regulatory requirements relating to training records. Providers may not accept training from a previous provider on topics relating to the safe and appropriate use of behavioral supports or implementation of the individual plan.

Training provided in accordance with 6400.52(b)(5)-(6) must be person-specific and based on the most current assessment and Individual Plan and should include knowledge about the needs of the individual and practices necessary to assure their health, safety, and welfare including the individual's mode of communication; what is important to the individual including preferred activities, foods, and relationships, safe eating/feeding procedures, respiratory maintenance and treatments, positioning and transferring procedures, skin integrity protocols, individual-specific emergency procedures, the safe and appropriate use of trauma-informed behavior supports, and an understanding of age-related factors such as interests, preferred activities, and stamina, as specified in the Individual Plan. To ensure that the staff person is effectively trained, a portion of the staff person's training must include being physically present with the individual the staff person supports.

Additional clarification about these requirements can be found in ODP's Orientation and Annual Training Regulation Requirements Questions and Answers document.

Inspection Procedures: Licensing staff will review the training records required by 6400.50(a) and conduct interviews with staff.

Primary Benefit: Ensures that staff who work directly with individuals receive the training necessary to safely support them; ensures that all staff understand the laws and best practices relating to supporting individuals with an intellectual disability or autism and that staff working with individuals are knowledgeable about the needs of the person; the practices to assure the person's health, safety and welfare of the individual(s) served.

Physical Site

Note: All regulations in this section will be measured by direct observation of the home and/or a review of applicable documentation. As such, the "Inspection Procedures" portion of the guide is omitted from this section unless otherwise indicated.

Special Accommodations	
61a	6400.61(a) - A home serving individuals with a physical disability, blindness, a visual impairment, deafness, or a hearing impairment shall have accommodations to ensure the safety and reasonable accessibility for entrance to, movement within, and exit from the home based upon each individual's needs.
61b	6400.61(b) - A home serving individuals with a physical disability, blindness, a visual impairment, deafness, or a hearing impairment shall have adaptive equipment necessary for the individuals to move about and function at the home.

Discussion: A physical disability is anything that limits a person's physical functioning, ability to care for themselves, ability to communicate, mobility, dexterity, or stamina. Special accommodations may include staff support, staff skills and routines, and practices in the home to enable the person maximum us of the physical site.

When serving individuals with conditions that require uninterrupted electrical power and water such as the use of breathing devices including ventilators, equipment to prepare special diets (such as blenders and food processors), elevators to safely evacuate, equipment safety alarms, or humidification systems, the home must have in place an

energy source to assure an uninterrupted flow of power and of water. An emergency evacuation plan as described in 6400.103 and an individual specific medical emergency plan as described in 6400.145 should be available.

These regulations do not require the provider to demonstrate compliance with the Americans with Disabilities Act (ADA) for purposes of compliance with this chapter. However, these regulations are not limited to ADA compliance. Any adaptations, practices, staffing, or equipment required to assure health and safety and enable maximal possible functioning must be provided as specified in the assessment and Individual Plan.

Inspection Procedures: Licensing staff will review individual plans, agency policies, guidelines, and practices through document reviews and interviews with staff.

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

Poisons	
62a	6400.62(a) - Poisonous materials shall be kept locked or made inaccessible to individuals.
62b	6400.62(b) - Poisonous materials may be kept unlocked if all individuals living in the home are able to safely use or avoid poisonous materials. Documentation of each individual's ability to safely use or avoid poisonous materials shall be in each individual's assessment.
62c	6400.62(c) - Poisonous materials shall be stored in their original, labeled containers.
62d	6400.62(d) - Poisonous materials shall be kept separate from food, food preparation surfaces, and dining surfaces.

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, providers should address an individual's ability to safely use these items on the assessment and Individual Plan, even if the individual cannot safely use other poisonous materials.

All individuals living in the home must be able to safely use or avoid any poisonous materials for the materials to remain unlocked.

It is recommended that homes use non-toxic products for cleaning and related activities.

"Food" includes drinks, supplemental nutrition items, and enteral nutrition materials.

Poisonous materials may be stored in the kitchen area, but these substances must be stored in a cupboard, cabinet, or other area that does not contain food. Poisonous materials may not be stored in a manner that would allow for the materials to come into contact with food.

Primary Benefit: Minimizes the possibility that an individual or staff person will be harmed by exposure to or consumption of poisonous materials.

For Waiver Providers: The provider should review the Individual Plan to ensure that the individual's ability to safely use poisonous materials is documented accurately. Any inaccuracies or changes to an individual's ability to safely use poisonous materials should be brought to the attention of the individual's Supports Coordinator immediately.

Heat Sources	
63a	6400.63(a) - Heat sources, such as hot water pipes, fixed space heaters, hot water heaters, radiators, wood and coal-burning stoves and fireplaces, exceeding 120°F that are accessible to individuals, shall be equipped with protective guards or insulation to prevent individuals from coming in contact with the heat source.

Discussion: This regulation applies to areas accessible to individuals. "Heat sources" are not limited to the examples listed in the regulation and may include other types of heat sources as specified in the assessment and individual plan. For example, an individual who enjoys outdoor activities may not be safe around campfires. "Protective guards" include

anything that prevents direct contact with the heat source. Continuing with the example above, a ring of rocks surrounding the campfire would be considered a protective guard.

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

63b	6400.63(b) - Heat sources do not require guards or insulation if all individuals living in the home understand the danger of heat sources and have the ability to sense and move away from the heat source quickly. Documentation of each individual's understanding and ability shall be in each individual's assessment.

Discussion: All individuals living in the home must be able to understand the danger of heat sources and have the ability to sense and move away from the heat source quickly for the heat sources to be exposed.

Individuals may be able to access some heat sources but not others. The assessment should note what heat sources an individual is and is not able to access with specificity.

Primary Benefit: Promotes self-direction, choice, and control.

Sanitation	
64a	6400.64(a) - Clean and sanitary conditions shall be maintained in the home.

Discussion: "Clean and sanitary conditions" safeguard the health and wellness of both individuals and staff and are generally maintained through routine practices such as proper food storage and food disposal, training in proper hygiene including hand washing, disposal of waste including human waste, routine housekeeping and maintenance, and maintenance of equipment such as wheelchairs, adaptive equipment, and household appliances. While unsanitary conditions will often be determined on a case-by-case basis, they generally include presence of:

- 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; and
- Extremely unclean surfaces.

When providing services to individuals who rely on tracheostomy tubes, ventilators, and other invasive equipment or treatments specific policies, practice guidelines, and monitoring protocols must be in place to assure health and safety including infection control and prevention.

Inspection Procedures: Licensing staff will review agency policy, guidelines, and practices through document reviews and interviews with staff.

Primary Benefit: Standard policies routine practices minimize the risk of illness, infection, or injury and provide for a dignified living environment.

64b	6400.64(b) - There may be no evidence of infestation of insects or rodents in the home.

Discussion: For the purposes of applying this regulation, "infestation" generally means invasion by rodents or insects in numbers large enough to be harmful, threatening, or repulsive as determined by licensing staff based on the circumstances unique to the situation. 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 examine individual beds for bedbugs and moist, humid areas of the home for cockroaches. It is recommended but not required that providers conduct such checks on a monthly basis or if there is reason to believe that an individual had recent contact with bedbugs, e.g., an individual who participates in an overnight visit with family where the family home is known to have a bedbug infestation. 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 individuals.

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 individuals, particularly if the home serves individuals 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 individuals 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 § 6400.64(a). **Primary Benefit:** Greatly minimizes the risk of individual illness and food contamination and provides dignified living conditions for individuals.	
64c	6400.64(c) - Trash shall be removed from the premises at least once per week.
Discussion: "Premises" generally means the building and grounds of the property. **Primary Benefit:** Minimizes the risk of illness or injury and infestation; provides for a dignified living environment.	
64d	6400.64(d) - Trash in the bathroom, dining, and kitchen areas shall be kept in cleanable receptacles that prevent the penetration of insects and rodents.
Discussion: This applies to all bathrooms. **Primary Benefit:** Cleanable 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.	
64e	6400.64(e) - Trash receptacles over 18 inches high shall have lids.
Discussion: 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 individuals who are unable to use a trash receptacle with a step-operated lid, a trash receptacle with a push-in lid is recommended. **Primary Benefit:** Minimizes the risk of individual illness and rodent and insect infestation and provides dignified living conditions for individuals.	
64f	6400.64(f) - Trash outside the home shall be kept in closed receptacles that prevent the penetration of insects and rodents.
Discussion: For purposes of applying this regulation, "closed receptacles" means a trash can with a lid; trash bags are not sufficient to protect from the penetration of insects and rodents. **Primary Benefit:** Minimizes the risk of illness or injury and infestation; provides for a dignified living environment.	
Ventilation	
65	6400.65 - Living areas, recreation areas, dining areas, individual bedrooms, kitchens, and bathrooms shall be ventilated by at least one operable window or by mechanical ventilation.
Discussion: All areas of the home must have a window or mechanical ventilation such as HVAC systems to provide airflow. If a mechanical ventilation system uses filters and/or has a component that collects dust or dirt, the filter or component must be free from dust and/or dirt to maintain sanitary conditions. **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 individuals.	
Lighting	
66	6400.66 - Rooms, hallways, interior stairways, outside steps, outside doorways, porches, ramps and fire escapes shall be lighted to assure safety and to avoid accidents.

Discussion: The kinds of lighting required by this regulation are dependent on the needs of the individuals as identified in the assessment and Individual Plan. Compliance with this regulation may simply require standard lighting or may require more sophisticated elements such as tactile guides or special lighting at 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 individuals can use these lights during an emergency to evacuate safely.

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	
67a	6400.67(a) - Floors, walls, ceilings, and other surfaces shall be in good repair.
67b	6400.67(b) - Floors, walls, ceilings, and other surfaces shall be free of hazards.
67c	6400.67(c) - If the home serves an individual 4 years of age or younger or an individual who ingests paint or paint substances, the home shall test all layers of paint at the home for lead content. If the testing shows lead content exceeding .06%, paint shall be completely stripped and recovered with lead free paint or securely encased with other lead-free material. Documentation of the lead paint testing and results shall be kept.

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 adaptive equipment. 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 individuals served in the home. For example, a sloped floor in an older home may not pose a risk to mobile individuals but could constitute a fall risk for an individual 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 individuals' 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.

Providers may develop and implement specific policies relating to "good repair" and "hazards," but that does not preclude the Department from citing a violation if a hazard as described above is observed.

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

Running Water	
68a	6400.68(a) - A home shall have hot and cold running water under pressure.

Discussion: This regulation requires that homes have 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.

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

68b	6400.68(b) - Hot water temperatures in bathtubs and showers may not exceed 120°F.

Discussion: While this regulation specifies bathtubs and showers, licensing staff will measure all water sources where individuals may be exposed to hot water, especially sinks used for handwashing. If a water source where individuals may be exposed to hot water other than bathtubs and showers exceeds the 120°F maximum, licensing staff will consider this to be a hazardous heat source and will cite 6400.63(a).

Water temperature may be measured by running the hot water until maximum temperature is reached and then placing a thermometer into the water stream. A variance of 2°F is permitted, but licensing staff will recommend that the hot water temperature be lowered for individual safety.

Primary Benefit: Protects individuals from accidental scalding.

68c	6400.68(c) - A home that is not connected to a public water system shall have a coliform water test by a Department of Environmental Resources' certified laboratory stating that the water is safe for drinking purposes at least every 3 months. Written certification of the water test shall be kept.

Discussion: "Every 3 months" means that no more than 3 months (with a 5-day grace period) may elapse between water tests. This applies to homes on private wells, even if the homes use bottled water for drinking or have purification systems.

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

Indoor Temperature

69a	6400.69(a) - The indoor temperature may not be less than 65°F during nonsleeping hours while individuals are present in the home.

Discussion: Minimum indoor temperatures may be required to exceed 65°F based on individuals' needs and desires.

Primary Benefit: Reduces the likelihood that individuals and individuals with special needs will be medically compromised by temperature extremes. Maintains an environment that is comfortable for all individuals living in the home.

69b	6400.69(b) - The indoor temperature may not be less than 58°F during sleeping hours.

Discussion: Minimum indoor temperatures may be required to exceed 58°F based on individuals' needs and desires.

Primary Benefit: Reduces the likelihood that individuals will be medically compromised by temperature extremes. Maintains an environment that is comfortable for all individuals living in the home.

69c	6400.69(c) - When the indoor temperature exceeds 85°F, mechanical ventilation, such as fans shall be used.

Discussion: It is strongly recommended that a home utilize air conditioning in at least a portion of the home during very hot weather. Air conditioning may be required if an individual's health condition does not allow for indoor temperatures to reach 85°F or if fans are used, they may be portable and do not need to vent to the outside.

Primary Benefit: Maintains an environment that is comfortable for all individuals and reduces the likelihood that older individuals and individuals with special medical needs will not be medically compromised by temperature extremes.

Telephone

70	6400.70 - A home shall have an operable, non-coin-operated telephone with an outside line that is easily accessible to individuals and staff persons.

Discussion: Homes must be equipped with at least one telephone that will work in the event of a power outage.

Telephones used by individuals must be in an area that allows for privacy.

Cell Phones: A cell phone will be considered acceptable for regulatory compliance when all of the following conditions are met:

1. There must be adequate and consistent cell phone reception at the setting.
2. At least one cell phone is kept in a designated location in the setting as opposed to on someone's person. This does not preclude additional cell phones in the setting that are kept on staff's persons.

   Basis: *Keeping a cell phone in a designated location ensures that it is easily accessible in the event of an emergency.*

3. The cell phone must be fully charged at all times.

   Basis: *Ensures that the phone will be operable in the event of an emergency.*

- The cell phone may not be locked such that a password or access code must be entered in order to use it.

  Basis: *Keeping the phone unlocked ensures that it is easily accessible for use in the event of an emergency.*

- In addition to the emergency numbers required by regulation (or 911; see 6400.7 below), the precise address of the licensed setting (street address, apartment or house number, city, state, and zip code) must be posted on or by the cell phone.

  Basis: *According to the Federal Communications Commission (FCC), since wireless phones are mobile, they are not associated with one fixed location or address. While the location of the cell site closest to the 911 caller may provide a general indication of the caller's location, that information is not always specific enough for rescue personnel to deliver assistance to the caller quickly. When calling first responders from a cell phone, the FCC recommends that callers tell the emergency operator the precise address of the emergency right away. In an emergency situation, the staff person may not be able to recall the precise location of the home, especially if the staff person does not regularly work at the home.*

- In addition to the emergency numbers required by regulation (or 911; see 6400.7 below), the cell phone number must be posted on or by the cell phone.

  Basis: *A person using a cell phone that is not their personal phone, i.e., a "house phone," may not know the number of the cell phone they are using. When calling first responders from a cell phone, the FCC recommends that callers tell the emergency operator the cell phone number in case the call is disconnected.*

- Procedures are developed and implemented to include the following:
- When calling first responders, tell the emergency operator the precise address of the emergency right away or as soon as prompted to do so by the operator.
- Provide the emergency operator with the wireless phone number in case the call is disconnected.

Primary Benefit: An accessible telephone ensures that emergency services can be contacted quickly when needed while recognizing that cell phones are replacing landline telephones for general use.

Emergency Telephone Numbers	
71	6400.71 - Telephone numbers of the nearest hospital, police department, fire department, ambulance, and poison control center shall be on or by each telephone in the home with an outside line.

Discussion: Posting "call 911" on or near the telephone is sufficient to meet the requirements of this regulation as it will link callers to police, fire, and ambulance services. These first responders are better equipped to determine how to respond to potential poisonings and appropriate sources of emergency medical treatment such as hospitals.

Primary Benefit: Facilitates a quick response from the appropriate agency in the event of an emergency.

Screens, Windows, and Doors	
72a-c	6400.72 – 1. Windows, including windows in doors, shall be securely screened when windows or doors are open. 2. Screens, windows, and doors shall be in good repair. 3. Outside doors shall have operable locks.

Discussion: Windows that do not open do not require screens. Please see 6400.32(r) and (s) for information about locks.

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Inspection Procedures: Licensing staff 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 are able to be opened, a window screen must be on the window.

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

Handrails and Railings	
73	6400.73 – 1. Each ramp, and interior stairway and outside steps exceeding two steps shall have a well-secured handrail. 2. Each porch that has over an 18-inch drop shall have a well-secured railing.

Discussion: It is recommended but not required that there be a handrail on both sides of the stairs or, if there is just one handrail, that it be right-hand descending.

It is recommended but not required that handrails be installed at all outside steps with one or two steps to support people safe transfer from the home for individuals with mobility needs.

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 individuals to determine what type of handrail is most appropriate.

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

Nonskid Surfaces	
74	6400.74 – Interior stairs and outside steps shall have a nonskid surface.

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.

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

Landings	
75	6400.75 – i. A landing shall be provided beyond each interior and exterior door that opens directly into a stairway. ii. A landing shall be at least as wide as the stairs leading to the landing.

Discussion: 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 § 6400.108.

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

Furniture and Equipment	
76a-e	6400.76 (a)-(e) – i. Furniture in individual bedrooms and family living areas shall be nonhazardous, clean, and sturdy. ii. Furniture and equipment shall be appropriate for the age and size of the individuals. iii. Furniture shall be comfortable and home-like.

	iv. In homes serving eight or fewer individuals, there shall be a sufficient amount of living and family room furniture to seat all individuals at the same time. v. In home serving eight or fewer individuals, there shall be dining tables with seating for all individuals at the same time.

Discussion: This requirement applies only to furniture and equipment accessible to individuals.

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.

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 individuals will suffer an injury while using the furniture or equipment.

First Aid Kit	
77	○ – • A home shall have a first aid kit. • A first aid kit shall contain antiseptic, an assortment of adhesive bandages, sterile gauze pads, a thermometer, tweezers, tape, scissors, and syrup of Ipecac if an individual 4 years of age or younger or an individual likely to ingest poisons is served. • A first aid manual shall be kept with the first aid kit.

Discussion: Syrup of Ipecac does not need to be included in first aid kits.

It is recommended that the first aid kit be stored in a portable box or bin that can be transported easily if an injury occurs.

Kit contents should be checked on a regular basis to ensure that the materials are still able to be used; bandage wrappers may tear, some bandage fibers will lose elasticity over time, and antiseptics lose potency over time. If an item in the first aid kit has an expiration date, it must be discarded and replaced once the expiration date has passed.

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. Supplementary kits do not need to contain all of the items specified by this regulation, although it is recommended that each kit contain all of the items listed at a minimum.

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

Indoor Living Space	
78a-b	○ – 1. A home shall have living and dining areas that are separated from bedrooms. 2. A home shall have at least 30 feet per individual and at least 90 square feet per home of common use indoor living space measured wall to wall, excluding bedrooms, hallways, kitchens, lavatories, and office. This requirement does not apply to homes licensed in accordance with this chapter prior to November 8, 1991.

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.

Many internet websites offer square footage calculators, which are useful for measuring areas that are not rectangular.

Primary Benefit: Dedicated activity space creates a home-like atmosphere and fosters community interaction.

Elevators	
79	6400.79 – If an elevator is present in the home, there shall be a valid certificate of operation from the Department of Labor and Industry.

Discussion: Self-explanatory.

Primary Benefit: Reduces risk of injury to individuals, staff, and visitors by ensuring that elevators are safe and free of hazards.

Exterior Conditions	
80a	6400.80(a) – Outside walkways shall be free from ice, snow, obstructions, and other hazards.
80b	6400.80(b) – The outside of the building and the yard or grounds shall be well maintained, in good repair and free from unsafe conditions.

Discussion: There is no single list of what constitutes a "hazard" or "unsafe condition." While some hazards or unsafe conditions may be obvious (such as broken glass on a walkway), others will be dictated by the needs of the individuals served in the home as specified in the individuals' assessments and Individual Plans. For example, homes located close to busy roads or highways must ensure that the individuals 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 individuals served in the home can safely avoid a body of water.

Potentially hazardous or unsafe conditions will be determined on a case-by-case basis. All exterior doors, fire escapes, and exterior steps and ramps must be cleared of ice and snow as soon as possible after the snow stops to provide for safe egress in an emergency.

Some hazards or unsafe conditions many only present in certain weather conditions; for example, leaves on a sidewalk do not pose a risk when dry, but may be a fall hazard when wet.

Primary Benefit: Minimizes the risk of injury or death to individuals when they are outdoors.

Individual Bedrooms	
81a	6400.81(a) – An individual's bedroom may not be located in basements. Any level from which there is a standard door leading from that level directly outside to grade level is not considered a basement.
81b	6400.81(b) – Apartment units that are located partially below ground level with windows that are at least as large as other windows in the building are permitted.

Discussion: Any level from which there is a standard door leading from that level directly outside to grade level is not considered a basement. If there are only 1 or 2 steps down to a bedroom, this is not considered a separate level.

A split level or bi-level home in which there is a bedroom on the lower lever with a door from that level leading directly outside and up no more than 6 exterior steps is acceptable.

Apartment units that are located partially below ground level with windows that are at least as large as most of the other windows in the building are permitted.

Apartment units that are below ground level with no windows, or with windows that are smaller than most of the other windows in the apartment building, are not permitted.

If the home was in operation as community living arrangement prior to March 15, 1982, partially below ground apartment units are acceptable as long as there are windows of any size above ground level.

Primary Benefit: Provides safe evacuation in the event of an emergency. This regulation also ensures proper natural light for the individuals which promotes good health and well-being.

81c	6400.81(c) – An individual sharing a bedroom shall have a minimum of 60 square feet of bedroom space, measured wall to wall, including space occupied by furniture. Each individual occupying a single bedroom shall have a minimum of 80 square feet of bedroom space, measured wall to wall, including space occupied by furniture.

Discussion: Closet space may not be counted as bedroom floor space.

It is important to remember that individuals who use assistive devices such as walkers may need extra space to navigate a bedroom. If a room has sufficient square footage to meet this regulatory requirement, but the individual occupying the room cannot safely navigate the room, the home may be in violation of § 6400.61(a).

Many internet websites offer square footage calculators, which are useful for measuring areas that are not rectangular.

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

81d	6400.81(d) – An individual who uses a wheelchair shall have a minimum of 100 square feet of bedroom space unless there is written documentation by a licensed physical or occupational therapist that the individual has the ability to move about the bedroom within 80 square feet for single bedrooms or 60 square feet for shared bedrooms. This subsection does not apply to bedrooms occupied by an individual who uses a wheelchair in homes licensed in accordance with this chapter prior to November 8, 1991.

Discussion: See § 6400.81(c) for information on square footage.

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

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

The home must ensure that there is sufficient square footage to allow an individual with a physical disability to move about the room with assistive devices or medical equipment. Failure to do so may result in a violation of § 6400.61(a).

Many internet websites offer square footage calculators, which are useful for measuring areas that are not rectangular.

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 individuals with mobility needs a dignified amount of personal living space.

81e	6400.81(e) – No more than two individuals may sleep in one bedroom. This subsection does not apply to bedrooms occupied by more than two individuals in homes licensed in accordance with this chapter prior to November 8, 1991.

Discussion: Self-explanatory.

Primary Benefit: Provides sufficient space to ambulate in the event of an emergency, offers individuals a dignified amount of personal living space, and reduces the spread of communicable diseases.

81f	6400.81(f) – Each bedroom shall have direct access to a corridor, living area, dining area, or outdoors.

Discussion: Self-explanatory.

Primary Benefit: Provides a comfortable living arrangement to the individual with easy access to all parts of the home.

81g	6400.81(g) – A bedroom may not be used by other individuals or staff persons as a regular or frequent passageway to another part of the home or to the outdoors.

Discussion: A individual'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 individuals know this emergency route. Individuals should be instructed to use this exit only in response to an emergency and not as a regular passageway. If an individual's bedroom is used as an emergency exit, the locking device must be one that does not need for a key or card to open the door.

Bedrooms that allow access to areas of the home that are not frequently accessed such as basements or attics are permissible provided that the individual's rights at 6400.32(r) are not violated.

Primary Benefit: Provides privacy to individuals.

81h	6400.81(h) – Each bedroom shall have at least one exterior window that permits a view of the outside.
Discussion: Windows are not required to be operable. Ventilation is regulated in § 6400.65. **Primary Benefit:** Natural light provides both physiological and psychological benefits.	
81i	6400.7981(i) – Bedroom windows shall have drapes, curtains, shades, blinds, or shutters.
Discussion: Self-explanatory. **Primary Benefit:** Window coverings provide individuals with privacy.	
81j	6400.81(j) – A bedroom shall have doors at all entrances for privacy.
Discussion: Self-explanatory. **Primary Benefit:** Bedroom doors provide privacy for individuals.	
81k1-6	6400.81(k) – In bedrooms, each individual shall have the following: 1. A bed of size appropriate to the needs of the individual. Cots and portable beds are not permitted. Bunkbeds are not permitted for individuals 18 years of age or older. 2. A clean, comfortable mattress and solid foundation. 3. Bedding, including pillow, linens, and blankets appropriate for the season. 4. A chest of drawers. 5. Closet or wardrobe space with clothing racks and shelves accessible to the individual. 6. A mirror.
Discussion: These items are required unless: 1. The individual chooses not to have one or more of them as documented in the assessment and Individual Plan, 2. The individual has a medical condition that requires an alternative to one or more items prescribed or recommended by a licensed medical professional; or 3. The individual has a behavioral need that could be exacerbated by one or more items. Such conditions must be document in accordance with 6400.195. It is recommended that blankets fit the size of the individual's bed and be of varied weight and of sufficient quantity to accommodate the individual's needs during all seasons and medical conditions. Pillow types should accommodate the individual's preference, as practical and reasonable. An individual 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 individual'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 individual's assessment and individual plan. Wardrobes and other storage furniture are acceptable to meet the requirement at 6400.81(k)(5). **Primary Benefit:** Bedroom furnishings that meet specific individuals' needs and desires reduce the risk of injury and provide comfort.	
81l	6400.81(l) – Beds and cribs, with solid sides over 12 inches high or with closed domes or tops, are not permitted.
Discussion: Self-explanatory. **Primary Benefit:** Protects individuals from entrapment; protects right to be treated with dignity and respect.	
Bathrooms	

82a	6400.82(a) – There shall be at least one toilet for every four individuals for homes opened on or after March 15, 1982. There shall be at least one toilet for every six individuals for homes opened on or before March 14, 1982.
82b	6400.82(b) – There shall be at least one bathtub or shower for every four individuals for homes opened on or after March 15, 1982. There shall be at least one bathtub or shower for every six individuals for homes opened on or before March14, 1982.

Discussion: 6400.82a requires an actual toilet, not an adult toileting chair. Adult toileting chairs may be used if there is a medical need to do so but may not be counted in the individual-toilet ratio.

Primary Benefit: Ensures that there are sufficient toilets and showers to meet individuals' needs such that individuals may use the facilities without waiting.

82c	6400.82(c) – For homes serving one or more individuals who have physical disabilities, at least one sink, one toilet, and one tub or shower shall be adapted so that individuals who have physical disabilities have easy access and use.

Discussion: Any toilet or shower that may be used by an individual must have the appropriate adaptations to meet the individual's needs in accordance with 6400.61(b).

Primary Benefit: Physical site accommodations and equipment that meet the needs of the individuals in the home provide independence and enable a higher quality of life.

82d	6400.82(d) – Privacy shall be provided for toilets, showers, and bathtubs by partitions or doors. Curtains are acceptable dividers if the bathroom is used only by one sex or only by individuals 9 years of age or younger.

Discussion: No more than one individual may be present in the bathroom for purposes of bathing, toileting, or performing self-care activities normally performed in private to protect individual privacy. This applies to individuals of any age.

Primary Benefit: Protects individuals' right to privacy of person.

82e	6400.82(e) – Bathtubs and showers shall have a nonslip surface or mat.

Discussion: The nonslip surface or mat must be large enough to cover the entire floor surface of the bathtub or shower.

Primary Benefit: Prevents injurious falls while bathing.

82f	6400.82(f) – Each bathroom and toilet area that is used shall have a sink, wall mirror, soap, toilet paper, individual clean paper or cloth towels and trash receptacle.

Discussion: These items are required unless:

4. The individual has a medical condition that requires an alternative to one or more items prescribed or recommended by a licensed medical professional, or
5. The individual has a behavioral need that could be exacerbated by one or more items. Such conditions must be documented in accordance with 6400.195.

Individuals may choose any soap they wish, e.g., bar soap, for bathing and handwashing unless the assessment and individual plan specify otherwise.

Air dryers may be used in lieu of paper or cloth towels.

Primary Benefit: Ensures that individuals have basic hygiene items for safety and comfort.

82g	6400.82(g) – An individual washcloth, bath towel, and toothbrush shall be provided for each individual.

Discussion: Washcloths and towels must be rotated as needed to ensure cleanliness.

Primary Benefit: Individual towels, washcloths, and soap prevent the spread of disease.	
Kitchens	
83a	6400.83(a) – A home shall have a kitchen area with a refrigerator, sink, cooking equipment, and cabinets for storage.
Discussion: Providers must ensure that the necessary equipment and supplies to prepare appropriate meals for individuals with prescribed special diets is available and in good working order. **Primary Benefit:** Ensures that homes have the necessary equipment to prepare meals, and that individuals have the means to store and prepare food independently.	
83b	6400.83(b) – Special provisions shall be made and adaptive equipment shall be provided, when necessary, to assist individuals in eating at the table.
Discussion: See 6400.61(b). **Primary Benefit:** Promotes maximum independence.	
83c	6400.83(c) – Utensils used for eating, drinking, and preparation of food or drink shall be washed and rinsed after each use.
Discussion: Self-explanatory. **Primary Benefit:** Ensures that utensils are appropriately cleaned to prevent the spread of disease.	
Laundry	
84a	6400.84(a) – Bed linens, towels, washcloths, and individual clothing shall be laundered at least weekly.
Discussion: Self-explanatory. **Primary Benefit:** Ensures that clean laundry and clothing are provided to all individuals.	
84b	6400.84(b) – Clean laundry shall be stored in an area separate from soiled laundry.
Discussion: Self-explanatory. **Primary Benefit:** Ensures that clean linens are not soiled by dirty linens.	
Swimming Pools	
85a	6400.85(a) – An in-ground swimming pool shall be fenced with a gate that is locked when the pool is not in use.
85b	6400.85(b) – An aboveground swimming pool shall be made inaccessible to individuals when the pool is not in use.
Discussion: Self-explanatory. **Primary Benefit:** Reduces risk of drowning or accident when pool is not in use.	
Firearms	
86	6400.86 – Firearms and ammunition are not permitted in the home or on the property of the home.

Discussion: This regulation does not prohibit an individual from owning or using a firearm or ammunition. This regulation prohibits firearms and ammunition from being present in the home or on the property of the home.

For purposes of applying this regulation:

1. "Firearm" means "any weapon which will or is designed to expel a projectile discharged by gunpowder or compressed air."
2. "Ammunition" means "objects that are designed to be shot from a weapon." This includes, but is not limited to, bullets, BBs, air gun pellets, arrows, and crossbow bolts.
3. "Property" means anywhere in the home or grounds. For freestanding dwellings, this includes, but is not necessarily limited to, the home, yards, outbuildings, driveways, etc. For apartment building, this includes any apartment used as housing for individuals or administrative offices for the provider.

Items that expel ammunition but are not firearms (such as bows or crossbows) may be present in the home, but the ammunition may not.

Providers may not honor an individual choice that is in direct conflict with the requirements of this chapter, e.g., an individual wishes to possess a firearm and store it on the premises. See 6400.32(e) above.

Firearms may not be kept in any vehicle that is used or may be used to transport individuals.

It is strongly recommended that providers prohibit staff from keeping firearms in staffs' personal vehicles that are parked on the property, i.e., in a driveway of a freestanding home.

Primary Benefit: Greatly minimizes the risk of death or serious injury.

Fire Safety

Unobstructed Egress	
101	6400.101 – Stairways, halls, doorways, and exits from rooms and from the building shall be unobstructed.

Discussion: 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 individuals were attempting to escape at the same time.

This regulation applies to any door that exits from the building, even if the exit is not usually used by individuals.

Primary Benefit: Ensures that people can escape from the home in the event of a fire or other life-safety emergency.

Exits	
102	6400.102 – If four or more individuals sleep above the ground floor, there shall be a minimum of two interior or exterior exits from each floor. If a fire escape is used as an exit, it shall be permanently installed.

Discussion: This applies to every floor used by the individuals, including basements and attics, even if used only occasionally.

Construction Information: "Permanently installed" as used in this regulation means that the fire escape is affixed to the building such that it cannot be removed. Fire escapes must be constructed with material consistent with applicable state and local building codes.

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 § 6400.14 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 individuals 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 regulatory waiver as described in the introduction section of this RCG 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 individuals can safely use the exit

If a window exit is approved by a waiver, it must be used and practiced regularly in fire drills. Folding ladders, portable chutes, or fire ropes are not permissible as an exit.

Primary Benefit: Individuals have a greater chance of escaping a home during a fire or other emergency when multiple means of egress exist.

Notification to Local Fire Department	
104	6400.104 – The home shall notify the local fire department in writing of the address of the home and the exact location of the bedrooms of individuals who need assistance evacuating in the event of an actual fire. The notification shall be kept current.

Discussion: "Assistance evacuating in the event of an actual fire" means physical or verbal assistance. Individuals who do not evacuate the home independently upon being alerted by the fire alarm system are considered to need assistance to evacuate, even if this assistance is only verbal.

It is recommended that the notification include the following, 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 individuals served. This need not be individual-specific; a description of the mobility needs of individuals the home is willing to serve will suffice.

This information must 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.

Fire companies may not respond to these notifications. It is recommended that written notification be sent by email with a read receipt, certified mail, or facsimile to ensure documentation of receipt of the information by the fire company.

Inspection Procedures: Licensing staff will review the documentation submitted to the local fire company to verify that it contains the above information.

Primary Benefit: Provides advance knowledge of the layout of the home and the needs of the individuals to help first responders evacuate individuals quickly in the event of an emergency.

Flammable and Combustible Materials	
105	6400.105 - Flammable and combustible supplies and equipment shall be utilized safely and stored away from heat sources.

Discussion: "Combustible materials" means "materials that rapidly ignite, producing heat and/or light"; "flammable materials" means "materials capable of being readily or easily ignited."

An oxygen safe use and storage plan should be available when oxygen therapy is in use.

Inspection Procedures: Licensing staff will inspect all heat sources and hot water heaters during the physical site inspection. Licensing staff 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.

Furnaces	
106	6400.106 - Furnaces shall be inspected and cleaned at least annually by a professional furnace cleaning company. Written documentation of the inspection and cleaning shall be kept.

Grace Period: 15 days. Inspections and cleanings completed within 380 days of the previous inspection and cleaning (365 days + 15 days = 380) will be considered compliant.

Discussion: "Furnace" means "an appliance fired by gas, oil, or wood in which air or water is heated to be circulated throughout a building in a heating system."

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: Licensing staff will review the home's documentation that the furnace was cleaned.

Primary Benefit: Ensures that the home's furnace will produce heat and that individuals are protected from carbon monoxide poisoning.

Portable Space Heaters	
107	6400.107 - Portable space heaters, defined as heaters that are not permanently mounted or installed, are not permitted in any room including staff rooms.

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 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 individuals.

Inspection Procedures: Licensing staff will examine the physical site and interview staff to determine if portable heaters are used.

Primary Benefit: Portable space heaters are a frequent cause of fire and cause burns to individuals who come into contact with them. Individuals are protected from fire and injury by this prohibition.

Wood and Coal Burning Stoves **Note:** This section only applies if stoves are used, even if they are present in the home.	
108a	6400.108(a)- The use of wood and coal burning stoves is permitted only if the stove is inspected and approved for safe installation by a fire safety expert. Written documentation of the inspection and approval shall be kept.

Grace Period: Not permitted.

Discussion: See 6400.112(d) for information regarding "fire-safety experts."

Inspection Procedures: Licensing staff will review inspection documentation.

Primary Benefit: Screens and protective guards prevent individuals from suffering a burn or other injury and prevent fires due to hot coals escaping the stoves.

108b	6400.108(b) - Wood and coal burning stoves, including chimneys and flues, shall be cleaned at least every year if used more frequently than once per week during the winter season. Written documentation of the cleaning shall be kept.

Discussion: Wood and coal burning stoves must be cleaned by a professional cleaning company or in accordance with the manufacturer's instructions. Protective guards may be required in accordance with § 6400.63.

Inspection Procedures: Licensing staff will review inspection documentation.

Primary Benefit: Minimizes the risk of fire and carbon monoxide poisoning.

Fireplaces	
Note: This section only applies if fireplaces are used, even if they are present in the home.	
109a	6400.109(a) - A fireplace shall be securely screened or equipped with protective guards while in use.

Discussion: The screen or guard must provide sufficient coverage of the fireplace to prevent ashes and sparks from exiting the fireplace. The screen or guard should also prevent individuals from coming into contact with heat and ash.

Inspection Procedures: If the home is equipped with a fireplace, Licensing staff will determine if it is properly screened or equipped with a protective guard.

Primary Benefit: Fireplace screens and guards protect individuals from injury and reduce the risk of fire.

109b	6400.109(b) - A fireplace chimney and flue shall be cleaned at least once a year if used more frequently than once per week during the winter season. Written documentation of the cleaning shall be kept.

Discussion: Fireplaces chimneys and flues must be cleaned by a professional cleaning company at least once within a 365-day period.

Inspection Procedures: If the home is equipped with a fireplace that is used, licensing staff will review documentation that the chimney has been cleaned.

Primary Benefit: Accumulation of Creosote (a dark brown oil distilled from coal tar and used as a wood preservative) is the leading cause of structure fires that begin in a fireplace; proper cleaning reduces the risk of fire.

Smoke Detectors and Fire Alarms	
110a	6400.110(a) - A home shall have a minimum of one operable automatic smoke detector on each floor, including the basement and attic.
110b	6400.110(b) - There shall be an operable automatic smoke detector located within 15 feet of each individual and staff bedroom door.
110c	6400.110(c) - The smoke detectors specified in subsections (a) and (b) shall be located in common areas or hallways.
110d	6400.110(d) - Smoke detectors and fire alarms shall be of a type approved by the Department of Labor and Industry or listed by Underwriters Laboratories.

Discussion: "Smoke detector" means a device activated automatically by the detection of heat and/or smoke.

If a home is equipped with interconnected smoke detectors that are located more than 15 feet of a bedroom door, additional detectors that are not interconnected may be installed to achieve compliance.

Additional detectors may be placed inside bedrooms, but this does not eliminate the need to place detectors in common areas or hallways as required by 6400.110(c).

Most commercial smoke detectors are approved by Underwriters Laboratories; an approved device will have the following or similar symbol:

Inspection Procedures: Licensing staff 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 individuals are sleeping. Smoke detectors in hallways alert individuals of smoke or fire before the smoke or fire enters the room, allowing the individual time to wake and react. Although smoke detectors in individual bedrooms are not required, they are recommended in case a fire starts in the room.

110e	6400.110(e) - If the home serves four or more individuals or if the home has three or more stories including the basement and attic, 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 audible throughout the home. The requirement for homes with three or more stories does not apply to homes licensed in accordance with this chapter prior to November 8, 1991.

Discussion: "Each floor" includes any floor of the home accessible to individuals or staff, including the basement and attic. This does not include a crawl space but does include an area accessible by pull-down steps accessible to and used by the individuals.

Smoke detectors in attics that are empty or used only for storage do not need to be interconnected to the other detectors. Detectors on other floors still must be interconnected to each other.

Inspection Procedures: Licensing staff 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 individuals of the need to evacuate or prepare for evacuation.

110f	6400.110(f) - If one or more individuals or staff persons are not able to hear the smoke detector or fire alarm system, all smoke detectors and fire alarms shall be equipped so that each person with a hearing impairment will be alerted in the event of a fire.

Discussion: Each individual must be alerted to the fire alarm at all times while awake or sleeping – individuals 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 individuals to evacuate and to evacuate themselves. This includes all accessible areas of the home including other individuals' bedrooms and bathrooms.

Acceptable signaling devices include, but are not limited to:

- 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 an individual/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 individual 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).

It is not acceptable for a staff person to alert an individual in lieu of a signaling device.

Remember that individuals' needs can differ based on the degree of their impairment and the specific situation. For example, an individual 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 individual's needs.

It may be necessary to try multiple devices to identify the device that best supports the individual's specific needs. Providers are encouraged to adopt a "trial period" when using a new device to ensure its effectiveness.

Inspection Procedures: Licensing staff will determine if an individual or staff person has a hearing impairment that does not allow the fire alarm or smoke detector to be heard via documentation review, staff interviews, and interaction with individuals.

Primary Benefit: A device that alerts individuals and staff who are hearing impaired of a fire offers them the same protection from fires as individuals and staff who are not hearing impaired. Use of a device instead of a person eliminates the possibility that an individual will not be alerted if the staff are incapacitated.

110g	6400.110(g) - If a smoke detector or fire alarm is inoperative, notification for repair shall be made within 24 hours and repairs completed within 48 hours of the time the detector or alarm was found to be inoperative.
110h	6400.110(h) - There shall be a written procedure for fire safety monitoring in the event the smoke detector or fire alarm is inoperative.

Discussion: This regulation applies to any fire detection system that cannot be repaired immediately, i.e., that requires repair by a professional. It is recommended that homes keep extra portable smoke detectors and batteries on the premises in the event that a non-interconnected smoke detector is malfunctioning.

"Written procedures for fire safety monitoring" will depend on the fire safety system in the home and the needs of the individuals served. Procedures may require as little as the temporary use of portable smoke detectors or as much as Fire Watch procedures as defined by the National Fire Protection Agency.

Inspection Procedures: Licensing staff will review the home's procedures and compare them to the type of fire safety system used in the home as well as the needs of the individuals served.

Primary Benefit: A malfunctioning smoke detector will not protect individuals 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.

Fire Extinguishers	
111a	6400.111(a) – There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.
111b	6400.111(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.
111c	6400.111(c) – A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in subsection (a).
111d	6400.111(d) – Fire extinguishers shall be listed by Underwriters Laboratories or approved by Factory Mutual Systems.
111e	6400.111(e) – A fire extinguisher shall be accessible to staff persons and individuals.
111f	6400.111(f) – A fire extinguisher shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Grace Period (111f): Not permitted.

Discussion: Extinguishers are required on each floor even if the floor is not accessible to individuals, e.g. a basement or attic.

For purposes of these regulations, an "attic" is any room just below the roof of a building that is:

- Accessible by an affixed or retractable stairway such that it is easily reached by staff or individuals, or
- Used as storage space, even if only accessed occasionally.

The kitchen fire extinguisher required by 6400.111(c) meets the requirement at 6400.111(a) for the floor on which the kitchen is located.

Fire extinguishers may not be locked or stored in locked areas. In the event that an individual cannot have access to a fire extinguisher due to a behavioral condition, e.g., the individual may use the extinguisher as a weapon, homes may keep the fire extinguisher in an easily accessible location that is unknown to the individual.

Inspections/approvals may be done by any company that specializes in such inspection; the inspection does not need to be completed by a fire safety expert as defined by this Chapter, although homes may elect to use a fire safety expert for this purpose. Most fire extinguishers bear a tag showing that an inspection has been completed. 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.

Inspection Procedures: Licensing staff will check each floor of the home during the physical site inspection to verify the presence, rating, accessibility, and approval of fire extinguishers.

Primary Benefit: Ensures that fully operational and easily accessible extinguishers are available in the event of a fire.

Fire Drills

Important Information about Fire Drills

Conducting fire drills 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:

  - It is very important that individuals treat every fire alarm as if it was a real fire because it may well be real. It is important for staff to treat every fire drill as critical learning opportunity for individuals. In order to be "unannounced," fire drills must be held without any prior notice given to the individuals or staff persons, except to discreetly inform staff persons immediately prior to the fire drill. If staff persons are unsure if a fire alarm is part of a drill, it is important for them to act as though it is a real fire, rather than treating it as a learning opportunity for individuals, in order that no time would be lost in the event of an actual fire.
  - 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 multiple 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.
  - 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 individuals – and offers the peace of mind that comes with knowing that the home has taken every possible step to protect lives.
  - 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.

112a	6400.112(a) - An unannounced fire drill shall be held at least once a month.
112b	6400.112(b) - Fire drills shall be held during normal staffing conditions and not when additional staff persons are present.
112e	6400.112(e) - A fire drill shall be held during sleeping hours at least every 6 months.

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112f	6400.112(f) - Alternate exit routes shall be used during fire drills.
112g	6400.112(g) - Fire drills shall be held on different days of the week and at different times of the day and night.
112i	6400.112(i) - At least one smoke detector shall be set off during each fire drill.

Grace Period (112a): Not permitted.

Discussion: In order to be "unannounced," fire drills must be held without any notice to the individuals or to staff persons, other than the staff person responsible for setting off the alarm/detector and recording the results. This does not apply if there is only one staff person present who is responsible for both evacuating the individuals and setting off the alarm/detector and recording the results.

The Department recommends that the provider 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 individual attendance is low. This schedule should only be accessible to the person responsible for setting off the alarm/detector and recording the results.

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.

If a home is located in an apartment building in which all homes in the building are interconnected to one smoke detector, the home may attach and use portable smoke detectors in the home for purposes of compliance with 6400.112(i).

Timing the Drill: The fire drill time begins when the alarm is sounded and ends when the last individual enters the fire safe area(s) or exits the outside door. The best way to record this is by using two stopwatches, as follows:

- When the alarm sounds, start both stopwatches.
- When you believe that all individuals have exited the building or arrived in a fire-safe area, stop one of the stopwatches.
- Check the home to ensure that all individuals have evacuated. If you discover that one or more individuals have not evacuated, assist the individual out of the building or to a fire-safe area. Once all of the individuals have been evacuated, stop the second stopwatch.
- If when checking the home, you discover that all individuals have evacuated, the time recorded by the first stopwatch is the official fire drill time.
- If one or more individuals did not evacuate as described in #2 above, 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 record required at 6400.112(c) to demonstrate that most individuals were able to evacuate in time, since the scope of the problem is related to developing an acceptable plan of correction.

Conducting the Drill: A drill is conducted by establishing a "simulated fire" somewhere in the home, sounding the alarm, and evacuating individuals via routes not blocked by the simulated fire. Fires may be simulated by blocking a door or egress path with an object or a large display/poster/picture of a fire along an exit path.

"Sleeping Hours"

In order to cause minimal disruption to the individuals, the sleeping-hour fire drill may be held within 30 minutes after individuals 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 individuals 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.

"Additional Staff Persons"

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. Fire drills should be conducted with in regular staffing

patterns. For example, if a program specialist is completing monitoring of the home but would not be regularly in the staffing ratio, then the program specialist will not participate with the evacuation. Additionally, adding staff during fire drills to accomplish a successful evacuation not only makes the drill a worthless exercise, but it also puts individuals at risk if a real fire occurs. In other words, homes may not practice evacuating individuals using resources that won't be available in a real fire.

Inspection Procedures: Licensing staff will review the fire drill record at 6400.112(c) for the past six months and any other applicable documentation. Licensing staff will interview staff persons about their responsibilities during the drills and whether advance notice of a drill is provided.

Primary Benefit: Unannounced drills conducted in a manner that simulate what would occur in actual fires ensure that staff and individuals will be prepared to evacuate quickly, safely, and efficiently in the event of a real fire.

112c	6400.112(c) – A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route used, problems encountered, and whether the fire alarm or smoke detector was operative.

Discussion: Fire drill information expected to be captured includes, at a minimum:

- Date – The month, day, and year in which the fire drill was conducted.
- Time – 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" at 6400.112(a)-(b), above.
- The exit route used - All exit routes used except for the route that is "blocked" by the simulated fire.
- Problems encountered -This can include individuals 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.

Inspection Procedures: Licensing staff will review the home's fire drill documentation to verify that all of the required information is captured. Licensing staff will interview staff persons about the problems encountered during fire drills, e.g., individuals refusing to evacuate and whether corrective actions have been put in place.

Primary Benefit: Verifies that drills were conducted in accordance with this Chapter; allows providers to identify and correct problems with evacuation.

112d	6400.112(d) - Individuals shall be able to evacuate the entire building, or to a fire safe area designated in writing within the past year by a fire safety expert, within 2 1/2 minutes or within the period of time specified in writing within the past year by a fire safety expert. The fire safety expert may not be an employee of the home or agency. Staff assistance shall be provided to an individual only if staff persons are always present at the home while the individual is at the home.
112h	6400.112(h) - Individuals shall evacuate to a designated meeting place outside the home during each fire drill.

Grace Period (112d): 15 days. Written designation of evacuation times and fire-safe areas completed within 380 days of the previous written determination (365 days + 15 days = 380) will be considered compliant.

Discussion: What is a Fire Safety Expert?

By regulation, a fire safety expert is limited to the following:

- Member of a local fire department,
- Fire protection engineer,
- State-certified fire protection instructor,
- College instructor in fire science,
- Graduate of a county or State fire school,
- Volunteer trained and certified by a county or Commonwealth fire school; and
- Insurance company loss control representative.

Fire safety experts may be contracted to perform their services but may not be directly employed by the provider in any capacity. For example, a provider that contracts with ABC Fire Solutions to perform the duties of a fire safety expert is

compliant with this regulation. A provider that employs a maintenance staff person who meets the requirements of a fire-safety expert and performs the functions of a fire-safety expert is not compliant.

It is the provider's responsibility to obtain and maintain documentation showing that a person is a fire-safety expert.

When are Fire Safety Expert Services Required?

A fire safety expert is needed to:

i. Designate an evacuation time that exceeds 2 minutes and 30 seconds, and/or
ii. Identify "fire safe areas" in the home.

Designated Evacuation Times: If a fire safety expert designates an evacuation time that is greater than 2 minutes and 30 seconds, the designation must include the following to be considered acceptable by the Department:

i. The exact amount of time permissible for evacuation in minutes and seconds.
ii. Whether individuals should evacuate outside of the home or to a fire-safe area (see below).
iii. A statement attesting that the extended time (and fire-safe area is based on the design and construction of the home and not on the needs of the individuals served.
iv. An attestation that the fire safety expert meets the qualifications as specified in Chapter 6400.
v. The date the determination was made.
vi. The fire safety expert's signature, name, title, telephone number, and email address.

Fire-safe areas: A fire-safe area is one or more areas in the home, including exterior porches/decks, that has been determined by a fire safety expert as a place where individuals can safely congregate in the event of a fire. There is no definition of a "fire-safe area" in Chapter 6400, so the determination is the sole responsibility of the fire-safety expert. However, the fire-safe area must be based on the design and construction of the home, not the needs of the individuals.

Characteristics of a fire-safe area may include, but are not limited to:

- Fire-rated construction such as 2-hour rated fire walls,
- Self-closing fire doors; or
- Sufficient space to accommodate all individuals, including individuals who use adaptive equipment for mobility needs.

If, during fire drills and actual emergencies…

…all individuals evacuate outside of the building, then a fire-safety expert must determine the maximum amount of time individuals have to get outside when the fire alarm sounds, unless evacuation can be achieved in 2 minutes and 30 seconds or less.

…all individuals evacuate to internal areas, then a fire-safety expert must determine the maximum amount of time individuals have to get to the internal areas when the fire alarm sounds (unless evacuation can be achieved in 2 minutes and 30 seconds or less) AND designate the internal areas as "fire-safe areas".

…some individuals evacuate to internal areas and others evacuate outside of the building, then a fire-safety expert must determine ONE maximum amount of time for individuals 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.

Designated Meeting Places Outside the Home: A "designated meeting place outside the home" refers to a gathering place outside of the home that is on or adjacent to the property, not an alternative location to which the individuals will be relocated if the home is unfit for habitation as a result of the fire.

Inspection Procedures: The home's fire drill record will be reviewed by licensing staff to ensure that individuals 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, licensing staff will verify that the person who made the designation is a fire-safety expert.

Primary Benefit: Rapid evacuation within the maximum permissible time prevents fire-related death and injury.

Fire Safety Training for Individuals

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113a	6400.113(a) - An individual, including an individual 17 years of age or younger, shall be instructed in the individual's primary language or mode of communication, upon initial admission and reinstructed annually in general fire safety, evacuation procedures, responsibilities during fire drills, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, and smoking safety procedures if individuals smoke at the home.
113b	6400.113(b) - If an individual is medically or functionally unable to participate in the fire safety training, documentation shall be kept specifying why the individual could not participate.
113c	6400.113(c) - A written record of fire safety training, including the content of the training and a list of the individuals attending, shall be kept.

Grace Period (112d): 15 days. Written designation training completed within 380 days of the previous training (365 days + 15 days = 380) will be considered compliant.

Discussion: For the purpose of this regulation, "upon initial admission" means prior to or on the day that the individual moves into the home. If an individual moves from one home to another within the same agency, this training must be completed prior to or on the same day the individual moves into the new location, as this training is specific to each home.

For the purpose of this regulation, "reinstructed annually" means the reinstruction must be completed within one year of the most recent training.

The College of Direct Support (CDS) is a nationally recognized web-based training curriculum that provides learning opportunities on many topics of importance to people with developmental disabilities and those who support them. Since 2003, the Pennsylvania Department of Human Services, Office of Developmental Programs has supported the use of the CDS as a way to offer effective, consistent training to Direct Support Professionals, Supports Coordinators, supervisory and managerial staff, self-advocates, families, and other interested parties across the Commonwealth. The College of Direct Support's (CDS) lesson titled "Fire Safety" under the "Safety at Home and in the Community" course meets the requirements of 6400.113(a) provided that each CDS learner passes the accompanying test with a score of 80% or higher. All CDS courses can be taken as many times as needed to ensure a passing score.

Inspection Procedures: Licensing staff will review the training requirements at 6400.113(c) and interact with individuals as appropriate to ensure all of the required information is documented and required instructions have been given.

Primary Benefit: Ensures individuals know the necessary procedures to take in an event of an emergency.

Smoking Safety Procedures	
114a	6400.114(a) - If an individual or staff person smokes at the home, there shall be written smoking safety procedures.
114b	6400.114(b) - Written smoking safety procedures shall be followed.

Discussion: Individuals have the right to smoke as specified in their assessments and Individual Plans. However, in accordance with 35 P.S. § 637.3(b)(5)(ii) of the Clean Indoor Air Act, indoor smoking must occur in "a separate enclosed room or designated smoking room in a residential adult care facility." It is recommended that any indoor room where smoking occurs:

1. Be equipped with fireproof receptacles and ashtrays, fire resistant furniture, and fire extinguishers,
2. Have direct outside ventilation,
3. Not have interior ventilation through other parts of the home; and
4. Providers may prohibit staff from smoking on the premises.

It is recommended that the written smoking safety procedures include, at a minimum:

- Use of fireproof receptacles and ashtrays,
- Use of fire-resistant furniture in designated 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.

- The location of the home's designated smoking areas; and
- How staff must respond to a fire in a designated smoking area, including evacuation and the location of the designated area's fire extinguisher.

Inspection Procedures: Licensing staff will examine the home's policy and verify that it is being followed.

Primary Benefit: Protects people from unsafe smoking and reduces the risk of smoking-related fires.

Individual Health

Individual Physical Examinations	
141a	6400.141(a) - An individual shall have a physical examination within 12 months prior to admission and annually thereafter.
141b	6400.141(b) - The physical examination shall be completed, signed, and dated by a licensed physician, certified nurse practitioner or licensed physician's assistant.
141d	141(d) - Immunizations, vision and hearing screening and tuberculin skin testing may be completed, signed, and dated by a registered nurse or licensed practical nurse instead of a licensed physician, certified nurse practitioner or licensed physician's assistant.

Grace Periods:

1. Initial examination: Not permitted.
2. Annual examination: 15 days. Examinations completed within 380 days of the previous examination (365 days + 15 days = 380) will be considered compliant.

Discussion: "Annually" means "within 365 days of the most recent medical evaluation that included all of the elements at §6400.141(c)." A 15-calendar day grace period is permitted; a medical examination completed within 380 days (365 days + 15 days = 380) of the last examination will be considered compliant.

Compliance with 6400.141(b) is achieved by following the three basic steps:

1. An individual is evaluated in person or through telemedicine by a licensed physician, certified nurse practitioner or licensed physician's assistant within the specified timeframe. The evaluation includes checking everything required by §6400.141(c).
2. The evaluation results are documented on the individual's physical examination record.
3. The licensed physician, certified nurse practitioner or licensed physician's assistant who completed the evaluation signs and dates the individual's physical examination record, certifying that the information is true and that it was obtained via an in-person examination.

Please note that the above does not require the physician to complete the form, only to perform the examination and sign the form. Agency staff may complete the physical examination form before the examination appointment. The physician's signature indicates the information contained within the physical exam form is accurate and correct. Changes made after the physical examination appointment, such as a change in diet recommendations, should be received from the physician's office and attached to the physical examination form. Agency staff members may not make changes to the examination form after the physician's signature is obtained to protect the integrity of the document however, should agency staff make changes after the physician's signature is obtained, the physical form must be returned to the physician's office for review and signature.

Compliance with 141(d) may be achieved if a physician delegates the duty to an appropriately trained individual such that the individual is able to read the TB test if doing so under the authority of the physician.

A trained pharmacist may offer TB placement and reading. Training is required since it is a different injection technique than immunizations. The provider must retain the documentation from the pharmacy and provide the primary health care provider a copy of the results.

It is strongly recommended that providers carefully review physical examination forms completed by a licensed physician, certified nurse practitioner or licensed physician's assistant to verify that all of the required information was recorded. Providers are responsible for ensuring that the evaluations were completed and that the individual's physical examination records were filled out in their entirety.

Additionally, it is very important that medical examination results are consistent with individuals' assessments and Individual Plans. Conflicting information on any of these documents can result in failure to provide needed care to individuals.

Inspection Procedures: See 6400.141(c).

Primary Benefit: Early medical information helps homes decide whether an individual's needs can be met at the home, helps the home develop accurate assessments and individual plans, and ensures that individuals' medical needs will be met.

141c	6400.141(c) - The physical examination shall include: • A review of previous medical history. • A general physical examination. • Immunizations for individuals 18 years of age or older as recommended by the United States Public Health Service, Centers for Disease Control, Atlanta, Georgia 30333. • Vision and hearing screening for individuals 18 years of age or older, as recommended by the physician. • Immunizations and screening tests for individuals 17 years of age or younger, as recommended by the *Standards of Child Health Care* of the American Academy of Pediatrics, Post Office Box 1034, Evanston, Illinois 60204. • Tuberculin skin testing by Mantoux method with negative results every 2 years for individuals 1 year of age or older; or, if a tuberculin skin test is positive, an initial chest x-ray with results noted. • A gynecological examination, including a breast examination and a Pap test for women 18 years of age or older, unless there is documentation from a licensed physician recommending no or less frequent gynecological examinations. • A mammogram for women at least every 2 years for women 40 through 49 years of age and at least every year for women 50 years of age or older. • A prostate examination for men 40 years of age or older. • Specific precautions that must be taken if the individual has a communicable disease, to prevent spread of the disease to other individuals. • An assessment of the individual's health maintenance needs, medication regimen and the need for blood work at recommended intervals. • Physical limitations of the individual. • Allergies or contraindicated medications. • Medical information pertinent to diagnosis and treatment in case of an emergency. • Special instructions for the individual's diet.

Discussion: Chapter 6400 does not define a "review of previous medical history." It is recommended that a review of the last examination performed for purposes of this regulation be conducted to meet the requirement to review previous medical history.

There is no requirement for what constitutes a "general physical examination;" these typically include:

- Vital sign checks,
- Examining the individual's head, eyes, chest, ears, vision, and abdomen,
- Touching parts of the body to feel for abnormalities,
- Checking skin, hair, and nails; and
- Testing your motor functions and reflexes.

Tuberculous Testing: The QuantiFERON Gold test and the T-SPOT test is acceptable for Tuberculous testing; an x-ray is required if a positive result is obtained.

Repeat testing after initial baseline testing is obtained is not required when there is documentation from the health care practitioner that testing is not indicated for the individual.

Prostate Screening: ODP recognizes that the standard of care for diseases changes over time. The United States Preventive Task Force (USPTF) provides nationally recognized standards for best practices in prostate cancer screenings. Current recommendations are generally related to age:

a. Men under age 55: Routine screening is not necessary.

b. Men ages 55 to 69: The decision to be screened for prostate cancer is based on an individual's need for screening as ordered by a health care practitioner. Practitioners must document the decision for prostate cancer screening based on the individual's needs. **Exempting a person from preventative screening based solely on a diagnosis of intellectual disability or autism is not permitted.**

c. Men aged 70 years and older: Routine screening is not necessary.

Regardless of age, a health care practitioner may order prostate cancer screening based on an individual's specific needs, e.g., men with a family history of prostate cancer. In these cases, the practitioner's orders must be followed in accordance with 6400.144.

Providers who follow the above recommendations will be in compliance with 6400.141(c)(9). Compliance will be achieved if the individual or the individual's substitute decision maker chooses not to have the examinations in accordance with 6400.143.

A Prostate-Specific Antigen (PSA) test is acceptable in lieu of a prostate exam.

Gynecological Examinations and Mammograms: Gynecological examinations and mammograms are required unless:

1. There is documentation from a licensed physician that the examinations are not required based on the individual's physical condition or based on standards of care; exempting a person from preventative screening based solely on the person's intellectual disability or autism is not permitted; OR
2. The individual or the individual's substitute decision maker chooses not to have the examinations in accordance with 6400.143.

"Physical limitations of the individual" means any activity that requires hands-on physical assistance or adaptive equipment for the individual to perform.

"Medical information pertinent to diagnosis and treatment in case of an emergency" means any emergency medical intervention that may be required in response to an acute or chronic medical condition.

"Special instructions for the individual's diet" means **ANY** dietary needs, including but not limited to how food is to be prepared and served.

For purposes of this regulation, "healthcare practitioner" includes licensed physicians, certified nurse practitioners, or licensed physician's assistants acting within their scope of practice.

Electronic Signatures: ODP will accept electronic signatures for purposes of complying with this requirement. It is the responsibility of the healthcare practitioner to comply with all applicable statutes and regulations relating to electronic signatures, including but not limited to the Electronic Transaction Act (73 P. S. § § 2260.101—2260.5101). The provider is not responsible for verifying that the healthcare practitioner is in compliance with these requirements.

Insurance Coverage Limitations: In some cases, the individual's insurance plan will not pay for some of the tests required by this regulation on an annual basis. Providers who encounter this situation should contact the Department's Regulatory Administration Unit at RA-odplicensing@pa.gov for guidance.

Inspection Procedures: Licensing staff will review individual's physical examination record to verify that the medical evaluation included all of the required elements. If an element is not recorded on the individual's physical examination record, but the provider 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, licensing staffs may verify with the physician, physician's assistant or certified registered nurse practitioner that corrected information is valid. Physical examination documentation may also be cross-referenced with the assessment and individual plan to ensure accurate and consistent information.

Primary Benefit: Accurate medical information is essential to develop accurate assessments and individual plans, ensures that individuals' medical needs will be met, and that proper care is provided in the event of an emergency.

Dental Care	
142a	6400.142(a) - An individual 17 years of age or younger shall have a dental examination performed by a licensed dentist semiannually. An individual 18 years of age or older shall have a dental examination performed by a licensed dentist annually.
142b	6400.142(b) - An individual who is using medication known to cause dental problems shall have a dental examination by a licensed dentist at intervals recommended by the dentist.
142c	6400.142(c) - A written record of the dental examination, including the date of the examination, dentist's name, procedures completed, and follow-up treatment recommended shall be kept.
142d	6400.142(d) - The dental examination shall include teeth cleaning or checking gums and dentures.
142e	6400.142(e) - Follow-up dental work indicated by the examination, such as treatment of cavities, shall be completed.
142f	6400.142(f) - An individual shall have a written plan for dental hygiene, unless the interdisciplinary team has documented in writing that the individual has achieved dental hygiene independence.
142g	6400.142(g) - A dental hygiene plan shall be rewritten at least annually.
142h	6400.142(h) - The dental hygiene plan shall be kept in the individual's record.

Grace Period: 15 days. Examinations completed within 380 days of the previous examination (365 days + 15 days = 380) will be considered compliant.

Discussion: In some cases, the individual's insurance plan will not pay for some of the dental services required by this regulation on an annual basis. Providers who encounter this situation should contact the Department's Regulatory Administration Unit at RA-odplicensing@pa.gov for guidance.

Dental hygiene needs specified in the Individual Plan are sufficient for compliance with 6400.142(f)-(h).

Inspection Procedure: Licensing staff will review individuals' records to verify that dental care is provided as required.

Primary Benefit: Ensures that individuals receive necessary dental care to prevent illness and serious health conditions.

Refusal of Treatment	
143a	6400.143(a) - If an individual refuses routine medical or dental examination or treatment, the refusal and continued attempts to train the individual about the need for health care shall be documented in the individual's record.
143b	6400.143(b) - If an individual has a serious medical or dental condition, reasonable efforts shall be made to obtain consent from the individual or substitute consent in accordance with applicable law. See section 417 of the Mental Health and Mental Retardation Act of 1966 (50 P. S. § 4417(c)).

Discussion: Consent is assumed in the event of a medical emergency where absence of immediate treatment will result in injury or death.

Providers must make every effort to ensure individuals are receiving routine and recommended health services.

Training and education must be specific to the individual based on their specific medical, cognitive, and behavioral needs.

See 6400.31(g), 6400.32(e), 6400.32(u), 6400.32(v), and 6400.33(b).

Inspection Procedures: Licensing staff will review the provider's procedures for managing individuals' refusals of routine medical or dental care. Licensing staff will review cases where an individual has refused care, if any, and verify that the provider has taken appropriate action.

Primary Benefit: Promotes self-direction, choice, and control while protecting individual health and safety.

Health Services	
144	6400.144 - Health services, such as medical, nursing, pharmaceutical, dental, dietary, and psychological services that are planned or prescribed for the individual shall be arranged for or provided.

Discussion: This regulation applies to *any* medical, nursing, pharmaceutical, dental, dietary, behavioral health or psychological service required by an individual per a prescription, medical order, the assessment, the Individual Plan, or any other record that lists such a need.

When individuals have conditions that require referral to specialty medical personnel, providers must also assure that medical visits, blood testing, diagnostic procedures and/or treatments, and similar services occur at the periodicity recommended and that recommendations are incorporated into the person's individual plan, that staff are trained and that recommendations are followed. Examples of conditions include swallowing/eating, physical disabilities that require routine positioning, seizures, diabetes, etc.

Failure to arrange or provide for health services or to implement recommendations may lead to individual harm.

If a provider supports an Individual with an "Out-of-Hospital-Do-Not-Resuscitate order" (OOH-DNR)[3], the provider must call 911 but should **NOT** perform CPR.

The provider should have a copy of the OOH-DNR available and immediately present it to emergency medical personnel upon arrival.

See Appendix G for information about supporting individuals with significant medical needs.

Inspection Procedures: Each instance of an actual or alleged violation of this regulation will be evaluated based on the circumstances specific to the situation. Inspection procedures will generally include reviewing providers' records, staff interviews, discussions with individuals and families, and the review of documentation produced by a third party, e.g., medical records obtained from a hospital. Planned and prescribed health services may also be cross-referenced with the assessment and individual plan to ensure accurate and consistent information.

Primary Benefit: Protects individual health and safety by ensuring the provision of appropriate medical and psychological services.

Emergency Medical Plan	
145	6400.145 - The home shall have a written emergency medical plan listing the following: a. The hospital or source of health care that will be used in an emergency. b. The method of transportation to be used.

[3] An OOH-DNR is an order that is supplied by the Department of Health and is issued by the attending physician, directing emergency medical services providers to withhold cardiopulmonary resuscitation from the patient in the event of respiratory or cardiac arrest (20 Pa. C.S.A. § 5483)

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	An emergency staffing plan.

Discussion: The emergency medical plan required by this regulation must be person-specific; it is not meant to be a plan for a site-based emergency that requires relocation of individuals to another location.

The hospital or source of health care and transportation method must be based on the preference of the individual or the individual's substitute decision maker *unless* honoring the request puts the individual at risk of harm, e.g., an individual with a severe laceration must go to a hospital other than the preferred choice because the former is closer, *or* the municipality's first responders do not honor personal requests.

The emergency staffing plan must reflect additional staffing needs of both the individual experiencing the emergency and others in the home as applicable. For example, if an emergency occurs in a home where three people live and two staff persons are present and one of the individuals experiences a medical emergency that requires one of the two staff to transport the individual to the hospital, a staffing plan to meet the needs of the two individuals remaining in the home must be in place.

The emergency plan should include accessibility and proper functioning of emergency equipment for individuals with complex medical conditions or who utilize technology.

It is strongly recommended that the provider notify local EMS services when developing an Emergency Medical Plan of individuals with complex medical conditions or who utilize technology.

Inspection Procedures: Licensing staff will review the home's Emergency Medical Plan to verify that all of the required information is contained in the plan.

Primary Benefit: Ensures that individual choice is protected during an emergency whenever possible; ensures that the needs of all individuals are met when staffing needs change as a result of an emergency.

Staff Health

Staff Physical Examination/Communicable Diseases	
151a	6400.151(a) - A staff person who comes into direct contact with the individuals or who prepares or serves food for more than 5 days in a 6-month period, including temporary, substitute, and volunteer staff, shall have a physical examination within 12 months prior to employment and every 2 years thereafter.
151b	6400.151(b) - The physical examination shall be completed, signed, and dated by a licensed physician, certified nurse practitioner or licensed physician's assistant.
151c	6400.151(c) - The physical examination shall include: • A general physical examination. • Tuberculin skin testing by Mantoux method with negative results every 2 years; or, if tuberculin skin test is positive, an initial chest x-ray with results noted. Tuberculin skin testing may be completed and certified in writing by a registered nurse or a licensed practical nurse instead of a licensed physician, licensed physician's assistant, or certified nurse practitioner. • A signed statement that the staff person is free of communicable diseases or that the staff person has a communicable disease but is able to work in the home if specific precautions are taken that will prevent the spread of the disease to individuals. • Information of medical problems which might interfere with the health of the individuals.
152a	6400.152(a) - If a staff person or volunteer has a serious communicable disease as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections, and conditions) or a medical problem which might interfere with the health, safety, or well-being of the individuals, written authorization from a licensed physician is required for the person to be present at the home.

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152b	6400.152(b) - Written authorization from a licensed physician shall include a statement that the person will not pose a serious threat to the health, safety, or well-being of the individuals and specific instructions and precautions to be taken for the protection of the individuals at the home.
152c	6400.152(c) - The physician's written instructions and precautions shall be followed.

Grace Period: Not permitted.

Discussion: "General physical examination" results do not need to be made available to the Department; it is sufficient for providers to produce a document verifying that an examination was completed that is signed and dated by a licensed physician, certified nurse practitioner, or licensed physician's assistant.

The QuantiFERON Gold test and the T-SPOT test are acceptable for Tuberculous testing; an x-ray is required if a positive result is obtained.

Repeat testing after initial baseline testing is obtained is not required when there is documentation from the health care practitioner that testing is not indicated for the staff person.

A list of communicable diseases as defined in 28 Pa. Code §527.2 (relating to reportable diseases) is available at Appendix D.

Note that only a licensed physician may produce the authorization and precautions requires by 6400.152.

Inspection Procedures: Licensing staff will review direct care staff physical examination records to verify staff's physical examinations have been conducted within the required timeframes, contain all of the required information, and that physician's instructions have been followed if applicable.

Primary Benefit: Ensures staff have taken the necessary medical precautions to avoid the spread of a communicable disease.

Medications

Self-Administration	
161a	6400.161(a) – The home shall provide an individual who has a prescribed medication with assistance, as needed, for the individual's self-administration of the medication.
161b	6400.161(b) – Assistance in the self-administration of medication includes helping the individual to: 1. Remember the schedule for taking the medication, 2. Offering the individual the medication at the prescribed times, 3. Opening a medication container; and 4. Storing the medication in a secure place.
161c	6400.161(c) – The home shall provide or arrange for assistive technology to assist the individual to self-administer medication.
161d	6400.161(d) – The individual plan must identify if the individual is unable to self-administer medications.
161e	6400.161(e) – To be considered able to self-administer medications, an individual shall do all of the following: 1. Recognize and distinguish the individual's medication. 2. Know how much medication is to be taken. 3. Know when the medication is to be taken. Assistance may be provided by staff persons to remind the individual of the schedule and to offer the medication at the prescribed times as specified in subsection (b). 4. Take or apply his medication with or without the use of assistive technology.

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Discussion: An individual 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 assessment and Individual Plan processes.

In order to be considered capable of self-administering medications an individual must:

1. Be able to recognize and distinguish his/her medications. This does not mean that the individual must know the name of each medication, only that the individual can distinguish one medication from another.
2. Know how much medication is to be taken. This does not mean that the individual must know the exact dosage of the medication, only how much is to be taken, e.g., "one pill" or "a dime-sized amount of ointment."
3. Know when medication is to be taken, either at a specific time or based on daily activities (such as "after lunch" or "at bedtime")
4. Be able to remove the medication from the container; this is different from "opening" the container, which may be performed with assistance from staff.

Staff persons may perform the following tasks for an individual who meets the above criteria:

1. Storage of the medication; this may include storage with other medications or in a locked area accessible only to the individual.
2. Reminding the individual to take his or her medication at prescribed times.
3. Bringing the medication to the individual; this means taking the medication in its original container to the individual.
4. Opening the medication container, e.g., removing the lid from a medication container but *not* removing it from the container or opening a blister pack to allow the individual to remove the medication.

Even if staff persons perform the above tasks, the individual is still "self-administering" the medication.

The Department encourages the use of assistive technology to support maximum independence in medication administration. Any type of assistive technology that prevents unauthorized persons (such as other individuals or staff not involved in medication administration activities) from accessing the medications is acceptable.

Inspection Procedures: Licensing staff will interview staff and interact with individuals to determine what assistance is provided by staff to individuals who self-administer medications. Licensing staff will review individual records for individuals who self-administer to determine what assistance is needed and if it is being provided. If there are potential concerns with a type of assistive technology, licensing staff will seek guidance from applicable ODP staff.

Primary Benefit: Provides individuals who administer their own medications with basic assistance in medication management to maximize their independence.

Medication Administration/Medication Administration Training	
162a	6400.162(a) – A home whose staff persons or others are qualified to administer medications as specified in subsection (b) may provide medication administration for an individual who is unable to self- administer the individual's prescribed medication
162b	6400.162(b) – A prescription medication that is not self-administered shall be administered by one of the following: 1. A licensed physician, 2. A licensed dentist, 3. A licensed physician's assistant, 4. A licensed registered nurse, certified registered nurse practitioner, or licensed practical nurse, 5. A licensed paramedic, 6. A health care professional who is licensed, certified, or registered by the Department of State to administer medications; and 7. A person who has completed medication administration course requirements as specified in §6400.169 (relating to medication administration training) for the medication administration of the following: a. Oral medications,

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	b. Topical medications, c. Eye, nose, and ears drop medication, d. Insulin injections, e. Epinephrine injections for insect bites or other allergies; or f. Medications, injections, procedures, and treatments as permitted by applicable law or regulation.
162c	6400.162(c) – Medication administration includes the following activities, based on the needs of the individual: • Identify the correct individual. • Remove the medication from the original container. • Prepare the medication as ordered by the prescriber. • Place the medication in a medication cup or other appropriate container, or in the individual's hand, mouth, or other route as ordered by the prescriber. • If indicated by the prescriber's order, measure vital signs and administer medications according to the prescriber's order. • Injection of insulin and epinephrine in accordance with this chapter.
169a	6400.169(a) – A staff person who has successfully completed a Department-approved medication administration course, including the course renewal requirements, may administer medications, injections, procedures, and treatments as specified in § 6400.162 (relating to medication administration).
169b	6400.169(b) – A staff person may administer insulin injection following successful completion of both: • The medication administration course specified in subsection 169(a). • A Department-approved diabetes patient education program within the past 12 months.
169c	6400.169(c) – A staff person may administer an epinephrine injection by means of an auto-injection device in response to anaphylaxis or another serious allergic reaction following successful completion of both: ○ The medication administration course specified in subsection 169(a). ○ Training within the past 24 months relating to the use of an auto-injection epinephrine injection device provided by a professional who is licensed, certified, or registered by the Department of State in the health care field.
169d	6400.169(d) A record of the training shall be kept, including the person trained, the date, source, name of trainer, and documentation that the course was successfully completed.

Discussion: Providers must provide assistance with medication administration to any individual who requires it.

Medication administration is performed in the following order:

1. The staff person identifies that (s)he is about to administer medication to the correct individual.
2. The staff person measures the individual'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 individual's hand/mouth or other route, as indicated by the prescriber.
6. The staff person documents that the medication has been administered.

In accordance with the Medication Administration Course, for each medication that is to be administered, staff **must**:

- Remove the medication container out of the locked medication storage area

- In general, "locked medication storage area" refers to the area in the home where medications and medication records are stored. Note: "medication record" was previously known as "medication administration record, or MAR."

- Check the pharmacy label against the medication record to ensure that the information on the label is the same as the information on the medication record.
- As medications are removed from the container, check the pharmacy label against the medication record a **second time** to ensure that the information on the label is the same as the information on the medication record.
- After the medication has been removed from the container, check the pharmacy label against the medication record a **third time** to ensure that the information on the label is the same as the information on the medication record.
- Upon completion of the three checks at 2-4 above, the medication is administered to the individual.
- After the medication is administered to the individual, immediately document that the medication was administered in the medication record. When documenting that the medication was administered, check the pharmacy label against the medication record a **fourth time** to ensure that the information on the label is the same as the information on the medication record.

When administering medications, staff **may not**:

- Document the administration of a medication prior to giving the medication to an individual.
- Neglect to observe an individual ingest his medications.
- Fill multiple cups with multiple individuals' 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.

The Medication Administration Training Course

The Department's approved medications administration course for Community Homes 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. Additionally, the person who is to become a trainer must work for the provider agency for at least 6 months before he or she may take the Train-the-Trainer course.

Trainers (those that took the Train-the-Trainer course) are required to monitor the trained (the people who they train) by observing the trained staff administer medications. The number of observations 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 Medication Records (MRs) using a standard rubric. This also depends on which year post initial training a person is in.

The annual practicum consists of two observations of medication administration and two MRs reviews. Observations occur in 6-month intervals based on the date the person received the initial training.

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, 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.

A non-medically licensed staff person is permitted to administer liquid narcotics, following successful completion of the medication administration training course. The medication administration training course 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 community homes for individuals with intellectual disabilities or autism to secure a qualified trainer.

A "Department-approved diabetes education program" is one provided by 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 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.

Epinephrine Injections

Certified First Aid/CPR trainers who are certified to instruct on the use of epinephrine auto injectors may provide the training required by 6400.169c.

Medications by Routes other than Specified Above

A medication that is typically administered by a "trained layperson" may be administered by a staff person who has been trained by:

- A medical professional, OR
- A certified trainer who has been trained by a medical professional.

Medications that meet these criteria include, but are not limited to:

- Vaginally administered medications.
- Rectally administered medications, with the exception of rectal diazepam for seizures.
- Transdermal patches.

A medication that is typically administered by a medical professional may only be administered by a staff person who has been trained by a medical professional.

Medications that meet these criteria include, but are not limited to:

- Inhalation treatments.
- Rectally administered diazepam for seizures.
- Subcutaneous injections for medications other than insulin and auto-injection epinephrine.
- Medication administered via feeding tube.

Licensing staff will seek guidance about any medication that does not clearly fall into one of the above two categories.

Inspection Procedures: Licensing staff will verify the credentials of and interview staff who administer medications and/or observe medication administration to one or more individuals; the following documents will be reviewed:

- The Module Examination Data Summary Sheet of the Medications Training Manual.
- A signed and dated copy of the Trainee Verification Forms including the name and signature of the person who gave the training and the date and location of the training.
- A percentage score of 90% or above for each of the three test sections (I. Written Exam, II. - Practicum, III. Practicum). If the percentage score falls below 90% for any of these three sections, that test section(s) must be retested.
- A Practicum Summary (completed within the past year).

If a person has a certificate as a certified trainer, test results are not required to be retained. It is acceptable to transfer staff medications training documentation from one agency to another; however, the Practicum Summary must be completed at the new agency prior to administering medication.

Primary Benefit: Ensures that medications are administered properly by trained personnel to avoid medication errors.

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Storage and Disposal of Medications **Note:** Pursuant to 6400.163(i), this section does not apply for an individual who self-administers medication and stores the medication in the individual's private bedroom or personal belongings.	
163a	6400.163(a) – Prescription and nonprescription medications shall be kept in their original labeled containers. Prescription medications shall be labeled with a label issued by a pharmacy.
163b	6400.163(b) – A prescription medication may not be removed from its original labeled container in advance of the scheduled administration, except for the purpose of packaging the medication for the individual to take with him to a community activity for administration the same day the medication is removed from its original container.
163c	6400.163(c) – If insulin or epinephrine is not packaged in an individual dose container, assistance with or the administration of the injection shall be provided immediately upon removal of the medication from its original labeled container.
Discussion: The method of storing and transporting medications for individuals to take to a community activity is based on each individual's needs as established by the assessment and Individual Plan. **Inspection Procedures:** Licensing staff will inspect the medications to ensure they are kept in the original labeled containers, and that the medications are only removed from the original container for the purpose of portability for a community activity that occurs the same day the medication was removed from the original activity. **Primary Benefit:** Reduces the possibility of misplacing medications or administering the wrong medication to an individual.	
163d	6400.163(d) – Prescription medication and syringes, with the exception of epinephrine and epinephrine auto-injectors, shall be kept in an area or container that is locked.
163e	6400.163(e) – Epinephrine and epinephrine auto-injectors shall be stored safely and kept easily accessible at all times. The epinephrine and epinephrine auto-injectors shall be easily accessible to the individual if the epinephrine is self-administered or to the staff person who is with the individual if a staff person will administer the epinephrine.
163f	6400.163(f) – Prescription medications stored in a refrigerator shall be kept in an area or container that is locked.
Discussion: For purposes of applying these regulations, when a medication is a controlled substance, "an area or container that is locked must" include a "double locking" mechanism such that the medication is stored in a locked container and an area that is locked. "Easily accessible at all times" means stored in a manner that allows ready access by the person(s) who will administer the medication but inaccessible to other individuals. It is recommended that providers request instructions from the prescriber or from a pharmacist regarding the maximum amount of time that should elapse before injecting an individual with Epinephrine following signs of an allergic reaction, e.g., 30 seconds, one minute, etc., as this may help determine where the medication may be stored for rapid response. **Inspection Procedures:** Licensing staff will inspect all medications to ensure they are kept in a locked area or container that is locked and that Epinephrine and epinephrine auto-injectors are easily accessible. **Primary Benefit:** Prevents unauthorized access to medication; ensures that medications to be administered in an emergency are readily accessible.	
163g	6400.163(g) – Prescription medications 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: Proper storage is generally dictated by instructions on the medication label or in literature that accompanies the medication, e.g., "keep out of sunlight." Any storage practice that is grossly inappropriate such as storing medications with cleaning products will also result in a regulatory violation.	

Inspection Procedures: Licensing staffs 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 are stored in a manner that prevents degradation of quality and effectiveness.

163h	6400.163(h) – Prescription medications that are discontinued or expired shall be destroyed in a safe manner according to applicable Federal and State statutes and regulations.

Discussion: Generally accepted 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.
- Return to Pharmacy/Police Station or Drug Take Back Day
- Any written disposal instructions by a pharmacist.

Inspection Procedures: Licensing staff will review the provider's procedures for disposing of discontinued or expired medications.

Primary Benefit: Prevents potential adverse reactions to expired or discontinued medications; reduces the chance of medication theft or misuse.

Prescription Medications	
165a	6400.165(a) – A prescription medication shall be prescribed in writing by an authorized prescriber.
165b	6400.165(b) – A prescription order shall be kept current.
165c	6400.165(c) – A prescription medication shall be administered as prescribed.
165d	6400.165(d) – A prescription medication shall be used only by the individual for whom the prescription was prescribed.
165e	6400.165(e) – 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 a health care professional who is licensed, certified, or registered by the Department of State to accept oral orders. The individual's medication record shall be updated as soon as a written notice of the change is received.

Discussion: For purposes of applying these regulations, "prescription medications" includes over the counter (OTC) medications, vitamins, and complementary and alternative medications (CAM). It is critical that these items be prescribed by an authorized prescriber; OTC medications, vitamins, and CAM can have serious impacts on the effectiveness of prescribed medications and can also cause serious injury or death due to drug interactions. Prescribers must know every kind of medication that an individual is taking to ensure that the above does not occur.

OTC medications, vitamins, and complementary and alternative medications are not required to be labeled by a label issued by a pharmacy as required under §6400.163(a). A written standing order signed by a physician is acceptable. This order must be kept with the Medication Record.

"Kept current" means adhering to the most recent prescription for a medication. For example, if an individual is receiving 100 mg of a medication and a prescriber decreases the dosage to 50 mg, the reduction order must be followed upon receipt.

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 record. The restriction relating to accepting oral orders applies only to a prescription medication.

If a change in medication has been made by the prescriber, the pharmaceutical label may contain "See Medication Record (MR) for directions" or "Medication Change - See MR" stickers generated by the provider as long as the following criteria are met:

- If the pharmacy produces the home's MRs, the pharmacy must create and send a new MR for the participant reflecting the medication change. This ensures that the "See MR" sticker directs the person who is administering the medication to the most current MR. For purposes of compliance with Chapter 6400, there is no difference between a pharmacy-generated MR with proper instructions and a pharmacy's relabeling of the original container.
- If the home produces its own MRs, a copy of the prescriber's order changing the medication must be kept in the person's MR. This ensures that the "See MR" sticker directs the person who is administering the medication to the most current prescription order. to the most current MR.

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:

1. The change is immediately documented by the RN/LPN in the medication record.
2. The RN/LPN communicates directly with all staff persons responsible for the administration of the medication.
3. The RN/LPN follows-up with the original prescriber to receive a written order from the prescriber within 48 hours.
4. A label is placed on the medication reading "New Orders – See Medication Records" such that the original label is still visible.

Inspection Procedures: Licensing staff 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. Licensing staff 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 was updated when the home received written notice of the change.

Primary Benefit: Prevents medication errors that could result in injury.

165f	6400.165(f) – If a medication is prescribed to treat symptoms of a diagnosed psychiatric illness, there shall be a written protocol as part of the individual plan to address the social, emotional, and environmental needs of the individual related to the symptoms of the psychiatric illness.
165g	6400.165(g) – If a medication is prescribed to treat symptoms of a psychiatric illness, there shall be a review by a licensed physician at least every 3 months that includes documentation of the reason for prescribing the medication, the need to continue the medication and the necessary dosage.

Discussion: Many psychotropic medications have sedating side effects. Adhering to these regulations prevents maintenance medications from being used or interpreted as a form of chemical restraint.

A written protocol is required even if an individual does not currently display symptoms of a diagnosed psychiatric illness. It is recommended that such a plan include historical data regarding the individual's diagnosis and general techniques staff can utilize to assist this individual if symptoms are displayed.

"Documentation by a licensed physician" does not mean that a physician needs to be present during the review or that the physician must produce a document specifically for the review. The provider may use the most current medication orders to complete the review.

Psychiatric reviews may be completed by any licensed practitioner acting within their scope of practice. Physician Assistants (PA) are permitted to independently prescribe under the supervision of a MD (allopathic) supervisor. The list of medications the PA cannot prescribe are listed in the work agreement approved by the board. PAs may prescribe scheduled II-V medications with an active DEA number.

Inspection Procedures: Licensing Representative will review the Individual Plan to determine if all the requirements of the regulation are included.

Primary Benefit: Ensures that medications prescribed for treatment of a psychiatric illness are used exclusively for the treatment of the illness.

Medication Record	
166a 1-16	6400.166(a) – A medication record shall be kept, including the following for each individual for whom a prescription medication is administered:

	• Individual's name. • Name of the prescriber. • Drug allergies. • Name of medicine. • Strength of medication. • Dosage form. • Dose of medication. • Route of administration. • Frequency of administration. • Administration times. • Diagnosis or purpose for the medication, including pro re nata. • Date and time of medication administration. • Name and initials of the person administering the medication. • Duration of treatment, if applicable. • Special precautions, if applicable. • Side effects of the medication, if applicable.
166b	6400.166(b) – The information in subsection (a) (12) and (13) shall be recorded in the medication record at the time the medication is administered.

Discussion: Proper medication record 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; and
- Creates a system to account for medications, especially controlled substances.

What medications must be recorded on the medication record?

- Prescription medications
- Over the counter (OTC) medications
- Vitamins
- Complementary and alternative medications (CAM)
- PRN (Pro re nata) medications

What medications are not required to be recorded on the medication record?

- Nutritional supplements
- Special diets

PRN medications must be entered into the medication record so that it is available immediately should it be needed. A medication record should always reflect all prescribed medications.

Examples of CAM include acupuncture, herbal supplements, and cannabidiol products that contain less than 0.3 percent THC. It is very important that CAM be recorded on the medication record, as these products may have side effects when used with prescribed medications.

Aromatherapy is not considered to be CAM and does not need to be recorded on the MR.

Nutritional supplements (nutrition shakes, protein powders, etc.) and special diets do not need to be recorded on the medication record, but the home must be aware of and provide nutritional supplements and special diets if ordered by a physician. It is recommended that any nutritional supplement or specific diet recommendation that requires the counting or calories, carbs, fluid ounces, and related information be recorded in the individual's assessment.

Remember, homes are responsible for ensuring that individuals may take OTC medications without causing allergic reactions or impacting prescription medications prescribed to the individual.

What administration information must be recorded on the medication record? 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 medication record; the reason for this relates to individuals' 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 medication record for the home. Only medication given by staff members of the home are to be documented on the medication record.

However, any documentation given to the individual 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 individual'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.

The generic use of the word "administered" may contribute to a potential misunderstanding. The medication administration course uses the word "administration' to reflect the entire process revolving around medication use as well as the physical act of a medication entering an individual's body.

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 medication record entry.

Electronic Medication Records (MRs)– Electronic MRs are permissible provided that the system allows only the appropriate person(s) to document that a medication was administered to an individual and that a hard-copy of the MRs for any staff person is available to the Department during any onsite inspection upon request.

Inspection Procedures: Licensing staff will review the medication record and the medications kept by the home to ensure all individuals who receive medication administration services have a complete medication record that is kept current. Hard-copy records do not need to be obtained if viewing electronic records is practicable.

Primary Benefit: The home's staff persons will be able to track all medications an individual receives and to ensure all medications are administered as prescribed.

166c	6400.166(c) – If an individual refuses to take a prescribed medication, the refusal shall be documented on the medication record. The refusal shall be reported to the prescriber as directed by the prescriber or if there is harm to the individual.

Discussion: It is recommended that the home keep documentation of prescriber notification of individuals' refusal to take a medication and the prescriber's response.

Inspection Procedures: Licensing staff will review the medication record and documentation of notifying the prescriber of the individuals' refusal to take a medication.

Primary Benefit: Ensures individual safety and protects the home if refusal of medication can lead to health complications.

166d	6400.165(d) – The directions of the prescriber shall be followed.

Discussion: This includes the direction of *any* prescribed treatment, such as the use of medical equipment or therapy.

Inspection Procedures: Licensing staff will review the prescription orders, medications, and medication records to ensure directions of the prescriber are followed.

Primary Benefit: Ensures that individuals receive medications and treatments as ordered by a physician.

Medication Errors	
167a	6400.167(a) – Medication errors include the following: • Failure to administer a medicine. • Administration of the wrong medication. • Administration of the wrong dose of medicine.

	• Failure to administer a medication at the prescribed time, which exceeds more than 1 hour before or after the prescribed time. • Administration to the wrong person. • Administration through the wrong route. • Administration while the individual is in the wrong position. • Improper preparation of the medication.
167(b)	6400.167(b) – Documentation of medication errors, follow-up action taken and the prescriber's response, if applicable, shall be kept in the individual's record.
167(c)	6400.167(c) – A medication error shall be reported as an incident as specified in §6400.18(b) (relating to incident report and investigation).
167(d)	6400.167(d) – A medication error shall be reported to the prescriber under any of the following conditions: • (Administering the medication) other than as directed by the prescriber. • If the medication is administered to the wrong person. • If there is harm to the individual.

Discussion: A medication refusal is not a medication error, but refusals must be reported in accordance with § 6400.166c.

It is recommended that evidence of transmission to the provider such as a file note, facsimile report or email with a read receipt be retained in case the prescriber does not respond to the notice.

This applies to medication errors by individuals who are self-administering if the medication error is known to the home.

"Harm to the individual" as used in this regulation generally means "the impairment of physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom."

Inspection Procedures: Licensing staff will review documentation of the reporting of medication errors in order to determine if they were reported as required.

Primary Benefit: Ensures that medication errors are handled appropriately to avoid individual injury as a result of the error.

Adverse Reaction	
168a	6400.168(a) - If an individual has a suspected adverse reaction to a medication, the home shall immediately consult a health care practitioner or seek emergency medical treatment.
168b	6400.168(b) – An adverse reaction to a medication, the health care practitioner's response to the adverse reaction and the action taken shall be documented.

Discussion: Self-explanatory.

Primary Benefit: Ensures that individuals will receive medical attention in the event of a medication-related emergency. Protects the home by creating a record of actions taken in response to an adverse reaction to a medication.

Nutrition

For Waiver Providers:

The regulations below ensure that minimum health and safety requirements are met. Waiver providers must also ensure that food quality, quantity, storage, and preparation practices include assistance, support, and guidance to enable individuals to:

- Carry out activities of daily living such as making meals and maintaining a clean environment.
- Develop and maintain positive interactions and relationships with residents of one home and share meals and activities, as appropriate.

- Learn and develop practices that promote good health and wellness such as nutritious meal planning.

Reside in the same home to develop and manage relationships as appropriate, share responsibilities for routines such as preparing meals, eating together, resolving differences, and negotiating solutions.

Protection of Food/Returned Food	
171	6400.171 - Food shall be protected from contamination while being stored, prepared, transferred, and served.
176	6400.176 – Uneaten food from a person's dish may not be served again or used in the preparation of other dishes.

Discussion: Labeling and dating leftover and frozen foods is recommended but not required.

Uneaten food from a person's dish may be served to the individual again if the individual desires it and provided that food is protected from contamination when stored. For example, if an individual chooses to eat a portion of a meal at dinner and elects to finish it at a later time, the food may be stored until such time as the individual desires to eat it or contamination makes the food unsafe for consumption.

Inspection Procedures: Licensing staff will inspect food storage and preparation areas to ensure foods are protected when stored such as in sealed containers, thawed in accordance with food safety requirements, and prepared to include cooked and reheated to safe temperatures.

Primary Benefit: Prevents illnesses associated with contaminated food.

Three Meals a Day	
172	6400.172 - At least three meals a day shall be available to the individuals.

Discussion: This requirement is superseded by the individuals' right to access food at any time specified at 6400.32(t).

Inspection Procedures: Not applicable.

Primary Benefit: Not applicable.

Quantity of Food/Food Groups	
173	6400.173 - The quantity of food served for each individual shall meet minimum daily requirements as recommended by the United States Department of Agriculture, unless otherwise recommended in writing by a licensed physician.
174	6400.174 - At least one meal each day shall contain at least one item from the dairy, protein, fruits, and vegetables and grain food groups, unless otherwise recommended in writing by a licensed physician for individuals.

Discussion: It is strongly recommended that providers exceed the recommendation of at least one meal each day containing at least one item from the dairy, protein, fruits, and vegetables and grain food groups, unless otherwise recommended in writing by a licensed physician for individuals.

Individuals should be encouraged to eat the healthiest possible food; see Risk Mitigation at 6400.32(e)**.**

Inspection Procedures: Licensing staff will review the home's meal planning to ensure that food is as healthy as possible in accordance with the individual's choice.

Primary Benefit: Ensures good nutrition while protecting self-direction, choice, and control.

Serving of Meals	
175	6400.175 – Meals shall be served at tables seating 12 or fewer people with additional portions available, unless prohibited by individual needs.

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Discussion: Self-explanatory; it is highly unlikely that this regulation will ever be violated given the size and capacity of most homes.

Inspection Procedures: Licensing staff will ensure that there are sufficient numbers of tables to ensure that no more than 12 people are seated and that people do not need to wait to eat based on seating arrangements.

Primary Benefit: Promotes individual interaction through communal dining.

Program

Assessment	
181a	6400.181(a) - Each individual shall have an initial assessment within 1 year prior to or 60 calendar days after admission to the residential home and an updated assessment annually thereafter. The initial assessment must include an assessment of adaptive behavior and level of skills completed within 6 months prior to admission to the residential home.
181b	6400.181(b) - If the program specialist is making a recommendation to revise a service or outcome in the individual plan, the individual shall have assessment completed as required under this section.
181d	6400.181(d) - The program specialist shall sign and date the assessment.
181f	6400.181(f) - The program specialist shall provide the assessment to the individual plan team members at least 30 calendar days prior to an individual plan meeting.

Grace Periods:

3. Initial assessment: Not permitted.
4. Assessment based on recommendation: See clarification on "Immediate" on page X.
5. Annual assessment: 15 days. Assessments completed within 380 days of the previous examination (365 days + 15 days = 380) will be considered compliant.

Discussion: 6400.181(a) requires that the initial assessment be completed "within 1 year prior to or 60 calendar days after admission to the residential home." The regulation goes on to read that "the initial assessment must include an assessment of adaptive behavior and level of skills completed within 6 months prior to admission to the residential home." This phrase means that the initial assessment must assess the individual's adaptive behavior and level of skills using assessment instruments, interviews, progress notes and observations generated within the 6-month period prior to admission. In other words, all of the assessment components specified at 6400.181(e) may be completed using assessment instruments, interviews, progress notes and observations generated at any time within the previous 365 days except for 6400.181(e)(3), which must include assessments completed within the previous 6 months.

An individual's assessment should be updated to reflect any change in need as soon as possible after the change in need is identified.

Assessments may be stored electronically provided that a hard copy of the assessment for any individual is available to the Department upon request. This includes electronic signatures.

Inspection Procedures: Licensing staff will review individual records to verify that all of the above requirements are met. Hard-copy records do not need to be obtained if viewing electronic records is practicable.

Primary Benefit: Ensures that assessments are completed in a timely fashion and that notification of assessment results are provided to all impacted parties.

181c	6400.181(c) - The assessment shall be based on assessment instruments, interviews, progress notes, and observations.
181e	6400.181(e) - The assessment must include the following information: • Functional strengths, needs and preferences of the individual. • The likes, dislikes, and interests of the individual.

	• The individual's current level of performance and progress in the areas: • Acquisition of functional skills. • Communication. • Personal adjustment. • Personal needs with or without assistance from others. • The individual's need for supervision. • The individual's ability to self-administer medications. • The individual's ability to safely use or avoid poisonous materials, when in the presence of poisonous materials. • The individual's knowledge of the danger of heat sources and ability to sense and move away quickly from heat sources which exceed 120° F and are not insulated. • The individual's ability to evacuate in the event of a fire. • Documentation of the individual's disability, including functional and medical limitations. • A lifetime medical history. • Psychological evaluations, if applicable. • Recommendations for specific areas of training, programming, and services. • The individual's progress over the last 365 calendar days and current level in the following areas: 1. Health. 2. Motor and communication skills. 3. Activities of individual living. 4. Personal adjustment. 5. Socialization. 6. Recreation. 7. Financial independence. 8. Managing personal property. 9. Community integration. • The individual's knowledge of water safety and ability to swim.

Discussion: The importance of these regulations cannot be overstated.

Assessments are essential to maximizing personal growth and development, the person's ability to self-direct through choice and control over decisions affecting them directly while protecting the health and safety of the individual.

Assessments that lack quality i.e., are not individualized, personalized, relevant to the person's age and do not address the specific needs of the person, will lead to services that lack quality; services that lack quality lead to harm.

Assessments cannot be completed simply to meet the regulatory or programmatic requirements. Providers must develop assessments that are meaningful, accurate, and useful.

The assessment contents and/or multiple assessments should be integrated: each element connects to one or more other element. Assessments are about the synergy, not completing a checklist. Assessments of an individual's need for support during eating should be coordinated with the assessment of preferred foods and activities. A behavior health assessment must factor any history of trauma, the person's preferred activities, relationships, etc. For children, educational assessments provide important information to support the child's development.

The assessment cannot be vague or nonspecific.

Creating each assessment must include all of the following activities without exception:

- Use of assessment instruments specific to the individuals' needs, such as communication or behavioral assessments,
- Interviews with individuals and others involved in the individual's life,
- A review of any and all notes relating to individual care; and
- Observing the individual's daily routines.

Documentation of the above activities must be maintained.

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Assessments are the foundation for many of the requirements of this chapter. All of the assessment requirements in this regulation are connected to other regulatory requirements. The table below shows a crosswalk between each assessment requirement and applicable regulations.

Note: this is not an exhaustive list; other regulations may also relate to the assessment.

#	Assessment Requirement	Applicable Regulation(s) 55 Pa. Code § 6400
1	Functional strengths, needs and preferences of the individual.	32(e) – An individual has the right to make choices and accept risks. 32(g) – An individual has the right to control his own schedule and activities. 87(a) – The home shall provide services including assistance, training and support for the acquisition, maintenance or improvement of functional skills, personal needs, communication, and personal adjustment. 143(a) – If an individual refuses routine medical or dental examination or treatment, the refusal and continued attempts to train the individual about the need for health care shall be documented in the individual's record.
2	The likes, dislikes, and interests of the individual.	32(e) – An individual has the right to make choices and accept risks. 32(g) – An individual has the right to control his own schedule and activities. 81(k) – Bedroom furnishings. 59(a) – Day services such as competitive community-integrated employment, education, vocational training, volunteering, civic-minded and other meaningful opportunities shall be provided to the individual. 190(a) – The individual home shall provide recreational and social activities, including volunteer or civic-minded opportunities and membership in National or local organizations at the following locations: • The individual home. • Away from the individual home.
3	The individual's current level of performance and progress.	182(c) – The individual plan shall be initially developed, revised annually, and revised when an individual's needs change based upon a current assessment.
4	The individual's need for supervision.	45(c) – An individual may be left unsupervised for specified periods of time if the absence of direct supervision is consistent with the individual's assessment and is part of the individual plan, as an outcome which requires the achievement of a higher level of independence. 45(d) – The staff qualifications and staff ratio as specified in the individual plan shall be implemented as written, including when the staff ratio is greater than required under subsections (a), (b) and (c).
5	The individual's ability to self-administer medications.	161(a) – The home shall provide an individual who has a prescribed medication with assistance, as needed, for the individual's self-administration of the medication.
6	The individual's ability to safely use or avoid poisonous materials.	62(b) – Poisonous materials may be kept unlocked if all individuals living in the home are able to safely use or avoid poisonous materials. Documentation of each individual's ability to safely use or avoid poisonous materials shall be in each individual's assessment.
7	The individual's knowledge of the danger of heat sources.	63(b) – Heat sources do not require guards or insulation if all individuals living in the home understand the danger of heat sources and have the ability to sense and move away from the heat source quickly. Documentation of each individual's understanding and ability shall be in each individual's assessment.
8	The individual's ability to evacuate in the event of a fire.	61(a) – A home serving individuals with a physical disability, blindness, a visual impairment, deafness, or a hearing impairment shall have accommodations to

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		ensure the safety and reasonable accessibility for entrance to, movement within, and exit from the home based upon each individual's needs. 61(b) – A home serving individuals with a physical disability, blindness, a visual impairment, deafness, or a hearing impairment shall have adaptive equipment necessary for the individuals to move about and function at the home. 110(f) – If one or more individuals or staff persons are not able to hear the smoke detector or fire alarm system, all smoke detectors and fire alarms shall be equipped so that each person with a hearing impairment will be alerted in the event of a fire. 112(d) – Individuals shall be able to evacuate the entire building, or to a fire safe area designated in writing within the past year by a fire safety expert, within 2 1/2 minutes or within the period of time specified in writing within the past year by a fire safety expert. The fire safety expert may not be an employee of the home or agency. Staff assistance shall be provided to an individual only if staff persons are always present at the home while the individual is at the home. 113(b) – If an individual is medically or functionally unable to participate in the fire safety training, documentation shall be kept specifying why the individual could not participate.
9	Documentation of the individual's disability, including functional and medical limitations	32(u) – An individual has the right to make health care decisions. 32(t) – An individual has the right to access food at any time. 61(b) – A home serving individuals with a physical disability, blindness, a visual impairment, deafness, or a hearing impairment shall have adaptive equipment necessary for the individuals to move about and function at the home. 82(c) – For homes serving one or more individuals who have physical disabilities, at least one sink, one toilet and one tub or shower shall be adapted so that individuals who have physical disabilities have easy access and use. 83(b) – Special provisions shall be made, and adaptive equipment shall be provided, when necessary, to assist individuals in eating at the table.
10	A lifetime medical history.	6400.141(c) – The physical examination contents, especially for ensuring that medical records are consistent with provider's documentation of individuals' needs.
11	Psychological evaluations.	6400.195(a) – For each individual for whom restrictive procedures may be used, the individual plan shall include a component addressing behavior support that is reviewed and approved by the human rights team in §6400.194 (relating to human rights team), prior to use of restrictive procedure.
12	Recommendations for specific areas of training, programming, and services.	32(g) – An individual has the right to control his own schedule and activities.
13	The individual's progress over the last 365 calendar days.	ANY regulation relating to: • Health. • Motor and communication skills. • Activities of individual living. • Personal adjustment. • Socialization. • Recreation. • Financial independence. • Managing personal property. • Community integration.
14	The individual's knowledge of water safety and ability to swim.	59(a) – Day services such as competitive community-integrated employment, education, vocational training, volunteering, civic-minded, and other meaningful opportunities shall be provided to the individual.

		190(a) – The individual home shall provide recreational and social activities, including volunteer or civic-minded opportunities and membership in National or local organizations at the following locations: • The individual home. • Away from the individual home.

Inspection Procedures: Licensing staff will review individuals' assessments to ensure that they are comprehensive and person specific. Staff interviews, interaction with individuals, and observation of actual service provision to individuals may also occur. Assessments will be cross-referenced with medical records and the individual plan to ensure accurate and consistent information.

Primary Benefit: Ensures that providers fully understand individuals' needs and preferences to provide appropriate services and supports; balances self-direction, choice, and control with health and safety protection.

Development, Annual Update and Revision of the Individual Plan	
182a	6400.182(a) – The program specialist shall coordinate the development of the individual plan, including revisions, with the individual and the individual plan team.
182b	6400.182(b) – The initial individual plan shall be developed based on the individual assessment with 90 days of the individual's date of admission to the home.
182c	6400.182(c) – The individual plan shall be initially developed, revised annually and revised when an individual's needs change based upon a current assessment.
182d	6400.182(d) – The individual and persons designated by the individual shall be involved and supported in the initial development and revisions of the individual plan.

Discussion: Individual plans must be revised in response to *any* change identified by an assessment that requires an alteration of the Individual Plan.

Inspection Procedures: Licensing staff will review the individual plan to determine if revisions have been made and to verify that individual and the individual team participated in the development of the individual plan.

Primary Benefit: Ensures that the individual plan is up to date and accurately reflects individual's needs.

For Waiver Providers: The development and implementation of high-quality Individual Plans is crucial for individuals to live an everyday life. Residential Habilitation providers are usually responsible for most of the outcomes specified in an Individual Plan. Individual Plans must address – with specificity - how assistance, support and guidance will be provided to enable individuals to:

1. Carry out activities of daily living such as personal grooming and hygiene, dressing, making meals and maintaining a clean environment.
2. Develop and maintain positive interactions and relationships with residents of one home and share meals and activities, as appropriate.
3. Learn and develop practices that promote good health and wellness such as nutritious meal planning, regular exercise, carrying through prescribed therapies and exercises, awareness and avoidance of risk including environmental risks, exploitation, or abuse; responding to emergencies in the home and community such as fire or injury; knowing how and when to seek assistance.
4. Manage or participate in the management of his or her medical care including scheduling and attending medical appointments, filling prescriptions and self-administration of medications, and keeping health logs and records.
5. Manage his or her mental health diagnosis and emotional wellness including self-management of emotions such as disappointment, frustration, anxiety, anger, and depression, applying trauma informed care principles and practices, and accessing mental health services. The service should include: a comprehensive behavior assessment; design, development, and updates to a behavior support plan that includes positive practices and least restrictive interventions; development of a Crisis Intervention Plan; and implementation of the behavior support plan, Crisis Intervention Plan, and/or the skill building plan which involve collecting and recording the data necessary to evaluate progress and the need for plan revisions.

6. Participate in the development and implementation of the service plan and direct the person-centered planning process including identifying who should attend and what the desired outcomes are.
7. Make decisions including identifying options/choices and evaluating options/choices against a set of personal preferences and desired outcomes. This includes assistance with identifying supports available within the community.
8. Achieve financial stability through managing personal resources, general banking and balancing accounts, record keeping and managing savings accounts and programs such as ABLE accounts.
9. Communicate with providers, caregivers, family members, friends, and others face-to-face and through the use of the telephone, correspondence, the internet, and social media. The service may require knowledge and use of sign language or interpretation for individuals whose primary language is not English.
10. Use a range of transportation options including buses, trains, cab services, driving, and joining carpools, etc. The Residential Habilitation provider is responsible for providing transportation to activities related to health, community involvement and the service plan. The Residential Habilitation provider is not responsible for transportation for which another provider is responsible.
11. Reside in the same home to develop and manage relationships as appropriate, share responsibilities for routines such as preparing meals, eating together, carrying out routine home maintenance such as light cleaning, planning, and scheduling shared recreational activities and other typical household routines, resolving differences, and negotiating solutions.
12. Develop and maintain relationships with members of the broader community and to manage problematic relationships.
13. Exercise rights as a citizen and fulfill his or her civic responsibilities such as voting and serving on juries; attending public community meetings; to participate in community projects and events with volunteer associations and groups; to serve on public and private boards, advisory groups, and commissions, as well as develop confidence and skills to enhance their contributions to the community.
14. Develop personal interests, such as hobbies, appreciation of music, and other experiences the participant enjoys or may wish to discover.
15. Participate in preferred activities of community life such as shopping, going to restaurants, museums, movies, concerts, dances, and faith-based services.

Individual Plan Team	
183a1-7	6400.183(a) – The individual plan shall be developed by an interdisciplinary team including the following: • The individual. • Persons designated by the individual. • The individual's direct care staff persons. • The program specialist. • The support coordinator, targeted support manager or a program representative from the funding source, if applicable. • The program specialist for the individual's day program, if applicable. • Other specialist such as health care, behavior management, speech, occupational, and physical therapy as appropriate for the individual's needs.
183b	6400.183(b) – At least three members of the individual plan team, in addition to the individual and persons designated by the individual, shall be present at a meeting at which the individual plan is developed or revised.
183c	6400.183(c) – The list of persons who participated in the individual plan meeting shall be kept.

Discussion: Individual Plan teams do not need to include all of the persons listed in 6400.183(a)(1)-(4); the individual can freely choose which of these persons should or should not participate in the planning process.

It may be impractical to conduct in-person team meetings due to scheduling conflicts. Participation may be facilitated by assistive technology such as telecommunications application software product that provides video chat and voice calls between computers, tablets, mobile devices, etc.

Participation in the development of the plan does not necessarily mean all members must attend a meeting in person or via remote technology. A team member that cannot attend the meeting should review the plan and send feedback and updates to the SC or the home's staff members that are attending.

Inspection Procedures: Licensing staff will review the documentation required by 6400.183(c) to verify participation by all parties and will interview staff and interact with individuals to ensure that all possible supports are provided to enable the identification and designation of to participate in planning.

Primary Benefit: Ensures that the Individual Plan is person-centered, individual-driven, and fully understood by all of the individual's natural and formal supports.

For Waiver Providers: 6100.186(b) requires providers to "facilitate and make accommodations to involve persons designated by the individual in decision-making, planning and activities, at the direction of the individual.

Individual Plan Process/Content of the Individual Plan/Implementation of the Individual Plan	
184	6400.184 – The individual plan process shall: • Provide information and support to ensure that the individual directs the individual plan process to the extent possible. • Enable the individual to make choices and decisions. • Reflect what is important to the individual to ensure that services are delivered in a manner reflecting individual preferences and ensuring the individual's health, safety, and well-being, • Occur timely at intervals, times and locations of choice and convenience to the individual and to persons designated by the individual. • Be communicated in clear and understandable language. • Reflect cultural considerations of the individual. • Include guidelines for solving disagreements among the individual plan team members. • Include a method for the individual to request updates to the individual plan.
185	6400.185 – The individual plan, including revisions, must include the following: 1. The individual's strengths, functional abilities, and service needs, 2. The individual's preferences related to relationships, communication, community participation, employment, income, and savings, health care, wellness, and education. 3. The individual's desired outcomes. 4. Services to assist the individual to achieve desired outcomes. 5. Risks to the individual's health, safety or well-being, behaviors likely to result in immediate physical harm to the individual or others and risk mitigation strategies, if applicable. 6. Modification of individual rights as necessary to mitigate significant health and safety risks to the individual or others, if applicable.
186	6400.186 – The home shall implement the individual plan, including revisions.

Discussion: Individual Plans are essential to maximizing personal growth and development, the person's ability to self-direct through choice and control over decisions affecting them directly while protecting the health and safety of the individual.

Individual Plans that lack quality i.e., are not individualized and personalized, will lead to services that lack quality; services that lack quality lead to harm.

Individual Plans must be precise and person-centered. Individual Plans may not include "stock responses" that are used for every individual. Examples of areas that may be addressed through the plan include supporting people with ADLs and IADLs while respecting autonomy and encouraging independence; recognizing the relevancy of the person's age in all activities, assisting with eating or feeding an individual, assuring a trauma free environment for victims of trauma, carrying out exercise or therapy protocols, supporting contact with family and friends, enabling the person to engage in activities inside and outside the home that are meaningful to the person, assisting with food purchases and meal preparation, assisting the person in maintaining the home. The balance between assuring health and safety and offering opportunities for personal growth and engaging in community life are established through the planning process.

The Individual Plan and the assessment required at 6400.181 are inseparably linked; information in the assessment must match the Individual Plan exactly. Additionally, any documentation of Individual Health requirements identified at 6400.141-145 must match both the assessment and the Individual Plan.

Outcomes and services included in the Individual Plan must be driven by the individual's assessment.

Failure to implement *any* part of the Individual Plan by for which the provider is responsible will result in a regulatory violation.

Inspection Procedures: Licensing staff will review individuals' Individual Plans to ensure that they are consistent with the assessments and medical information, orders, and recommendations by health care professionals. Staff interviews, interaction with individuals, and observation of actual service provision to individuals may also occur.

Primary Benefit: Provides clear and unequivocal expectations for meeting each individual's needs; designates responsibility for meeting each need.

For Waiver Providers: 6100.221(g) requires that providers' "implementation plans" be consistent with the Individual Plan. A provider's implementation plan is any description of the specific activities to assist the individual to achieve the broader desired outcomes of the Individual Plan developed by the provider. The creation of implementation plans is not required but is strongly recommended.

Behavior Support Component of the Individual Plan	
195a	6400.195(a) - For each individual for whom restrictive procedures may be used, the individual plan shall include a component addressing behavior support that is reviewed and approved by the human rights team in §6400.194 (relating to human rights team), prior to use of restrictive procedure.
195b	6400.195(b) - The behavior support component of the individual plan shall be reviewed and revised as necessary by the human rights team, according to the time frame established by the team, not to exceed 6 months between reviews.
195c1-8	6400.195(c) - The behavior support component of the individual plan shall include: 1. The specific behavior to be addressed. 2. An assessment of the behavior, including the suspected reason for the behavior. 3. The outcome desired. 4. A target date to achieve the outcome. 5. Methods for facilitating positive behaviors such as changes in the individual's physical and social environment, changes in the individual's routine, improving communications, recognizing, and treating physical and behavior health conditions, voluntary physical exercise, redirection, praise, modeling, conflict resolution, de-escalation, and teaching skills. 6. Types of restrictive procedures that may be used and the circumstances under which the procedures may be used. 7. The amount of time the restrictive procedure may be applied. 8. The name of the staff person responsible for monitoring and documenting progress with the behavior support component of the individual plan.
195d	6400.195(d) – If a physical restraint will be used or if a restrictive procedure will be used to modify an individual's rights in §6400.185(6) (relating to content of individual plan) the behavior support component of the individual plan shall be developed by a professional who has a recognized degree, certification or license relating to behavioral support.
209	6400.209 – If a physical restraint is used on an unanticipated, emergency basis, §§6400.194 and 6400.195 (relating to human rights team and behavior support component of the individual plan) do not apply until after the restraint is used for the same individual twice in a 6-months period.

Discussion: If an individual requires or may require use of a restrictive procedure, his or her Individual Plan must include a component that includes all of the elements required by 6400.195(c). This is what is meant by the phrase "Behavior Support Component of the Individual Plan."

The "behavior support component of the individual plan" is *not* the same as a "behavior support plan." A behavior support plan is a comprehensive behavior management tool that captures all applicable behavior planning strategies designed to support the individual regardless of whether the individual requires or may require use of a restrictive procedure. Many individuals who do not require restrictive procedures have behavior support plans.

If an individual does require or may require restrictive procedures, use of such procedures will:

1. Be a component of the behavior support plan, and
2. Be documented in the Individual Plan in accordance with the above regulations.

"Recognized degree, certification or license relating to behavioral support" means that the professional meets one of the following three sets of requirements:

- A Master's Degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology.
- A Pennsylvania Behavior Specialist License.
- Bachelor's Degree and work under the supervision of a professional who has a master's degree in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology, or who is a licensed Psychiatrist, Psychologist, Professional Counselor, Social Worker (master's level or higher) or who has a Pennsylvania Behavior Specialist License.

Inspection Procedures: Licensing staff will review individuals' Individual Plans to ensure that they address all of the requirements of these regulations and to determine that the plan was developed by a qualified professional. Staff interviews, interaction with individuals, and observation of actual service provision to individuals may also occur.

Primary Benefit: Ensures that appropriate clinical practices are applied for individuals who require behavioral support.

For Waiver Providers: When serving participants with behavior support needs, the Residential Habilitation provider must have behavioral specialists (direct, contracted or in a consulting capacity) available who, as part of the Residential Habilitation service, complete assessments, develop and update Behavior Support Plans and Crisis Intervention Plans and train other agency staff. The behavioral specialist ensures behavior support provided to the participant includes positive practices and least restrictive interventions and does not include physical, chemical, or mechanical restraints as support strategies.

Behavioral specialists must meet the professional education or licensure criteria in one of the following three sets of requirements:

- Master's Degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology.
- A Pennsylvania Behavior Specialist License.
- Must have a bachelor's degree and work under the supervision of a professional who has a master's degree in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology, or who is a licensed psychiatrist, psychologist, professional counselor, social worker (master's level or higher) or who has a Pennsylvania Behavior Specialist License.

In addition to the education and licensing criteria above, behavioral specialists must also meet the following standards:

- Complete training in conducting and using a Functional Behavioral Assessment.
- Complete training in positive behavioral support.

Home Services	
188a	6400.188(a) – The home shall provide services including assistance, training and support for the acquisition, maintenance or improvement of functional skills, personal needs, communication, and personal adjustment.
188b	6400.188(b) – The home shall provide opportunities and support to the individual for participation in community life, including volunteer or civic-minded opportunities and membership in National or local organizations.
188c	6400.188(c) – The home shall provide services to the individual as specified in the individual plan.
188d	6400.188(d) – The home shall provide services that are age and functionally appropriate to the individual.

Discussion: The requirement to provide the above services does not mean that the individual must engage in the activities. An individual may refuse to participate in any of the above services.

The assistance and opportunities at 6400.188(a)-(d) must be based on each person's Individual Plan.

Inspection Procedures: These regulations will be measured during the review of individuals' assessments and Individual Plans as described above, by interacting with individuals, and through staff interviews.

Primary Benefit: Promotes maximum independence and community inclusion.

For Waiver Providers: These requirements must incorporate assistance, support, and guidance to enable individuals to:

16. Carry out activities of daily living such as personal grooming and hygiene, dressing, making meals and maintaining a clean environment.
17. Develop and maintain positive interactions and relationships with residents of one home and share meals and activities, as appropriate.
18. Participate in the development and implementation of the service plan and direct the person-centered planning process including identifying who should attend and what the desired outcomes are.
19. Make decisions including identifying options/choices and evaluating options/choices against a set of personal preferences and desired outcomes. This includes assistance with identifying supports available within the community.
20. Achieve financial stability through managing personal resources, general banking and balancing accounts, record keeping and managing savings accounts and programs such as ABLE accounts.
21. Communicate with providers, caregivers, family members, friends, and others face-to-face and through the use of the telephone, correspondence, the internet, and social media. The service may require knowledge and use of sign language or interpretation for individuals whose primary language is not English.
22. Use a range of transportation options including buses, trains, cab services, driving, and joining carpools, etc. The Residential Habilitation provider is responsible for providing transportation to activities related to health, community involvement and the service plan. The Residential Habilitation provider is not responsible for transportation for which another provider is responsible.
23. Reside in the same home to develop and manage relationships as appropriate, share responsibilities for routines such as preparing meals, eating together, carrying out routine home maintenance such as light cleaning, planning, and scheduling shared recreational activities and other typical household routines, resolving differences, and negotiating solutions.
24. Develop and maintain relationships with members of the broader community and to manage problematic relationships.
25. Exercise rights as a citizen and fulfill his or her civic responsibilities such as voting and serving on juries; attending public community meetings; to participate in community projects and events with volunteer associations and groups; to serve on public and private boards, advisory groups, and commissions, as well as develop confidence and skills to enhance their contributions to the community.
26. Develop personal interests, such as hobbies, appreciation of music, and other experiences the participant enjoys or may wish to discover.
27. Participate in preferred activities of community life such as shopping, going to restaurants, museums, movies, concerts, dances, and faith-based services.

Day Services/Recreational and Social Activities	
189a	6400.189(a) - Day services such as competitive community-integrated employment, education, vocational training, volunteering, civic-minded, and other meaningful opportunities shall be provided to the individual.
189b	6400.189 (b) - Day services shall be provided at a location other than the individual home where the individual lives, unless one of the following applies: 1. There is written annual documentation by a licensed physician that it is medically necessary for the individual to complete day services at the individual home. 2. There is written annual documentation by the plan team that it is in the best interest of the individual to complete day services at the individual home.

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190a	6400.190(a) - The individual home shall provide recreational and social activities, including volunteer or civic-minded opportunities and membership in National or local organizations at the following locations: • The individual home. • Away from the individual home.
190b	6400.190(b) - Time away from the individual home may not be limited to time in school, work or vocational, developmental and volunteer facilities.
190c	6400.190(c) - Documentation of recreational and social activities shall be kept in the individual's record.

Discussion: The requirement to provide the above services does not mean that the individual must engage in the activities. An individual may refuse to participate in any of the above services.

Day services and recreational / social activities must be based on each individual's needs and desires. Schedules created without individuals' input and structured solely for the convenience of the provider are not permitted.

Individuals may participate in group activities provided that each individual chooses to do so.

6400.190(b) requires that time away from the home be spent in integrated settings that include people other than staff who do not have an intellectual disability or autism. Examples include, but are not limited to:

- Employment
- Volunteering, participating in groups, clubs, exercise classes.
- Visiting with family.
- Day trips to zoos, museums, theaters, etc. Activities that encourage active participation are strongly encouraged.
- Overnight trips
- Active participation in community activities such as fairs, festivals, etc. Active participation may include a booth or stand at such events where the general public is encouraged to interact and learn from individuals.

A schedule that does not include at least one activity in a setting that includes people other than staff who do not have an intellectual disability or autism are not permitted except as provided in 6400.189(b).

The activities offered must be commensurate to each individual's age and functionality. Providers may not presume that an activity is too sophisticated or advanced for an individual simply because the individual has a disability.

Inspection Procedures: Licensing staff will review the provider's activity program to ensure that it is person-centered and integrated.

Primary Benefit: Ensures the home is giving the individual the opportunity to participate in meaningful community activities supportive the everyday lives philosophy.

Restrictive Procedures

Note: This section presents the regulations in an order other than they appear in Chapter 6400 to better operationalize the inspection process.

Each instance of an actual or alleged violation of a regulation in this section will be evaluated based on the circumstances specific to the situation. Inspection procedures will generally include reviewing providers' records, staff interviews, discussions with individuals and families, the review of documentation produced by a third party, e.g., medical records obtained from a hospital, and consultation with ODP staff with applicable subject matter expertise. In some cases, direct observation if the restrictive procedure may be observed.

The "Inspection Procedures" portion of the guide is omitted from this section unless otherwise indicated.

Additionally, the "Primary Benefits" of the regulations in this section are:

- To ensure that individuals are not subject to prohibited procedures

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- To ensure that permitted restrictive procedures are used properly and consistently
- To minimize use and encourage reduction / titration of restrictive procedures
- To ensure that staff who apply restrictive procedures are properly trained
- To maintain documentation of restrictive procedure use for clinical use.

The "Primary Benefit" portion of the guide is omitted from this section unless otherwise indicated.

Definition of Restrictive Procedures/Appropriate Use of Restrictive Procedures Prohibited Procedures Permitted Procedures	
191	6400.191 - A restrictive procedure is a practice that: • Limits an individual's movement, activity, or function, • Interferes with an individual's ability to acquire positive reinforcement, • Results in the loss of objects or activities that an individual values; or • Requires an individual to engage in a behavior that the individual would not engage in given freedom of choice.
193b	6400.193(b) - For each incident requiring restrictive procedures: • Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures. • A restrictive procedure may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried but have failed.
Discussion: Restrictive procedures, even those permitted by Chapter 6400, should only be used as a last resort to address challenging behaviors. Any situation where restrictive procedures are implemented prior to attempting less intrusive procedures are prohibited unless the procedure is an emergency physical restraint as specified at 6400.208(a).	
Prohibited Procedures	
193a	6400.193(a) - A restrictive procedure may not be used as retribution, for the convenience of the staff members, as a substitute for the program, or in a way that interferes with the individual's developmental program.
207(1)	6400.207(1) – Seclusion, defined as involuntary confinement of an individual in a room or area from which the individual is physically prevented or verbally directed from leaving. Seclusion includes physically holding a door shut or using a foot pressure lock.
207(2)	6400.207(2) – Aversive conditioning, defined as the application of startling, painful or noxious stimuli.
207(3) Part 1	6400.207(3) – Pressure point techniques, defined as the application or pain for the purpose of achieving compliance.
207(4) Part 1	6400.207(4) – A chemical restraint, defined as use of a drug for the specific and exclusive purpose of controlling acute or episodic aggressive behavior.
207(5) Part 1	6400.207(5) – A mechanical restraint, defined as a device that restricts the movement or function of an individual or portion of an individual's body. A mechanical restraint includes a geriatric chair, a bedrail that restricts the movement or function of the individual, handcuffs, anklets, wristlets, camisole, helmet with fasteners, muffs and mitts with fasteners, restraint vest, waist trap, head strap, restraint board, restraining sheet, chest restraint, and other similar devices. A mechanical restraint does not include the use of a seat belt during movement or transportation. A mechanical restraint does not include a device prescribed by a health care practitioner for the following use or event: • Post-surgical or wound care. • Balance or support to achieve functional body position, if the individual can easily remove the device or if the device is removed by a staff person immediately upon the request of

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	indication by the individual, and if the individual plan includes periodic relief of the device to allow freedom for movement. • Protection from injury during a seizure or other medical condition, if the individual can easily remove the device or if the device is removed by a staff person immediately upon the request or indication by the individual, an if the individual plan includes periodic relief of the device to allow freedom of movement.
208(c)	6400.208(c) – A prone position physical restraint is prohibited.
208(d)	6400.208(d) - A physical restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints, or allows for a free fall to the floor is prohibited.
210(a)	6400.210(a) – Access to or the use of an individual's personal funds or property may not be used as a reward or punishment.

Discussion: Some restrictive procedures are prohibited; others are not, provided that certain protections are in place.

Prohibited Procedures: The following procedures are expressly prohibited and are considered to be acts of abuse. Use of any of the following will result in a violation of 6400.207, 6400.16 *and* 6400.32:

1. *Seclusion*, defined as involuntary confinement of an individual in a room or area from which the individual is physically prevented or verbally directed from leaving. Seclusion includes physically holding a door shut or using a foot pressure lock and withholding an individual's shoes or clothing to prevent leaving the home.
2. *Aversive conditioning*, defined as the application of startling, painful or noxious stimuli. Aversive conditioning includes but is not limited to:

- Misting or squirting an individual with water
- Subjecting the individual to offensive smells
- Subjecting the individual to loud noises

- *Pressure point techniques*, defined as the application of pain for the purpose of making the individual do or stop doing something. Such techniques include but are not limited to squeezing, pinching, or striking an individual.
- *Chemical restraints*, defined as use of a drug for the specific and exclusive purpose of controlling acute or episodic aggressive behavior.
- *Prone position physical restraints*, which is any kind of physical restraint where the individual is lying face-down on the floor.
- Physical restraints that produce any of the following effects are prohibited:
- Inhibits digestion or respiration,
- Inflicts pain,
- Causes embarrassment or humiliation,
- Causes hyperextension of joints,
- Applies pressure on the chest or joints; or
- Allows for a free fall to the floor.
- *Mechanical restraints*, defined as a device that restricts the movement or function of an individual or portion of an individual's body. Mechanical restraints include, but are not limited to:
- Geriatric chairs that can be reclined or equipped with a tray or lap belt that prohibits an individual from rising from the chair.
- Handcuffs (soft or hard).
- Anklets and wristlets, which are soft devices attached to an individual's wrist or ankle that "chain" the individual to a bed or chair.
- Camisoles, which are (essentially) straight jackets.
- Muffs and mitts with fasteners, which are glove-like items that cannot be removed by the individual.
- Helmets with fasteners, which are helmets attached with a chin strap that cannot be removed by the individual.
- Restraint vests, which secure an individual to a seated position or a bed, and/or that keep the arms secured to the individual's torso.

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- Waist straps, which are belt-like devices that secure an individual to a chair or bed and are unable to be removed by an individual without assistance.
- Head straps, which are headband-like devices that secure an individual's head to a chair or bed and are unable to be removed by an individual without assistance.
- Restraint boards, which are stretcher-like devices equipped with straps across the individual's chest and legs that cannot be removed by the individual.
- Restraining sheets, which are sheets secured to a bed that cannot be removed by the individual.
- Chest restraints, which are harness-like devices that secure an individual to a bed or chair and cannot be removed by the individual.

Determining if Something is a Mechanical Restraint: There is no such thing as a "permitted" mechanical restraint; a device is either a mechanical restraint or it is not (see "Permitted Procedures" below). In general:

- A device that restricts an individual's movement is one that prevents the individual from getting out of a bed, chair, or other furnishing
- A device that restricts movement of a portion of an individual's body is one that prevents the individual from moving part of the individual's body.
- A device that restricts an individual's function is one that prevents the individual from free and unrestricted use of the individual's body.

Providers and regulators should apply the following decision tree to determine whether something is a mechanical restraint:

START

1. Does the device:

- Prevent the individual from getting out of a bed, chair, or other furnishing, or
- Prevent the individual from moving part of the individual's body, or
- Prevent the individual from free and unrestricted use of the individual's body?

No – **STOP**. The device is not a mechanical restraint.

Yes – Proceed.

2. Was the device prescribed by a health care practitioner?

No – **STOP**. The device is a mechanical restraint.

Yes – Proceed.

3. Was the device prescribed for post-surgical or wound care?

No – Proceed.

Yes – **STOP**. The device is not a mechanical restraint.

3. Was the device prescribed for balance / support to achieve functional body position OR protection from injury during a seizure or other medical condition? Note: For purposes of applying this regulation, "medical condition" generally means any diagnosis that results in or contributes to self-injurious behavior. The prescription for the device must include the following, at a minimum:

a. A diagnosis that is listed in the International Classification of Diseases (ICD).
b. A statement of direct correlation between the diagnosis and the behavior of concern.

No – **STOP**. The device is a mechanical restraint.

Yes – Proceed.

4. Can the individual can easily remove the device, OR is the device removed by a staff person immediately upon the request or indication by the individual?

No – **STOP**. The device is a mechanical restraint.

Yes – Proceed.

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5. Does the individual plan includes periodic relief of the device to allow freedom of movement?

No – **STOP**. The device is a mechanical restraint.

Yes – **STOP**. The device is not a mechanical restraint.

Note: A device that is determined to not be a mechanical restraint may still be a restrictive procedure; in these cases, the restrictive procedure processes specified Chapter 6400 must be applied.

Bedrail Use

What are Bedrails?

Bedrails are rails along the side of a bed between the headboard to the footboard. Bedrails take many forms, but usually look like the following:



Remember that beds and cribs with solid sides over 12 inches high are not permitted in accordance with 6400.81(l). A "bedrail" with solid sides may also constitute a violation of that regulation.

Bedrail Risks

The Department strongly recommends that bedrails not be used at any time for any purpose whatsoever.

Even when bedrails may not be mechanical restraints (see decision tree above), they pose serious health and safety risks to individuals with an intellectual disability or autism. According to the United States Consumer Product Safety Commission and Food and Drug Administration:

The U.S. Consumer Product Safety Commission (CPSC) and the Food and Drug Administration (FDA) have received many death and injury reports related to both adult portable bed rail products and hospital bed rails. Most of these reports were for entrapment and falls.

Adult bed rails should not be used as a restraint. They are intended to be assistive and should be used to facilitate mobility for those who need assistance getting in and out of bed or repositioning in bed.

Deaths and serious injuries can happen when using these products and devices. Even when portable bed rails and hospital bed rails are properly designed to reduce the risk of entrapment or falls, are compatible with the bed and mattress, and are used appropriately, they can present a hazard to certain individuals, particularly to people with physical limitations or altered mental status, such as dementia or delirium.[4]

In addition to the serious health and safety risks posed by bedrail use, the design and general use of bedrails is inconsistent with the principles of *Everyday Lives*. Their "institutional" look is inconsistent with a homelike environment, and the frequent use of bedrails for children and older adults for conditions such as dementia or delirium may reinforce the perception that individuals with an intellectual disability or autism are childlike and/or defined by their disability.

Responding to Bedrail Use

If bedrail use is observed and it is determined that the bedrail is not a mechanical restraint, the provider should be encouraged to obtain and use alternative devices to protect the individual's health and safety. Such devices include, but are not limited to:

I. Pillows
II. Wedges
III. Sponge Noodles

[4] Please see https://www.fda.gov/medical-devices/consumer-products/bed-rail-safety for additional information and data about bedrails injuries and deaths.

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IV. Bedside Fall Mats
V. Assistive Technology

The Department is aware that healthcare practitioners sometimes prescribe/ order hospital beds for individual use. These beds frequently come with bedrails attached. In many cases, the bedrails are not part of the order, i.e., the person does not need the bedrail. In these cases, the Department recommends that the provider remove the bedrail in accordance with the manufacturer's instructions or disable the bedrail such that it cannot be raised / used.

Permitted Procedures	
207(3) Part 2	6400.207(3) – Pressure-point techniques, defined as the application of pain for the purpose of achieving compliance. A pressure-point technique does not include a clinically accepted bite release technique that is applied only as long as necessary to release the bite.
207(4) Part 2	6400.207(4) -A chemical restraint does not include a drug ordered by a health care practitioner or dentist for the following use or event: i. Treatment of the symptoms of a specific mental, emotional, or behavioral condition. ii. Pretreatment prior to a medical or dental examination or treatment. iii. An ongoing program of medication. iv. A specific, time-limited stressful event or situation to assist the individual to control his own behavior.
207(5) Part 2	6400.207(5) – A mechanical restraint does not include the use of a seat belt during movement or transportation. A mechanical restraint does not include a device prescribed by a health care practitioner for the following use or event: • Post-surgical or wound care. • Balance or support to achieve functional body position, if the individual can easily remove the device or if the device is removed by a staff person immediately upon the request of indication by the individual, and if the individual plan includes periodic relief of the device to allow freedom for movement. • Protection from injury during a seizure or other medical condition, if the individual can easily remove the device or if the device is removed by a staff person immediately upon the request or indication by the individual, and if the individual plan includes periodic relief of the device to allow freedom of movement.
208(a)	6400.208(a) – A physical restraint, defined as a manual method that restricts, immobilizes or reduces an individual's ability to move his arms, legs, head or other body parts freely, may only be used in the case of an emergency to prevent an individual from immediate physical harm to himself or others.
208(b)	6400.208(b) – Verbal redirection, physical prompts, escorting and guiding an individual are permitted.
208(e)	6400.208(e) – A physical restraint may not be used for more than 30 cumulative minutes with a 2-hour period.

Discussion: A "clinically-accepted bite release technique" usually includes leaning into the biter and applying pressure underneath the septum until the biter releases his or her teeth.

The techniques permissible under 208(b) are not considered physical restraints and the use of such techniques does not require an incident report to be filed.

"Treatment of the symptoms of a specific mental, emotional or behavioral condition" and "an ongoing program of medication" generally means the administration of a potentially sedative medication for the express purpose of treating a chronic condition, e.g., the administration of a benzodiazepine to treat generalized anxiety disorder.

Medications prescribed on a Pro Re Nata (PRN) or "as needed" basis for the treatment of episodically occurring and well-defined symptoms of an underlying psychiatric disorder (such as an anxiety disorder, auditory hallucinations, etc.) and not simply for behavior control are not considered chemical restraints and are therefore not prohibited. A PRN

medication is permitted if the physician documents a very clear description of the explicit symptoms of the psychiatric diagnosis. To ensure compliance with §6400.207(4) and to exhibit that the purpose of the PRN is to treat an episode of a known psychiatric diagnosis, the following guidelines must be followed:

- Confirmed documentation by a physician or a medical practitioner of the individual's psychiatric diagnosis must be present in the individual's record.
- Written instructions by a physician or medical practitioner listing the individual's specific symptoms of the psychiatric diagnosis that would warrant the use of a PRN psychotropic medication must be included in the physician's prescription of the medication.
- Prescribed directions on the pharmacy label must include frequency (dose and allowable rate of recurrence of dosage) for administration of the PRN.
- Authorization by the CEO or CEO's designee for each instance of administration of a PRN psychotropic medication must be documented in the applicable medication administration record.
- Monitoring as indicated by a physician or medical professional and as directed on the pharmacy label of the actual response to medication each time a PRN is administered must be documented in the individual's record.

"Pretreatment prior to a medical or dental examination or treatment" means the administration of a sedative medication prior to an examination that may cause physical or emotional distress to an individual.

"A specific, time-limited stressful event or situation to assist the individual to control his own behavior" generally means the administration of a potentially sedative medication in response to a unexpected life event that causes emotional or behavioral distress, e.g. the death of a loved one or being diagnosed with a terminal illness.

Devices prescribed by a health care practitioner for post-surgical or wound care are not mechanical restraints. For purposes of applying this regulation, "medical condition" generally means any diagnosis that results in or contributes to self-injurious behavior. The prescription for the device must include the following, at a minimum:

- A diagnosis that is listed in the International Classification of Diseases (ICD)
- A statement of direct correlation between the diagnosis and the behavior of concern.

Providers are reminded that any situation where restrictive procedures are implemented prior to attempting less intrusive procedures will be considered a violation of 6400.193(b) as noted in the Discussion section of that regulation.

Devices prescribed by a health care practitioner that are used for balance and support to achieve functional body position or to protect individuals from injury during a seizure or other medical condition are not mechanical restraints as long as:

- The individual can easily remove the device or if the device is removed by a staff person immediately upon the request or indication by the individual; and
- The Individual Plan includes periodic relief (i.e., removal) of the device to allow freedom for movement.

"Emergencies to prevent an individual from immediate physical harm to himself or others" include, but are not limited to:

1. Stopping an individual from running onto a busy road,
2. Preventing an individual from physically abusing another individual; or
3. Preventing an individual from ingesting a harmful substance or object.

Written Policy	
192	6400.192 – The home shall develop and implement a written policy that defines the prohibition or use of specific types of restrictive procedures, describes the circumstances in which restrictive procedures may be used, the staff persons who may authorize the use of restrictive procedures, and a mechanism to monitor and control the use of restrictive procedures.

Discussion: This policy must be both agency-wide and individual-specific. The policy must address all elements of the Restrictive Procedures section unless the agency expressly forbids use of any type of restrictive procedures.

Inspection Procedures: Licensing Representative will review the home's written policy to verify that policy contains regulatory requirements.

Primary Benefit: Ensure that staff understand and know what to do should restrictive procedures need to be used.

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Human Rights Team	
194a	6400.164(a) – If a restrictive procedure is used, the home shall use a human rights team. The home may use a county mental health and intellectual disability program human rights team that meets the requirements of this section.
194b	6400.194(b) – The human rights team shall include a professional who has a recognized degree, certification or license relating to behavioral support, who did not develop the behavior support component of the individual plan.
194c	6400.194(c) – The human rights team shall include a majority of persons who do not provide direct services to the individual.
194d	6400.194(d) – A record of the human rights team meeting shall be kept.
209	6400.209 – If a physical restraint is used on an unanticipated, emergency basis, §§ 6400.194 and 6400.195 (relating to human rights team; and behavior support component of the individual plan) do not apply until after the restraint is used for the same individual twice in a 6-month period.

Discussion: Providers are required by regulation to have a Human Rights Team (HRT) if restrictive procedures are used. This can be through an internal HRT, an agreement with another provider, or (with Administrative Entity approval) through a Human Rights Committee.

At a minimum, at least one professional who has one of the following degrees or licenses must participate in the HRT meeting:

1. A Master's Degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology.
2. A Pennsylvania Behavior Specialist License.

The HRT should include both voting and non-voting members. Members are responsible for reviewing and providing recommendations related to restrictive procedures. Only voting members can vote on the appropriateness of proposed restrictive procedures. A provider's HRT's policy must require at least a majority vote to approve a behavior support component of the Individual Plan.

The majority of the HRT voting members in each meeting must be persons who do not provide direct services to the individuals whose Individual Plans are being reviewed during that meeting and who did not develop the behavior support components of those Individual Plans.

Please see Bulletin 00-21-01, Guidance for Human Rights Teams and Human Rights Committees for additional guidance about these requirements.

Inspection Procedures: Licensing staff will review human rights team's records to verify members of the human rights team and they will review the human rights records.

Primary Benefit: Protects the rights of individuals to whom restrictive procedures are applied.

Staff Training	
196a	6400.196(a) – A staff person who implements or manages a behavior support component of an individual plan shall be trained in the use of the specific techniques or procedures that are used.
196b	6400.196(b) – If a physical restraint will be used, the staff person who implements or manages the behavior support component of the individual plan shall have experienced the use of the physical restraint directly on the staff person.
196c	6400.196(c) – Documentation of the training provided including the staff persons trained, dates of training, description of training and training source shall be kept.

Discussion: Training must be specific to the type or types of restrictive procedures that are used.

These regulations do not specify training length, source, or content other than what is in 196a and 196b; however, the Department strongly recommends the following training include the following content, at a minimum:

- Proactive strategies that can be utilized prior to resorting to use of a restrictive procedure. Examples include (but are not limited to): changes to environment or routine; improving communication; recognizing and treating physical and behavioral health conditions; voluntary physical exercise; redirection; praise; modeling; conflict resolution; de-escalation; and teaching skills.
- Crisis Management.
- Restrictive techniques and procedures to be used.
- Debriefing strategies to be used after the use of restraints/restrictive techniques.

Providers must ensure that the training provided to staff is both appropriate and effective. Inappropriate or ineffective training that results in the misuse or misapplication of a restrictive procedure may be considered a violation of 6400.196(a).

This training can be counted toward the annual staff training requirement in 6400.46(c)and (d).

It is recommended that a qualified professional or organization provides the training. Qualified organizations include, but are not limited to:

- Crisis Prevention and Intervention
- Safe Crisis Management
- MANDT
- Ukeru
- Safety Care

Any physical restraint technique that will be applied in the home must be applied to, e.g., used on, the following people:

1. Anyone who will or may apply the physical restraint,
2. The program specialist(s); and
3. The professional who has a recognized degree, certification or license relating to behavioral support, as appropriate.

It is recommended but not required that the provider's CEO and other executive staff experience the use of the physical restraint directly on him or herself to better understand the impact of physical restraints applied to an individual.

The application of physical restraints to the people listed above will occur any time a new technique applied to one or more individuals.

The application of physical restraints to the people listed above will be reflected in the training record at 6400.196(c).

Inspection Procedures: Licensing staff will interview staff and review staff training records to verify training occurred.

Primary Benefit: Ensures that staff properly apply restrictive procedures and understand the potential physical and psychological impact that such procedures may have on individuals to guide effective decision-making.

Individual Records

Emergency Information	
211a	6400.211(a) – Emergency information for an individual shall be easily accessible at the home.
211b	6400.211(b) – Emergency information for an individual shall include the following: • The name, address, telephone number, and relationship of a designated person to be contacted in case of emergency. • The name, address, and telephone number of the individual's physician or source of health care. • The name, address, and telephone number of the person able to give consent for emergency medical treatment, if applicable. • A copy of the individual's most recent annual physical examination.

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Discussion: It is recommended that the individual's most recent assessment and Individual Plan be included in the emergency information.

Inspection Procedures: Licensing staff will verify that the required information is easily accessible by all staff in a manner that prevents unauthorized access to the information, e.g., other individuals, visitors, etc.

Primary Benefit: Ensures that critical health information is available in the event of a medical emergency.

Individual Records/Record Location/Access/Release of Information	
212a	6400.212(a) – A separate record shall be kept for each individual.
212b	6400.212(b) – Entries in an individual's record must be legible, dated, and signed by the person making the entry.
214a-c	6400.214 – • Record information required in §6400.213(1) (relating to content of records) shall be kept at the home. • The most current copies of record information required in § 6400.213(2) — (14) shall be kept at the residential home. • Record information required in § 6400.213(2) — (14) that is not current shall be kept at the residential home or the administrative office.
216a-b	6400.216 – • An individual's records shall be kept locked when unattended. • The individual, and the individual's parent, guardian, or advocate, shall have access to the records and to information in the records. If the interdisciplinary team documents that disclosure of specific information constituted a substantial detriment to the individual or that disclosure of specific information will reveal the identity of another individual or breach the confidentiality of persons who have provided information upon an agreement to maintain their confidentiality, that specific information identified may be withheld.
217	6400.217 - Written consent of the individual, or the individual's parent or guardian if the individual is 17 years of age or younger or legally incompetent, is required for the release of information, including photographs, to persons not otherwise authorized to receive it.

Discussion: "Home" means the residential home where the individual resides, not the administrative office.

Individual records may be stored electronically provided that a hard copy of the record for any individual is available to the Department upon request. This includes the requirements at 6400.212(b) provided that the electronic system 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.

The documentation that "disclosure of specific information constituted a substantial detriment to the individual or that disclosure of specific information will reveal the identity of another individual or breach the confidentiality of persons who have provided information upon an agreement to maintain their confidentiality" must be addressed in the Individual Plan.

Written consent is required each time a person who is not otherwise authorized to receive information requests it.

If the provider wishes to use an individual's image (e.g., photographs, videos, etc.) for purposes of making greeting cards, promotional materials, etc., documentation of consent from an individual that includes all possible uses of the image – that is, a standard release for use of the person's image – is only required once.

If an individual consents to use his image for a specific purpose, and the provider wishes to use the image for a purpose other than that for which consent is given, a new release would be required. This can be avoided by using the standard release described above.

Inspection Procedures: Licensing staff will review the provider's record storage and access process to ensure that the above requirements are met. Hard-copy records do not need to be obtained if viewing electronic records is practical and possible.

Primary Benefit: Protects individual privacy.

Content of Records	
213(1)i-vi	6400.213(1)i-vi - Each individual's record must include the following personal information, including: • Name • Sex • Admission date • Birthdate • Social Security number • Race • Height • Weight • Color of hair • Color of eyes • Identifying marks • The language or means of communication spoken or understood by the individual and the primary language used in the individual's natural home, if other than English. • Primary language used in the individual's natural home • The religious affiliation • The next of kin • A current, dated photograph
213(2)	6400.213(2) - Incident reports relating to the individual.
213(3)	6400.213(3) - Physical examinations.
213(4)	6400.213(4) - Dental examinations.
213(5)	6400.213(5) – Dental hygiene plans.
213(6)	6400.213(6) – Assessments as required under §6400.181(relating to assessments).
213(7)	6400.213(7) – Individual plan documents as required by this chapter.
213(8)	6400.213(8) – Copies of psychological evaluations, if applicable.

Discussion: Social security numbers may be redacted to include only the last 4 digits to protect individual privacy.

A "current" photograph is one that is taken annually or if there is a significant change in the individual's appearance, e.g., dramatic weight loss, hair loss, etc.

Individual records may be stored electronically provided that a hard copy of the record for any individual available to the Department or to first responders upon request.

Inspection Procedures: Licensing staff will review the home's individual records to determine if the required documents information is present. Hard-copy records do not need to be obtained if viewing electronic records is practicable.

Primary Benefit: Allows for immediate access of crucial information in the event that an individual is missing or experiences a medical or behavioral emergency requiring immediate treatment.

Record Retention	
215a	6400.215(a) - Information in the individual's record shall be kept for at least 4 years or until any audit or litigation is resolved.

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Discussion: Self-explanatory.

Inspection Procedures: Licensing staff will review home's individual records to determine if the home is maintaining current individual records for a minimum of 4 years or until any audits or litigation is resolved. Records for individuals who are discharged will be maintained for 4 years after discharge or until any audit or litigation is resolved.

Primary Benefit: Ensures that individuals' information is available for investigations, audits, or litigation.

Home Serving Nine or More Individuals

Additional Requirements for Homes Serving Nine or More Individuals	
231	6400.231 – Sections 6400.232-6400.245 apply to homes serving nine or more individuals. These provisions are in addition to the other provisions of this chapter.
232	6400.232 – A staff person counted in the ratio as specified in §6400.45(b) (relating to staffing) shall be awake.
233	6400.233 – A home that is not connected to a public sewer system shall have a written sanitation approval for its sewage system by the sewage enforcement official of the municipality in which the home is located.
234	6400.234 – There shall be a sufficient amount of living and recreation furniture, excluding furniture in bedroom, to seat all the individuals at the same time.
235	6400.235 – If the home serves an individual who is non-ambulatory in a multistoried building, there shall be an elevator or a ramp between each floor.
236	6400.236 – Written emergency evacuation procedures as specified in §6400.103 (relating to evacuation procedures) and an evacuation diagram specifying direction for egress in the event of an emergency, shall be posted in a conspicuous place.
237a-c	6400.237 – • Signs bearing the word "EXIT" in plain legible letters shall be placed at exits. • If the exit or way to reach the exit is not immediately visible to the individuals, access to exits shall be marked with readily visible signs indicating the direction of travel. • Exit sign letters shall be at least 6 inches in height with the principal strokes of letters not less than ¾ inch wide.
238a-b	6400.238 – • There shall be a laundry area which is separate from the kitchen and other living areas. • The laundry area shall have an entrance that does not require transportation of soiled linen through food preparation and food storage areas or soiled linen shall be covered while being transported through food preparation and food storage areas.
239	6400.239 – • A dining area shall be available to accommodate the maximum number of individuals scheduled for meals at any time. • A dining table may not seat more than 12 individuals.
240a-c	6400.240 – 1. Utensils used for eating, drinking preparation, and serving of food or drink shall be washed, sanitized and rinsed after each use by a mechanical dishwasher or by a method approved by the Department of Environmental Resources. 2. A mechanical dishwasher shall use hot water temperatures exceeding 140°F in the wash cycle and 180°F in the final rinse cycle or shall be of a chemical sanitizing type approved by the National Sanitation Foundation.

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	3. A mechanical dishwasher shall be operated in accordance with the manufacturer's instructions.
241a-b	6400.241 – • Food shall be stored in covered containers. • Food shall be kept at the proper temperature. Cold food shall be kept at or below 45°F. Hot food shall be kept at or above 140°F. Frozen food shall be kept at or below 0°F.
242	6400.242 – Food returned from dining tables or individual plates may not be served again or used in preparation of other food dishes
243a-e	6400.243 – ○ A written daily menu shall be prepared and accessible to an individual. ○ The menu shall be accessible to an individual at least 1 day prior to the menu date. ○ A change to a menu shall be accessible to an individual in advance of the meal. ○ A written menu and changes to the menu shall be followed. ○ A written menu shall be retained for at least 3 months.
244	6400.244 – An individual's bedroom may not be more than 200 feet from a bathtub or shower and a toilet.
245a-d	6400.245 – • For a home serving nine or more individuals, subsections (b)-(d) supersede §6400.82(a)-(c) (relating to bathrooms). • For a home serving nine through 14 individuals 18 months of age or older, there shall be at least two bathtubs or showers and at least two toilets. • for a home serving 15 or more individuals 18 months of age or older, except those homes previously licensed under the Departmental publication entitled "Individual mental Retardation Facilities Subject to Licensing" issued as section 5100on April 1, 1967, there shall be at least one bathtub or shower for every 20 individuals and at least one toilet for every 10 individuals. • For a home serving an individual who has physical disabilities 18 months of age or older, at least one bathtub or shower and at least one toilet for every eight individuals who have physical disabilities shall have assist bars or lifts. If eight or fewer individual who have physical disabilities are served, there shall be at least one bathtub or shower and at least one toilet equipped with assist bars or lifts.
Discussion: These regulations apply when a home is serving nine or more individuals, not when the home's licensed capacity is nine or more. **Inspection Procedures:** These regulations will be measured during the physical site portion of an inspection. **Primary Benefit:** Protects health, safety, and dignity in large congregate care environments.	

Emergency Placement

Exceptions	
251a	6400.251(a) – Emergency placement is placement prior to which 2 weeks or less notice is given to the home and agency.
251b	6400.251(b) - If an emergency placement occurs, §6400.141 (relating to individual physical examination) shall be met 31 calendar days after placement.
Discussion: Self-explanatory. **Inspection Procedures:** Self-explanatory.	

Primary Benefit: Allows for immediate service delivery in the event of an emergency.

Respite Care

Exceptions for Respite Care	
261a	6400.261(a) Respite care is temporary community home care not to exceed 31 calendar days in a calendar year.
261b	6400.261(b)The following sections do not apply for individuals receiving respite care: • Sections 6400.78 (relating to indoor living space). • Section 6400.81(g) and (h) (relating to individual bedrooms). • Section 6400.121-6400.127 (relating to program). • Sections 6400.142 (relating to dental care). • Section 6400.213(4), (5), (7) and (8) (relating to content of records).
262a	6400.262(a) - Emergency respite care is respite care placement prior to which 2 weeks or less notice is given to the home.
262b	6400.262(b) - The following sections do not apply for individuals receiving emergency respite care: • Sections 6400.78 (relating to indoor living space). • Section 6400.81(g) and (h) (relating to individual bedrooms). • Section 6400.121-6400.127 (relating to program). • Sections 6400.141 and 6400.142 (relating to individual physical examination; and dental care). • Paragraphs 6400.213(3)-(8) (relating to content of records).
263	6400.263 - Other requirements in this chapter apply for respite care and emergency respite care.

Discussion: The "31 calendar days" referenced at 6400.261(a) are cumulative, not consecutive. All of the regulations in this chapter apply when an individual resides in any home operated by the provider for more than 31 days in any calendar year.

Inspection Procedures: Not applicable.

Primary Benefit: Reduces administrative burden when supporting individuals who are not permanent residents of the home.

Semi-Independent Living

Semi-Independent Living Abilities	
271 1-3	6400.271 – ○ Is capable of evacuating the entire building or to a fire safe area designated in writing within the past year by the local fire department, without assistance form another person, within the past year by the local fire department. ○ Requires only intermittent training to maintain basic daily living skills in the areas of hygiene, cooking, cleaning, eating, nutrition, money management, use of telephone, understanding the concept of time, communication, socialization, self-protection, first aid, fire safety, sexuality, community mobility, general safety, and emergency procedures. ○ Is 18 years of age or older.
272	6400.272 – There shall be annual written documentation of each individual's semi-independent living abilities based on assessment of the individual's skills in each of the areas specified in §6400.271 (relating to semi-independent living abilities), signed and dated by the program specialist.

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273	6400.273 – The following sections do not apply if all individuals in the home or separate wing or floor of the home have semi-independent living abilities. • Section 6400.45 (relating to staffing). • Sections 6400.62(a) and (b), 6400.63 and 6400.68(b) (relating to poisons, heat source; and running water). • Section 6400.161(b) and (c) (relating to storage of medications). • Sections 6400.18(b) and 6400.192 (relating to reporting of unusual incidents policies; and written policy) as these sections relate to location of policies.
274a-b	6400.274 – 1. There shall be at least one staff member available while individuals are at the home. This staff person need not be physically present at the home. 2. An individual shall be instructed upon initial admission and reinstructed annually in the use of fire extinguishers, smoke detectors, and fire alarms and to notify the local fire department as soon as possible after a fire is discovered.
275	6400.275 – Other requirements in this chapter apply for semi-independent living.

Discussion: 6400.273 applies only when all individuals in the home meet the criteria at 271(1-3).

Inspection Procedures: These regulations will be measured when reviewing individual records at homes where individuals have semi-independent living abilities.

Primary Benefit: Promotes self-direction, choice, and control.

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Appendix A: Self-Assessment Licensing Inspection Instrument

55 Pa. Code Chapter 6400 – Community Homes for Individuals with an Intellectual Disability or Autism

A. Site Information

Legal Entity Name:	
Service Location Name:	
Service Location Address:	
Service Location County:	

B. Inspection Information

Assessment Begin Date:		**Assessment End Date:**	
Assessors:			

General Requirements

		C	V	NA	NM			C	V	NA	NM
11	Chapter 20	☐	☐	☐	☐	19a6	Social Needs	☐	☐	☐	☐
13	Max Capacity	☐	☐	☐	☐	19a7	Environmental Needs	☐	☐	☐	☐
14a	Occupancy Permit	☐	☐	☐	☐	19a8	Personal Safety	☐	☐	☐	☐
14b	Permit Withdrawn	☐	☐	☐	☐	19b	Corrective Plan Implemented	☐	☐	☐	☐
14c	Renovations Approval	☐	☐	☐	☐	19c	Plan Revised, if Indicated	☐	☐	☐	☐
15a	Self-Assessment	☐	☐	☐	☐	20a1	Confirmed Incident – Analysis of Cause	☐	☐	☐	☐
15b	L.I.I. Used	☐	☐	☐	☐	20a2	Corrective Action	☐	☐	☐	☐
15c	L.I.I. Results	☐	☐	☐	☐	20a3	Potential Risk Strategies	☐	☐	☐	☐
16	Abuse	☐	☐	☐	☐	20b	3-month review/analysis	☐	☐	☐	☐
17	Reporting to Childline	☐	☐	☐	☐	20c1	Preventative Measures: Reduce incidents	☐	☐	☐	☐
18a	Incidents Reported – 24 Hrs.	☐	☐	☐	☐	20c2	Severity of Risk	☐	☐	☐	☐
18b	Incidents Reported-72 Hrs.	☐	☐	☐	☐	20c3	Likelihood of Recurrence	☐	☐	☐	☐
18c	Family Notification- 24 Hrs.	☐	☐	☐	☐	20d	Educate Staff	☐	☐	☐	☐
18d	Notification Kept	☐	☐	☐	☐	20e	Mitigate/Manage Risks	☐	☐	☐	☐
18e	Report Available	☐	☐	☐	☐	21a	PSP Clearance- 5 days	☐	☐	☐	☐
18f	Immediate Action	☐	☐	☐	☐	21b	FBI Clearance – 5 days	☐	☐	☐	☐
18g	Investigation – 24 Hrs.	☐	☐	☐	☐	21c	Clearances 1 Year	☐	☐	☐	☐
18h1	CI investigate: Death	☐	☐	☐	☐	21d	Clearances Kept	☐	☐	☐	☐
18h2	Inpatient	☐	☐	☐	☐	21e	Child Abuse Clearance	☐	☐	☐	☐
18h3	Abuse	☐	☐	☐	☐	22a	Funds/Property Policy	☐	☐	☐	☐

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18h4	Neglect	☐	☐	☐	☐	22b	Ind. Right to manage finance.	☐	☐	☐	☐
18h5	Exploitation	☐	☐	☐	☐	22c	Ind. Funds – Ind. Benefits	☐	☐	☐	☐
18h6	Injury: Treatment beyond first aid	☐	☐	☐	☐	22d1	Financial/Prop. Record	☐	☐	☐	☐
18h7	Theft/Misuse of Funds	☐	☐	☐	☐	22d2	Record - Disbursement	☐	☐	☐	☐
18h8	Rights Violation	☐	☐	☐	☐	22e1	Rec. Dep./Withdrawals	☐	☐	☐	☐
18i	Final Report – 30 days	☐	☐	☐	☐	22e2	Record Funds to Ind.	☐	☐	☐	☐
18j1	Content of Report – Additional Info	☐	☐	☐	☐	22e3	Receipt over $15	☐	☐	☐	☐
18j2	Results of Investigation	☐	☐	☐	☐	22f	Comingling of Funds	☐	☐	☐	☐
18j3	Action Taken	☐	☐	☐	☐	22g	Borrowing of Funds	☐	☐	☐	☐
18j4	Corrective Action	☐	☐	☐	☐	210b	Payment for Damages	☐	☐	☐	☐
18j5	Responsible Person	☐	☐	☐	☐	23	Grievance Procedures	☐	☐	☐	☐
18j6	Date of Implementation	☐	☐	☐	☐	24	Other Statutes	☐	☐	☐	☐
19a1	Potential Risks	☐	☐	☐	☐	25a	Child/Parent/Guardian	☐	☐	☐	☐
19a2	Health Care Info.	☐	☐	☐	☐	25b	Generally Accepted Practices	☐	☐	☐	☐
19a3	Med History/Current Meds	☐	☐	☐	☐	25c	Permanent Caregiving	☐	☐	☐	☐
19a4	Behavioral Health History	☐	☐	☐	☐	25d	Shared Bedroom-Unrelated Child/Adult	☐	☐	☐	☐
19a5	Incident History	☐	☐	☐	☐						

Reg.	Comments

Individual Rights

		C	V	NA	NM			C	V	NA	NM
31a	Deprived of Rights	☐	☐	☐	☐	32o	Manage Finances	☐	☐	☐	☐
31b	Accommodations	☐	☐	☐	☐	32p	Choice of Roommate	☐	☐	☐	☐
31c	Exercise Rights - Punishment	☐	☐	☐	☐	32q	Furnish/Decorate Bedroom, Common Areas	☐	☐	☐	☐

31e	Legal Guardian – Rights/Decisions	☐	☐	☐	☐	32r	Lock Bedroom Door	☐	☐	☐	☐
31f	Individual Involved with Decision making	☐	☐	☐	☐	32r1	Locking Mechanism	☐	☐	☐	☐
31g	Designated Person	☐	☐	☐	☐	32r2	Access to Bedroom	☐	☐	☐	☐
32a	Discrimination	☐	☐	☐	☐	32r3	Assistive Technology	☐	☐	☐	☐
32b	Civil/Legal Rights	☐	☐	☐	☐	32r4	Immediate Access	☐	☐	☐	☐
32c	Abuse, Neglect, Mistreatment	☐	☐	☐	☐	32r5	Staff Key	☐	☐	☐	☐
32d	Dignity/Respect	☐	☐	☐	☐	32s	Entry Mechanism – Front Door	☐	☐	☐	☐
32e	Make Choices/Accept Risks	☐	☐	☐	☐	32s1	Assistive Technology	☐	☐	☐	☐
32f	Refusal of Activities	☐	☐	☐	☐	32s2	Immediate Access	☐	☐	☐	☐
32g	Control Schedule	☐	☐	☐	☐	32s3	Staff Key	☐	☐	☐	☐
32h	Privacy	☐	☐	☐	☐	32t	Access to Food	☐	☐	☐	☐
32i	Access/Security of Possessions	☐	☐	☐	☐	32u	Health Care Decisions	☐	☐	☐	☐
32j	Voice Concerns	☐	☐	☐	☐	32v	Rights Modified	☐	☐	☐	☐
32k	Participate in Plan Development	☐	☐	☐	☐	33a	Violation of Others' Rights	☐	☐	☐	☐
32l	Visitors/Communication	☐	☐	☐	☐	33b	Resolve Differences	☐	☐	☐	☐
32m	Mail	☐	☐	☐	☐	34a	Individual Informed	☐	☐	☐	☐
32n	Telecommunications	☐	☐	☐	☐	34b	Signed Statement	☐	☐	☐	☐

Reg.	Comments

Staffing

		C	V	NA	NM			C	V	NA	NM
42	18 yrs.	☐	☐	☐	☐	50b	Record Per Person	☐	☐	☐	☐
43a	CEO	☐	☐	☐	☐	51a1	Orientation: Management/Admin/ Program/Fiscal	☐	☐	☐	☐
43b 1	CEO - Policies	☐	☐	☐	☐	51a2	Diet/Housekeep/ Maintenance	☐	☐	☐	☐
43b 2	CEO - Admin./Discharge	☐	☐	☐	☐	51a3	Full/Part time DSP	☐	☐	☐	☐
43b 3	CEO - Safety/Protection	☐	☐	☐	☐	51a4	Volunteers	☐	☐	☐	☐
43b 4	CEO - Compliance	☐	☐	☐	☐	51a5	Paid/Unpaid Interns	☐	☐	☐	☐
43c1	CEO Qualifications: Masters + 2 years exp	☐	☐	☐	☐	51a6	Consultants	☐	☐	☐	☐

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43c2	Bachelors + 4 years exp	☐	☐	☐	☐	51b1	Orientation includes Person Centered Practices, Community Integration, etc.	☐	☐	☐	☐
44a	P. S. 30 Ind.	☐	☐	☐	☐	51b2	Prevention, Detection, Reporting of Abuse	☐	☐	☐	☐
44b 1	P.S. Coordinate/Complete Assessments	☐	☐	☐	☐	51b3	Individual Rights	☐	☐	☐	☐
44b 2	P.S. Participate in Plan Process	☐	☐	☐	☐	51b4	Recognize/Report Incidents	☐	☐	☐	☐
44b 3	P.S. Provide/Supervise Activities	☐	☐	☐	☐	51b5	Job-related skills/knowledge	☐	☐	☐	☐
44b 4	P.S. Community Integration	☐	☐	☐	☐	52a1	Training - 24 Hours: DSW	☐	☐	☐	☐
44b 5	P.S. Family/Friend Involvement	☐	☐	☐	☐	52a2	Direct Sup(s) of DSW's	☐	☐	☐	☐
44c1	PS Qualifications: Masters + 1-year experience	☐	☐	☐	☐	52a3	Program Specialists-	☐	☐	☐	☐
44c2	P.S. Bachelors + 2-year	☐	☐	☐	☐	52b1	Training -12 Hours: Management/Admin/ Program/Fiscal	☐	☐	☐	☐
44c3	P.S. Associates/60 credits + 4 years	☐	☐	☐	☐	52b2	Diet/Housekeep/ Maintenance	☐	☐	☐	☐
45a	1:8 Ratio Awake	☐	☐	☐	☐	52b3	Consultants	☐	☐	☐	☐
45b	1:16 Ratio Sleeping	☐	☐	☐	☐	52b4	Volunteers	☐	☐	☐	☐
45c	Unsupervised time	☐	☐	☐	☐	52b5	Paid/Unpaid Interns	☐	☐	☐	☐
45d	ISP Ratio Implemented	☐	☐	☐	☐	52c1	Content: Person Centered Practices, Community Integration, etc.	☐	☐	☐	☐
45e	Unsupervised - Staff Convenience	☐	☐	☐	☐	52c2	Prevention, Detection, Reporting of Abuse	☐	☐	☐	☐
46a	Prior to Work: Fire Safety	☐	☐	☐	☐	52c3	Individual Rights	☐	☐	☐	☐
46b	Annually: F.S Expert	☐	☐	☐	☐	52c4	Recognize/Report Incidents	☐	☐	☐	☐
46c	Initial First Aid	☐	☐	☐	☐	52c5	Use of Behavior Supp	☐	☐	☐	☐
46d	F.A/CPR/Heimlich – 6mo	☐	☐	☐	☐	52c6	Plan Implementation	☐	☐	☐	☐
50a	Training Records Kept	☐	☐	☐	☐						

Reg.	**Comments**

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Physical Site

		C	V	NA	NM			C	V	NA	NM
61a	Special Accommodations	☐	☐	☐	☐	77b	First Aid Kit - Content	☐	☐	☐	☐
61b	Adaptive Equipment	☐	☐	☐	☐	77c	First Aid Manual	☐	☐	☐	☐
62a	Poisons Locked	☐	☐	☐	☐	78a	Living/Dining Area	☐	☐	☐	☐
62b	Poisons Unlocked	☐	☐	☐	☐	78b	30 Sq. Ft./90 Sq. Ft.	☐	☐	☐	☐
62c	Original Containers	☐	☐	☐	☐	79	Elevator Approval	☐	☐	☐	☐
62d	Poisons Sep. from Food	☐	☐	☐	☐	80a	Outside Walkways	☐	☐	☐	☐
63a	Heat Sources/Protect	☐	☐	☐	☐	80b	Outside Conditions	☐	☐	☐	☐
63b	Protection not required	☐	☐	☐	☐	81a	Bedroom-Basements	☐	☐	☐	☐
64a	Clean and Sanitary	☐	☐	☐	☐	81b	Apartments- Below Ground Level	☐	☐	☐	☐
64b	Infestation	☐	☐	☐	☐	81c	60 Sq. Ft./80 Sq. Ft	☐	☐	☐	☐
64c	Trash Removal	☐	☐	☐	☐	81d	100 Sq. Ft. - Wheelchair	☐	☐	☐	☐
64d	Cleanable Trash Cans	☐	☐	☐	☐	81e	2 Ind. Per Bedroom	☐	☐	☐	☐
64e	Lids on Trash Cans - 18”	☐	☐	☐	☐	81f	Bedrooms – Access	☐	☐	☐	☐
64f	Closed Outside Trash	☐	☐	☐	☐	81g	Bedrooms - Passageway	☐	☐	☐	☐
65	Ventilation	☐	☐	☐	☐	81h	Window in Bedroom	☐	☐	☐	☐
66	Lighting	☐	☐	☐	☐	81i	Curtains, Shades	☐	☐	☐	☐
67a	Surfaces – Good Repair	☐	☐	☐	☐	81j	Doors for Privacy	☐	☐	☐	☐
67b	Surfaces – Hazard Free	☐	☐	☐	☐	811k1	Bed	☐	☐	☐	☐
67c	Paint Tested	☐	☐	☐	☐	81k2	Mattress/Foundation	☐	☐	☐	☐
68a	Water Under Pressure	☐	☐	☐	☐	81k3	Pillow/Linens	☐	☐	☐	☐
68b	Hot Water - 120°	☐	☐	☐	☐	81k4	Chest of Drawers	☐	☐	☐	☐
68c	Coliform Water Test	☐	☐	☐	☐	81k5	Closet Space	☐	☐	☐	☐
69a	65° non-Sleeping	☐	☐	☐	☐	81k6	Mirror	☐	☐	☐	☐
69b	58° Sleeping	☐	☐	☐	☐	81l	Cribs w/ Domes/12” sides	☐	☐	☐	☐
69c	85° Mechanical Vent	☐	☐	☐	☐	82a	1 Toilet: 4 Individual	☐	☐	☐	☐
70	Telephone	☐	☐	☐	☐	82b	Tubs/Showers	☐	☐	☐	☐
71	Emergency Numbers	☐	☐	☐	☐	82c	Bathrooms – Phys. Disability	☐	☐	☐	☐
72a	Windows/Doors Screened	☐	☐	☐	☐	82d	Privacy in Bathrooms	☐	☐	☐	☐
72b	Screens – Good Repair	☐	☐	☐	☐	82e	Nonslip Surface	☐	☐	☐	☐
72c	Outside Doors - Locks	☐	☐	☐	☐	82f	Bathroom Items	☐	☐	☐	☐
73a	Handrails	☐	☐	☐	☐	82g	Towel, Washcloth, Toothbrush	☐	☐	☐	☐
73b	Porch Railings	☐	☐	☐	☐	83a	Kitchen Area	☐	☐	☐	☐
74	Nonskid Surfaces	☐	☐	☐	☐	83b	Adaptive Eating Equipment	☐	☐	☐	☐

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		C	V	NA	NM			C	V	NA	NM
75a	Landings	☐	☐	☐	☐	83c	Utensils Washed	☐	☐	☐	☐
75b	Landing Width	☐	☐	☐	☐	84a	Laundry - Weekly	☐	☐	☐	☐
76a	Furniture Safe, Clean, Sturdy	☐	☐	☐	☐	84b	Laundry - Storage	☐	☐	☐	☐
76b	Furniture Appropriate	☐	☐	☐	☐	85a	In ground Pool	☐	☐	☐	☐
76c	Furniture Homelike	☐	☐	☐	☐	85b	Above ground Pool	☐	☐	☐	☐
76d	Amount of Furniture	☐	☐	☐	☐	86	Firearms	☐	☐	☐	☐
76e	Dining Tables	☐	☐	☐	☐						
77a	First Aid Kit	☐	☐	☐	☐						

Reg.	Comments

Fire Safety

		C	V	NA	NM			C	V	NA	NM
101	Unobstructed Egress	☐	☐	☐	☐	111b	Fire Ext. – 3000 square feet	☐	☐	☐	☐
102	Two Exits/Fire Escape	☐	☐	☐	☐	111c	Fire Ext. – Kitchen Min. 2A-10BC	☐	☐	☐	☐
103	Evacuation Procedures	☐	☐	☐	☐	111d	UL/FMS Approval	☐	☐	☐	☐
104	Notification	☐	☐	☐	☐	111e	Fire Ext. Accessible	☐	☐	☐	☐
105	Combustible Supplies	☐	☐	☐	☐	111f	Annual Inspection	☐	☐	☐	☐
106	Furnace Inspected	☐	☐	☐	☐	112a	Fire Drills Per Month	☐	☐	☐	☐
107	Portable Space Heaters	☐	☐	☐	☐	112b	Normal Staff Conditions	☐	☐	☐	☐
108a	Wood/Coal Stove Insp.	☐	☐	☐	☐	112c	Fire Drill Records	☐	☐	☐	☐
108b	Wood/Coal Stove Cleaned	☐	☐	☐	☐	112d	Evacuation	☐	☐	☐	☐
109a	Fireplace Guards	☐	☐	☐	☐	112e	Fire Drill Sleeping Hours	☐	☐	☐	☐
109b	Fireplaces Cleaned	☐	☐	☐	☐	112f	Alternate Routes	☐	☐	☐	☐
110a	Smoke Detector per Floor	☐	☐	☐	☐	112g	Fire Drills – Days/Times	☐	☐	☐	☐
110b	Smoke Detector – 15ft	☐	☐	☐	☐	112h	Meeting Place	☐	☐	☐	☐

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110c	Common Areas	☐	☐	☐	☐	112i	Detectors/Alarms Set Off	☐	☐	☐	☐
110d	UL or L&I Approved	☐	☐	☐	☐	113a	Ind. Trained	☐	☐	☐	☐
110e	Interconnected Detectors	☐	☐	☐	☐	113b	Doc. If No Training	☐	☐	☐	☐
110f	Detect. Hearing Impaired	☐	☐	☐	☐	113c	Training Records	☐	☐	☐	☐
110g	Inoperative Alarms	☐	☐	☐	☐	114a	Smoking Safety Procedures	☐	☐	☐	☐
110h	Monitoring Process	☐	☐	☐	☐	114b	Written Procedure Followed	☐	☐	☐	☐
111a	2-A Fire Ext. Per Floor	☐	☐	☐	☐						

Reg.	Comments

Individuals Health

		C	V	NA	NM			C	V	NA	NM
141a	Ind. Physical	☐	☐	☐	☐	141c15	Diet Instructions	☐	☐	☐	☐
141b	Physician Sign/Date	☐	☐	☐	☐	141d	RN/LPN – complete/sign Immunization/TB/Hear/ Vision	☐	☐	☐	☐
141c1	Medical History	☐	☐	☐	☐	142a	Dental Exam	☐	☐	☐	☐
141c2	General Physical	☐	☐	☐	☐	142b	Meds - Dental Probs	☐	☐	☐	☐
141c3	Immunizations Adults	☐	☐	☐	☐	142c	Exam Record Content	☐	☐	☐	☐
141c4	Visual/Hearing Screen Adults	☐	☐	☐	☐	142d	Cleaning/Gums/ Dentures	☐	☐	☐	☐
141c5	Immun. Screening Children	☐	☐	☐	☐	142e	Follow Up Completed	☐	☐	☐	☐
141c6	TB Testing	☐	☐	☐	☐	142f	Dental Hygiene Plan	☐	☐	☐	☐
141c7	Gyn. Exam	☐	☐	☐	☐	142g	Rewritten Annually	☐	☐	☐	☐
141c8	Mammogram	☐	☐	☐	☐	142h	Plan in Record	☐	☐	☐	☐
141c9	Prostate Exam	☐	☐	☐	☐	143a	Refusal of Treatment	☐	☐	☐	☐
141c10	Communicable Disease	☐	☐	☐	☐	143b	Consent: Serious Condit	☐	☐	☐	☐

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141c11	Health Maintenance	☐	☐	☐	☐	144	Health Services	☐	☐	☐	☐
141c12	Physical Limits	☐	☐	☐	☐	145(1)	Med Plan: Hospital	☐	☐	☐	☐
141c13	Allergies/Cont. Meds	☐	☐	☐	☐	145(2)	Med Plan: Transport	☐	☐	☐	☐
141c14	Emergency Info.	☐	☐	☐	☐	145(3)	Med Plan: Emergency Staffing	☐	☐	☐	☐

Reg.	Comments

Staff Health

		C	V	NA	NM			C	V	NA	NM
151a	Staff Physicals	☐	☐	☐	☐	151c4	Medical Problems	☐	☐	☐	☐
151b	Physician Sign/Date	☐	☐	☐	☐	152 a	Communicable Disease Auth.	☐	☐	☐	☐
151c1	General Physical	☐	☐	☐	☐	152 b	Specific Precautions	☐	☐	☐	☐
151c2	TB Testing	☐	☐	☐	☐	152c	Precautions Followed	☐	☐	☐	☐
151c3	Communicable Disease	☐	☐	☐	☐						

Reg.	Comments

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Medications

		C	V	NA	NM			C	V	NA	NM
161a	Self-Admin: Assistance	☐	☐	☐	☐	166a6	Dosage Form	☐	☐	☐	☐
161b	Types of Assistance	☐	☐	☐	☐	166a7	Dose of Med	☐	☐	☐	☐
161c	Assistive Technology	☐	☐	☐	☐	166a8	Route of Administration	☐	☐	☐	☐
161d	Self-Admin Status in Plan	☐	☐	☐	☐	166a9	Frequency of Admin	☐	☐	☐	☐
161e1	SA: recognize meds	☐	☐	☐	☐	166a10	Administration Times	☐	☐	☐	☐
161e2	SA: How much	☐	☐	☐	☐	166a11	Diagnosis/Purpose	☐	☐	☐	☐
161e3	SA: When to take	☐	☐	☐	☐	166a12	Date/Time of Admin	☐	☐	☐	☐
161e4	SA: Assistive Tech.	☐	☐	☐	☐	166a13	Name/Initials of Person Administering	☐	☐	☐	☐
162a	Admin by Qualified Staff	☐	☐	☐	☐	166a14	Duration of Treatment, If applicable.	☐	☐	☐	☐
162b	Qualified Staff	☐	☐	☐	☐	166a15	Special Precautions, If Applicable.	☐	☐	☐	☐
162c1	Med Admin: Identify Individual	☐	☐	☐	☐	166a16	Side Effects, if Applicable	☐	☐	☐	☐
162c2	Remove from orig. cont.	☐	☐	☐	☐	166b	Logged Immediately	☐	☐	☐	☐
162c3	Prepare Med as Ordered	☐	☐	☐	☐	166c	Refusal Documented on Log	☐	☐	☐	☐
162c4	Med in Med Cup/Cont.	☐	☐	☐	☐	166d	Directions Followed	☐	☐	☐	☐
162c5	Vital Signs, if indicated	☐	☐	☐	☐	167a1	Med Errors: Failure to administer Med	☐	☐	☐	☐
162c6	Injection of insulin/epinephrine	☐	☐	☐	☐	167a2	Wrong Med Admin	☐	☐	☐	☐
163a	Original Labeled Container	☐	☐	☐	☐	167a3	Wrong Dose Admin	☐	☐	☐	☐
163b	Removal from Container	☐	☐	☐	☐	167a4	Failure to Admin at Pres. Time	☐	☐	☐	☐
163c	Insulin/Epinephrine not individual dose container	☐	☐	☐	☐	167a5	Administered -Wrong Person	☐	☐	☐	☐
163d	Meds/Syringes Locked	☐	☐	☐	☐	167a6	Wrong Route	☐	☐	☐	☐
163e	Epinephrine Stored Safe/Accessible	☐	☐	☐	☐	167a7	Wrong Position	☐	☐	☐	☐
163f	Refrigerate Meds – Locked Container	☐	☐	☐	☐	167a8	Improper preparation	☐	☐	☐	☐
163g	Storage of Meds	☐	☐	☐	☐	167b	Doc. of Med Errors	☐	☐	☐	☐
163h	Disposal of Meds	☐	☐	☐	☐	167c	Error Reported as in 18b	☐	☐	☐	☐
165a	Authorized Prescriber	☐	☐	☐	☐	167d1	Reported to prescriber: Not Admin as directed	☐	☐	☐	☐
165b	Current Order	☐	☐	☐	☐	167d2	Admin to Wrong person	☐	☐	☐	☐
165c	Administered as Prescribed	☐	☐	☐	☐	167d3	Harm to Individual	☐	☐	☐	☐
165d	Use of Meds	☐	☐	☐	☐	168a	Adv Reaction- Consult Dr.	☐	☐	☐	☐
165e	Written Changes	☐	☐	☐	☐	168b	Response/Action Documented	☐	☐	☐	☐
165f	SEEN Protocol in Plan	☐	☐	☐	☐	169a	Med Admin Training	☐	☐	☐	☐
165g	3-month psych med review	☐	☐	☐	☐	169b1	Insulin Admin: Med Admin Course	☐	☐	☐	☐

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166a1	Med Log: Individual Name	☐	☐	☐	☐	169b2	Training by Health Care Professional: 24 Months	☐	☐	☐	☐
166a2	Prescriber	☐	☐	☐	☐	169c1	Epinephrine Admin: Med Course	☐	☐	☐	☐
166a3	Drug Allergies	☐	☐	☐	☐	169c2	Training by Health Care Professional- 24 Months	☐	☐	☐	☐
166a4	Medication Name	☐	☐	☐	☐	169d	Training Record Kept	☐	☐	☐	☐
166a5	Strength of Med	☐	☐	☐	☐						

Reg.	Comments

Nutrition

		C	V	NA	NM			C	V	NA	NM
171	Food Protected	☐	☐	☐	☐	174	Food Groups	☐	☐	☐	☐
172	3 Meals Per Day	☐	☐	☐	☐	175	Tables – 12 or Fewer Ind.	☐	☐	☐	☐
173	Quantity of Food	☐	☐	☐	☐	176	Food Returned	☐	☐	☐	☐

Reg.	Comments

Assessments

		C	V	NA	NM			C	V	NA	NM
181a	Initial/Annual Assessment	☐	☐	☐	☐	181e9	Functional/Med. Limits	☐	☐	☐	☐

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181b	Assess/ Service Revised	☐	☐	☐	☐	181e10	Lifetime Med History	☐	☐	☐	☐
181c	Basis of Assessment	☐	☐	☐	☐	181e11	Psychological Evaluation	☐	☐	☐	☐
181d	P.S. Sign Date	☐	☐	☐	☐	181e12	Recommendations	☐	☐	☐	☐
181e1	Strengths/ Needs/Prefer.	☐	☐	☐	☐	181e13i	Progress - Health	☐	☐	☐	☐
181e2	Likes/Dislikes/ Interests	☐	☐	☐	☐	181e13ii	Motor/Communication	☐	☐	☐	☐
181e3i	Functional Skills	☐	☐	☐	☐	181e13iii	Daily Living	☐	☐	☐	☐
181e3ii	Communication	☐	☐	☐	☐	181e13iv	Personal Adjustment	☐	☐	☐	☐
181e3ii	Personal Adjustment	☐	☐	☐	☐	181e13v	Socialization	☐	☐	☐	☐
181e3iv	Pers. Needs w/wo Assist.	☐	☐	☐	☐	181e13vi	Recreation	☐	☐	☐	☐
181e4	Supervision Needs	☐	☐	☐	☐	181e13vii	Financial Independence	☐	☐	☐	☐
181e5	Ability to Self-Admin	☐	☐	☐	☐	181e13viii	Manage Personal Property	☐	☐	☐	☐
181e6	Poisons	☐	☐	☐	☐	181e13ix	Community Integration	☐	☐	☐	☐
181e7	Heat Sources	☐	☐	☐	☐	181e14	Water/Swim Safety	☐	☐	☐	☐
181e8	Evacuation	☐	☐	☐	☐	181f	Copy to SC/Plan Team	☐	☐	☐	☐

Reg.	Comments

Plan Development/Process/Content

		C	V	NA	NM			C	V	NA	NM
182a	PS Coordinate Plan	☐	☐	☐	☐	184(8)	Method to request updates	☐	☐	☐	☐
182b	Developed w/in 90 days	☐	☐	☐	☐	185(1)	Plan: strengths/abilities/needs	☐	☐	☐	☐
182c	Initial Develop, Revised Annually/Needs Change	☐	☐	☐	☐	185(2)	Individual Preferences	☐	☐	☐	☐
182d	Individual/Designees Involved	☐	☐	☐	☐	185(3)	Desired Outcomes	☐	☐	☐	☐
183a1	Plan Team Includes: Individual	☐	☐	☐	☐	185(4)	Services to Assist Achievement of Outcomes	☐	☐	☐	☐
183a2	Designated Persons	☐	☐	☐	☐	185(5)	Risks to health/ Safety/Risk Mitigation Strategies	☐	☐	☐	☐
183a3	Direct Care Staff	☐	☐	☐	☐	185(6)	Modification of rights	☐	☐	☐	☐
183a4	Program Specialist	☐	☐	☐	☐	186	Plan Implemented	☐	☐	☐	☐
183a5	SC/TSM/Funding Source	☐	☐	☐	☐	195a	Restrictive Plan Prior to Use	☐	☐	☐	☐

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183a6	Day Program PS, If applicable	☐	☐	☐	☐	195b	Human rights Team Review – 6 months	☐	☐	☐	☐
183a7	Other Specialists as appropriate	☐	☐	☐	☐	195c1	Specific Behaviors	☐	☐	☐	☐
183b	3 Members + individual Present	☐	☐	☐	☐	195c2	Assessment of Behavior	☐	☐	☐	☐
183c	Participant List Kept	☐	☐	☐	☐	195c3	Desired Outcome	☐	☐	☐	☐
184(1)	Plan Process: Individual Directs Plan Process	☐	☐	☐	☐	195c4	Methods for Facilitating Positive Behaviors	☐	☐	☐	☐
184(2)	Make Choices/Decisions	☐	☐	☐	☐	195c5	Restrictions and Circumstance for use	☐	☐	☐	☐
184(3)	Important to Individual	☐	☐	☐	☐	195c6	Outcome Target Date	☐	☐	☐	☐
184(4)	Occur Timely	☐	☐	☐	☐	195c7	Amount of Time	☐	☐	☐	☐
184(5)	Understandable Language	☐	☐	☐	☐	195c8	Staff Person Responsible	☐	☐	☐	☐
184(6)	Cultural Considerations	☐	☐	☐	☐	195d	BSP Developed by Certified BS if modifying rights	☐	☐	☐	☐
184(7)	Guideline: Solving Disagreements	☐	☐	☐	☐	209	Emergency Basis	☐	☐	☐	☐

Reg.	Comments

Home Services

		C	V	NA	NM			C	V	NA	NM
188a	Residential Home Assist.	☐	☐	☐	☐	188c	Serv. Specified in ISP	☐	☐	☐	☐
188b	Community Life	☐	☐	☐	☐	188d	Age/Functionally Appropriate	☐	☐	☐	☐

Reg.	Comments

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Day Services/Recreational and Social Activities

		C	V	NA	NM			C	V	NA	NM
189a	Day Services Provided	☐	☐	☐	☐	190a2	Rec/Soc Activity - Away	☐	☐	☐	☐
189b1	Day Services at home: Phys. Approved Annually	☐	☐	☐	☐	190b	Time Away from Home	☐	☐	☐	☐
189b2	Team Approved Annually	☐	☐	☐	☐	190c	Doc of rec/soc activities	☐	☐	☐	☐
190a1	Rec/Soc Activity - Home	☐	☐	☐	☐						

Reg.	Comments

Restrictive Procedures

		C	V	NA	NM			C	V	NA	NM
191	Definition	☐	☐	☐	☐	207(3)	Pressure Point Tech.	☐	☐	☐	☐
192	Written Policy	☐	☐	☐	☐	207(4)	Chemical Restraint	☐	☐	☐	☐
193a	Retribution/ Convenience	☐	☐	☐	☐	207(5)	Mechanical Restraint	☐	☐	☐	☐
193b1	Anticipate/Least Restrict	☐	☐	☐	☐	208c	Phys. Restraint - Prone Position	☐	☐	☐	☐
193b2	Less Restrict. Techs. Fail	☐	☐	☐	☐	208d	Phys Rest – Pain, Hyperextension, Humiliation	☐	☐	☐	☐
194a	Review Committee	☐	☐	☐	☐	210a	Funds/Property as Reward/Punishment	☐	☐	☐	☐
194b	Committee Composition	☐	☐	☐	☐	**Permitted Procedures**					
194c	Majority Not Providing Services	☐	☐	☐	☐	207(3)	Clinically Accepted Bite Release	☐	☐	☐	☐
194d	Record of Meetings	☐	☐	☐	☐	207(4)	Prescribed Drug	☐	☐	☐	☐
196a	Specific RP Training	☐	☐	☐	☐	207(5)	Prescribed Device	☐	☐	☐	☐
196b	Experienced Use of RP	☐	☐	☐	☐	208a	Phys. Rest Emergency	☐	☐	☐	☐
196c	Doc. Of Training	☐	☐	☐	☐	208b	Escort/Guide/Redirect/ Physical Prompts	☐	☐	☐	☐

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Prohibited Procedures						208e	Phys Rest: 30min/2Hrs	☐	☐	☐	☐
207(1)	Seclusion	☐	☐	☐	☐						
207(2)	Aversive Conditioning	☐	☐	☐	☐						

Reg.	Comments

Individuals Records

		C	V	NA	NM			C	V	NA	NM
211a	Ind. Emergency Info	☐	☐	☐	☐	213(3)	Physical Exams	☐	☐	☐	☐
211b1	Contact Info – Designated Person	☐	☐	☐	☐	213(4)	Dental Exams	☐	☐	☐	☐
211b2	Contact Info – Physician	☐	☐	☐	☐	213(5)	Dental Hygiene Plans	☐	☐	☐	☐
211b3	Contact Info – Consent to Treatment	☐	☐	☐	☐	213(6)	Assessments	☐	☐	☐	☐
211b4	Copy- Most Recent Phys. Exam	☐	☐	☐	☐	213(7)	Individual Plan Docs	☐	☐	☐	☐
212	Separate Record	☐	☐	☐	☐	213(8)	Psych Eval.	☐	☐	☐	☐
212b	Entries legible/ dated/signed	☐	☐	☐	☐	214a	Record info kept at home	☐	☐	☐	☐
213(1)i	Name, sex, DOA, DOB, SSN	☐	☐	☐	☐	214b	Current copies at home	☐	☐	☐	☐
213(1)ii	Race/height/ weight/hair/ eye/mark	☐	☐	☐	☐	214c	Not Current Kept in home/admin office	☐	☐	☐	☐
213(1)iii	Means of Communication	☐	☐	☐	☐	215a	Information kept 4yrs.	☐	☐	☐	☐
213(1)iv	Religion	☐	☐	☐	☐	216a	Records Locked	☐	☐	☐	☐
213(1)v	Next of Kin	☐	☐	☐	☐	216b	Access to Records	☐	☐	☐	☐

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213(1)vi	Current, Dated Photo.	☐	☐	☐	☐	217	Release of Info	☐	☐	☐	☐
213(2)	Incident Reports	☐	☐	☐	☐						

Reg.	Comments

Nine or More Individuals

		C	V	NA	NM			C	V	NA	NM
231	Other regs apply	☐	☐	☐	☐	240c	Manufacturer's Instruct	☐	☐	☐	☐
232	Awake Staff	☐	☐	☐	☐	241a	Food-Covered Containers	☐	☐	☐	☐
233	Sewage System	☐	☐	☐	☐	241b	Food-Proper Temp.	☐	☐	☐	☐
234	Indoor Living Furniture	☐	☐	☐	☐	242	Returned Food	☐	☐	☐	☐
235	Elevators, Ramps	☐	☐	☐	☐	243a	Menus Prepared	☐	☐	☐	☐
236	Evacuation Procedures	☐	☐	☐	☐	243b	Menus- Accessible 1 day Prior	☐	☐	☐	☐
237a	Exit Signs	☐	☐	☐	☐	243c	Menu Changes	☐	☐	☐	☐
237b	Direction of Travel	☐	☐	☐	☐	243d	Menus Followed	☐	☐	☐	☐
237c	Exit Sign Letters	☐	☐	☐	☐	243e	Written Menus Retained	☐	☐	☐	☐
238a	Separate Laundry	☐	☐	☐	☐	244	Bedrooms-200ft from bath	☐	☐	☐	☐
238b	Laundry Entrance	☐	☐	☐	☐	245a	(b)-(d) Supersede 82(a-c)	☐	☐	☐	☐
239a	Dining Area	☐	☐	☐	☐	245b	9-14 - 2 Tub/Shower/toilets	☐	☐	☐	☐
239b	Dining Tables – 12 Ind.	☐	☐	☐	☐	245c	15+ 1 toilet/10 individuals 1 shower/20 individuals	☐	☐	☐	☐
240a	Dishwater	☐	☐	☐	☐	245d	Bathrooms- Physical disabilities.	☐	☐	☐	☐
240b	Hot Water Temp.	☐	☐	☐	☐						

Reg.	Comments

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Emergency Placement

		C	V	NA	NM			C	V	NA	NM
251a	Notice: 2 weeks or less	☐	☐	☐	☐	251b	Physical Exam w/in 31 days	☐	☐	☐	☐

Reg.	Comments

Respite Care

		C	V	NA	NM			C	V	NA	NM
261a	Not to Exceed 31 Days	☐	☐	☐	☐	262b1	Not Applicable: 6400.78	☐	☐	☐	☐
261b1	Not Applicable: 6400.78	☐	☐	☐	☐	262b2	N/A: 6400.87(g)(h)	☐	☐	☐	☐
261b2	N/A: 6400.81(g)(h)	☐	☐	☐	☐	262b3	N/A: 6400.121-127	☐	☐	☐	☐
261b3	N/A: 6400.121-127	☐	☐	☐	☐	262b4	N/A: 6400.141 6400.142	☐	☐	☐	☐
261b4	N/A: 6400.142	☐	☐	☐	☐	262b5	N/A: 6400.213(3-8)	☐	☐	☐	☐
261b5	N/A: 6400.213 (4)(5)(7)(8)	☐	☐	☐	☐	263	Other Requirements Apply	☐	☐	☐	☐
262a	Emergency Respite: 2 weeks or less notice	☐	☐	☐	☐						

Reg.	Comments

Semi-Independent Living

		C	V	NA	NM			C	V	NA	NM
271(1)	Evacuation	☐	☐	☐	☐	273(2)	N/A: 6400.62(a)(b), 6400.63, 6400.68(b)	☐	☐	☐	☐
271(2)	Intermittent Training	☐	☐	☐	☐	273(3)	N/A: 6400.161(b)(c)	☐	☐	☐	☐
271(3)	18 yrs. Or Older	☐	☐	☐	☐	273(4)	N/A: 6400.18(b) 6400.192	☐	☐	☐	☐
272	Annual Doc. Of Abilities	☐	☐	☐	☐	274(1)	1 staff member available	☐	☐	☐	☐
273(1)	Not Applicable: 6400.45	☐	☐	☐	☐	274(2)	Initial/Annual Fire Safety	☐	☐	☐	☐

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275	Other requirements apply	☐	☐	☐	☐

Reg.	Comments

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Appendix B: Prohibitive Offenses in OAPSA

Crime Code	Description of Prohibitive Offence	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 = **PROBIHITED 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	
Crime Code	**Description of Prohibitive Offence**	**Type/Grade**
CC5902B	Promoting Prostitution	Felony

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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

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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 § 6400.

(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 2075 (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 2073 (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 individuals, 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.

(16) Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C. §§ 15041-15045

(17) Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. § 300gg and 29 U.S.C § 1181 et seq. and 42 USC 1320d et seq.

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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.
- Anthrax.
- Arboviruses.
- Botulism.
- Cholera.
- Diphtheria.
- Enterohemorrhagic E. coli.
- Food poisoning outbreak.
- Haemophilus influenzae invasive disease
- Hantavirus pulmonary syndrome.
- Hemorrhagic fever.
- Lead poisoning.
- Legionellosis.
- Measles (rubella).
- Meningococcal invasive disease.
- Plague.
- Poliomyelitis.
- Rabies.
- Smallpox.
- 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/μL 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 influenza or Neisseria meningitis).
- Mumps.
- Pertussis (whooping cough).
- Psittacosis (ornithosis).
- Rickettsial diseases.
- Rubella (German measles) and congenital rubella syndrome.
- Salmonellosis.

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- 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 individual moved into the home.

Reporting of cancer is required only if the cancer was diagnosed by a physician after the individual 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.

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 individuals due to an outbreak of a reportable disease, licensing staff should consult with their supervisor. The supervisor should immediately contact the local health department and report the incident. The licensing staff 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, including a death certificate, to the Department. As a state licensing (oversight) agency, the Department is permitted free and full access to individual information.

Appendix E: Best Practices in Documenting Regulatory Violations

Introduction

The Licensing Inspection Summary (LIS) is the most important document produced as a result of an inspection. It serves as formal notice to the provider of ODP's findings during an inspection, prompts the requirement for providers to develop an acceptable Plan of Correction, serves as a summary of findings for Department of Human Services Executive Staff, and demonstrates providers' level of compliance to external stakeholders and the general public.

This document provides tips on how to document regulatory violations in accordance with generally accepted best practices in Developing Good Plans of Correction.

Goals to Achieve in Describing Violations

When describing regulatory violations, we seek to ensure that the description…

- **Clearly articulates why the finding is a violation**. The reader should be able to read the regulation, read the description of the violation, and immediately understand why the regulation was violated. When describing a violation, ask yourself: "Would a person with NO experience in licensing and regulatory administration read this and understand why the provider wasn't compliant?"

- **Is accessible and understandable to laypersons**. Terms that regulators use may be confusing to others, so it's important to avoid jargon and acronyms whenever possible. When jargon and acronyms must be used, a concise definition of the term or acronym should be included.

- **Is easy to follow**. Violation descriptions should be in narrative formats. They should tell a story. Descriptions should be in complete sentences and not in an outline format or bulleted list. Some violations, such as abuse, neglect, or failure to provide health services require more details when describing what happened. Violation descriptions for these types of violations should include:
    - The times and places the event occurred,
    - The people involved in the event,
    - The main event (the "climax" of the story); and
    - What happened after the main event (the conclusion).

- **Supports the creation of a good plan of correction**. When a violation description is clear and easy to read, it supports the provider in producing an effective Plan of Correction. Violation descriptions that support effective Plans of Correction address *specificity*, *severity*, and *scope*.
    - *Specificity* means precision in identifying what happened and where it happened. Knowing this information helps providers tailor their plans to ensure short- and long-term compliance.
    - *Severity* means the potential for actual harm created by the violation. The greater the severity of the violation, the more steps the provider must take to demonstrate

full compliance. The severity of a violation is best expressed by being very vivid in your description of the events while still ensuring that your description is factually accurate. For example, writing "The toilet in the shared bathroom was caked in thick, brown, dried urine" is a better description than "urine was present on the toilet."

- *Scope* means the number of actual events that led to the issuance of a violation. More events are typically indicative of the need for a detailed, targeted Plan of Correction and a period of time to pass with no additional events of violation to ensure that the planned correction was successful.

General Do's and Don'ts when Writing Violation Descriptions

DO's:

- Use proper punctuation.
- Include information about how you identified an individual's specific need, e.g., "Individual #1's 8/1/18 Assessment reads that he is not safe around bodies of water…"
- Include the date the violation was observed if the inspection lasted more than one day.
- Write complete and concise sentences.
- Be specific in your description of what you observed and where it was observed.
- Use descriptive language. Descriptive language can inform and educate readers and creates an impression in readers' minds of an event, a place, a person, or thing.

DON'T's:

- Use gender-specific pronouns, "he/she," or "him/her" when referring to an individual or staff person. Using "he/she" or "him/her" can make the description difficult to read. The word "they" may be used to refer to one person or a group of people depending on the context. In most cases, this can be avoided altogether by using "the individual" in lieu of a pronoun.
- Use the regulation as the description of the violation, e.g., "landings were not provided beyond each interior and exterior door that opens directly into a stairway."
- Make assertions or conclusions beyond what can be demonstrated by regulation, e.g., "Staff Person #1 fed Individual #1 French fries, which resulted in her death."

Writing Descriptions to Achieve the Goals

Now let's examine how to write violation descriptions to achieve the above goals while following the "Do's and Don'ts."

Clear Articulation

Most regulations clearly establish what providers must do and cannot do. Violation descriptions should be equally clear in demonstrating why the provider failed to do something or did something that is prohibited.

Regulation	Clear Description	Unclear Description
§ 6400.31(a) Each individual, or the individual's parent, guardian, or advocate, if appropriate, shall be informed of the individual's rights upon admission and annually thereafter.	Individual #1 was admitted to the home on 6/1/16. Individual #1 has a legal guardian. Neither Individual #1 nor Individual #1's guardian was informed of the individual's rights at any time.	Individual #1 not notified of rights.
§ 6400.161(d) Prescription and nonprescription medications shall be stored under proper conditions of sanitation, temperature, moisture, and light.	The label on Individual #1's Cipro reads "this medication must be refrigerated when not in use." Individual #1's Cipro was stored in the medication cart with other medications that do not need to be refrigerated.	Individual #1's medication was not in the refrigerator.
§ 6400.174 At least one meal each day shall contain at least one item from the dairy, protein, fruits and vegetables and grain food groups, unless otherwise recommended in writing by a licensed physician for individuals.	Individuals eat their morning and evening meals at the home. Between 5/7/18 and 5/11/18, every morning meal was toast and orange juice, and every evening meal was hot dogs and French fries.	Meals served do not meet food group requirements.

Accessibility

Using terms and acronyms that are specific to services or regulatory administration make it difficult to understand a violation. General terms and explanations should be included in descriptions even if jargon/acronyms are used in the regulation itself.

Regulation	Clear Description	Unclear Description
§ 6400.21(a) An application for a Pennsylvania criminal history record check shall be submitted to the State Police for prospective employees of the home who will have direct contact with individuals, including part-time and temporary staff persons who will have direct contact with individuals, within 5 working days after the person's date of hire.	Staff Person #1 was hired on 1/11/16. Staff Person #1's Pennsylvania State Police criminal history record check was not requested until 2/17/16, 37 days after Staff Person #1's date of hire.	Staff Person #1, DOH 1/11/18, PSP check was dated 2/17/18.
§ 6400.45(d) The staff qualifications and staff ratio as specified in the ISP shall be implemented as written, including when the staff ratio is greater than required under subsections (a), (b) and (c).	Individual #1's 3/18/18 Individual Support Plan (ISP) reads that he requires one-to-one, arm's length supervision at all times, which means that at least one staff person must be next to the individual at all times. Three individuals were present in the home from 5:00 PM on 4/5/18 to 7:00 AM on 4/6/18. Staff Person #1 was the only person present in the home during that period. Staff Person #1's duties included preparing the evening meal in the kitchen area and assisting another individual with personal care needs in the individual's bedroom with the door closed. The staff ratio was inadequate to meet Individual #1's needs as specified in his ISP.	Individual #1 3/18/18 ISP – "1:1 arm's length." There was only one DSP in the home on 4/5/6 and 4/6/18.
§ 6400.186(d) The program specialist shall provide the ISP review documentation, including recommendations, if applicable, to the SC, as applicable, and plan team members within 30 calendar days after the ISP review meeting.	Individual #1's Individual Support Plan (ISP) review meeting was held on 5/1/17. During the meeting it was determined that Individual #1 would benefit from the Community Participation Support Service to help meet Individual #1's goal of developing employment skills. This recommendation was not provided to the Supports Coordinator or other plan team members at any time.	The SC was not notified of recommendation for CPS added to ISP within 30 calendar days after the ISP review meeting.

Easy to Follow

Effective documentation of regulatory violations means telling the story of what happened, especially when the regulation being cited requires an explanation to support your conclusion that a violation occurred.

Regulation	Clear Description	Unclear Description
§ 6400.16 Abuse of an individual is prohibited. Abuse is an act or omission of an act that willfully deprives an individual of rights or human dignity or which may cause or causes actual physical injury or emotional harm to an individual, such as striking or kicking an individual; neglect; rape; sexual molestation, sexual exploitation or sexual harassment of an individual; sexual contact between a staff person and an individual; restraining an individual without following the requirements in this chapter; financial exploitation of an individual; humiliating an individual; or withholding regularly scheduled meals.	The "Water Safety" section of Individual #1's 4/30/18 Individual Support Plan reads that the individual "is unable to recognize when water is too hot and requires supervision at all times when bathing." The "Adaptive/Self Help" section of the Individual Support Plan reads that "Individual #1 requires total assistance to get into and out of the bathtub." At 8:30 AM on 5/17/18, Staff Person #1 assisted Individual #1 into the bathtub and turned on the water. While the tub was filling, Staff Person #1 left the bathroom and went to the kitchen area to prepare breakfast for Individual #2. At approximately 8:40 AM, Individual #2 went into the kitchen and told Staff Person #1 that Individual #1 was "yelling and screaming." Staff Person #1 went to the bathroom to check on Individual #1. A written statement provided by Staff Person #1 to the Department read that Individual #1's "skin was bubbly and sliding off of [their] body" and that they were not responsive. Staff Person #1 turned off and drained the water but was unable to remove Individual #1 from the bathtub because Individual #1's "skin kept peeling off." Staff Person #1 contacted 911; emergency medical personnel arrived at approximately 9:00 AM and transported Individual #1 to Mercy Memorial Hospital, where the individual was diagnosed with "Third-degree burns involving 70-79% of body surface." Individual #1 was pronounced dead at 9:45 AM; the cause of death was reported as "Hypovolemia resulting from third-degree burn."	On 5/17/18 Staff 1 put Individual 1 in the bathtub and turned on the water. 4/30/18 ISP – requires supervision while bathing and maximum assist into and out of bathtub. While Staff 1 was in kitchen Individual 2 said that he/she heard Individual 1 screaming. Staff 1 indicated that his/her skin was bubbly and sliding off his/her body. 911 called and took Individual #1 to Mercy Memorial Hospital. Hospital records indicate T31.77 Burns involving 70-79% of body surface with 70-79% third degree burns, cause of death Hypovolemia E86.1.

Regulation	Clear Description	Unclear Description
§ 6400.45(e) An individual may not be left unsupervised solely for the convenience of the residential home or the direct service worker.	At 8:30 AM on 5/17/17, Staff Person #1 assisted Individual #1 into the bathtub, turned on the water, and then left the bathroom and went to the kitchen area to prepare breakfast for Individual #2. While unsupervised in the bathtub, Individual #1 suffered 3rd-degree burns over 70% of their body and subsequently died as a result of the injuries.	Staff Person #1 left Individual #1 unsupervised to make breakfast.
§ 6400.68(b) Hot water temperatures in bathtubs and showers may not exceed 120°F.	On 5/18/18, the hot water temperature at the bathtub used by Individual #1 during the scalding event measured 180°F. On 5/18/18, the water temperature at the bathtub used by Individual #2 measured 167°F, creating the risk of scalding to Individual #2.	The hot water temperature in bathroom 1 was 180°F and 167°F in bathroom 2.

Supports Plan of Correction Development

The key elements to violation descriptions that support effective plans of correction are specificity, severity, and scope.

Regulation	Clear Description	Unclear Description
§ 6400.113(a) An individual, including an individual 17 years of age or younger, shall be instructed in the individual's primary language or mode of communication, upon initial admission and reinstructed annually in general fire safety, evacuation procedures, responsibilities during fire drills, the designated meeting place outside the building, or within the fire safe area in the event of an actual fire and smoking safety procedures if individuals smoke at the home.	• Individual #1 was admitted to the home on 10/1/16. The individual did not receive any of the fire-safety training required by this regulation at any time. • Individual #2 was admitted to the home on 11/15/16. The individual received fire-safety training on 11/17/16, but the training did not include evacuation procedures or the location of the designated meeting place outside the building. • Individual #3 was admitted to the home on 2/1/17 and received initial fire safety training on 2/2/17. No additional fire-safety training was provided to Individual #1 after 2/2/17.	• Individual #1, DOA 10/1/16 – no fire-safety training provided. • Individual #2 11/17/16 training did not include all required trainings. • Individual #3 – No annual training provided.

The Basics of Punctuation in Violation Descriptions

Comma (,)

The comma is useful in a sentence when the writer wishes to:

- *pause before proceeding.*
- *add a phrase that does not contain any new subject.*
- *separate items on a list.*
- *use more than one adjective (a describing word, like beautiful).*

For example, in the following sentence the phrase or clause between the commas gives us more information behind the actions of the individual, the subject of the sentence:

The individual, who knew that his mother was about to arrive, ran quickly towards the opening door.

Note that if the phrase or clause were to be removed, the sentence would still make sense although there would be a loss of information.

Alternatively, two sentences could be used:

The individual ran quickly towards the opening door. He knew that his mother was about to arrive.

Commas are also used to separate items in a list:

The cabinet beneath the kitchen sink contained Lysol, bleach, dishwasher tablets, and hand sanitizer.

Commas are used to separate adjectives:

The individual was lethargic, incoherent, and hot to the touch.

Exclamation Mark (!)

Exclamation marks are a poor way of emphasizing what you think are important points in technical writing. An exclamation mark should only be used when taken from a direct quote.

Question Mark (?)

A question mark should only be used when taken from a direct quote.

Apostrophe (’)

The apostrophe has two main uses.

The apostrophe indicates possession or ownership:

- *Individual #1’s smartphone.*
- *The home’s living room.*
- *Staff Person #5’s date of hire.*

Another use of the apostrophe is to indicate where a letter is omitted:

- *We're going to do this inspection.* (We are going to do this inspection).
- *Isn’t this a fine example of punctuation?* (Is not this a fine example of punctuation?)
- *The time is now 7 o’ clock.* (The time is now 7 of the clock).

Note that a common mistake is to confuse ***its*** with ***it’s***:

- ***It's*** indicates to the reader that a letter has been omitted: ***It's*** *a violation* is an abbreviated way of saying ***It is*** *a violation.*
- ***Its*** indicates possession or ownership*: The medication was not stored in* ***its*** *original labeled container.*

Brackets ( )

Brackets are used to make an aside, or a point which is not part of the main flow of the violation.

Individual #1 (who is unable to communicate without an assistive device) expressed a desire to go outdoors.

Staff Person #5 (the program specialist who supports Individual #1) was not aware that the individual was on a pureed diet.

Square Brackets [ ]

Square brackets **[ ]** can be used to replace identifying information with a privacy code when quoting statements or documents:

The "Communication" section of Individual #1's 8/1/18 Assessment reads, "[Individual #1] communicates exclusively through American Sign Language."

A 4/14/17 progress note created by the program specialist reads "[Individual #1] not feeling well today, refused breakfast and lunch."

Ellipses (…)

Ellipses are useful for truncating statements or document excerpts that are not relevant to the violation:

Original:

Amy lives in a Prader-Willi Residence. Amy is diagnosed with Prader-Willi Syndrome, Hypothyroidism, Severe Osteoporosis, Scoliosis, and Eczema which presents with red rashes all over her face and scalp. She was diagnosed at the age of 20 with Chronic Paranoid Schizophrenia. Amy's psychotic episodes include Delusional Thought, Possible Hallucinations, Increased Obsessive Ideation, and Referential Thinking. She engages in skin picking, screaming, yelling, and crying. Amy can get angry especially around the denial of food and has the capability to get aggressive with anyone. Amy needs 24-hour supervision because everything pertaining to food must be locked up. In the past she has figured out how to pick or break the locks off of the cabinet and will gorge herself. Amy has made great progress in working with her Prader Willi Syndrome Protocol, and the team continues to support her regarding health management. Amy also benefits from a set menu that the residence has which she can follow. In the past Amy engaged in eloping, but that has not been an issue of late. Amy's father states that she is Schizo-Affective, which means that she has underlining bipolar disorder. This leads to a Schizophrenic episode because of the anxiety build up due to a change in routine, transition or around food.

Truncated:

[Individual #1] is diagnosed with Prader-Willi Syndrome… [Individual #1] can get angry especially around the denial of food and has the capability to get aggressive with anyone. [Individual #1] needs 24 Hour Supervision because everything pertaining to food must be locked up. In the past, the individual has figured out how to pick or break the locks off of the cabinet and will gorge themselves… [the individual] also benefits from a set menu that the residence has which [the individual] can follow… [the individual] is Schizo-Affective, which…leads to a Schizophrenic episode because of the anxiety build up due to a change in routine, transition, or around food.

Appendix F: Developing Good Plans of Correction

Providers must submit an acceptable plan of correction for violations identified during inspections in order to receive or maintain a license. The plan of correction is one of the most important parts of the licensing process. Good plans of correction are the key to obtain and maintain a regular license. This tip sheet will help you produce effective plans.

The 5-Step Roadmap to a Good Plan of Correction

Step	What You Should Do
Why is the regulation important?	Read the regulation and ask yourself: Why does this regulation exist? How does it protect people? **Example: § 6400.68(b) - Hot water temperatures in bathtubs and showers may not exceed 120°F.** This regulation is important because it protects people from accidental scalding, which could lead to serious injury or death.
What happened?	Review the specific violation on the Licensing Inspection Summary (LIS) to determine exactly what happened. **Example A:** The shower's water temperature in Individual #1's bathroom was 135°F. **Example B:** The water temperature in all bathrooms used by individuals was 135°F.
Why did it happen?	Conduct a root cause analysis to find out why the violation occurred. **Example A:** The anti-scald protective device on the shower was malfunctioning. **Example B:** A new hot water heater was installed the week before the inspection. The hot water heater was set to 135°F.
What do we do right now?	Take necessary steps to correct the specific problem identified on the LIS. **Example A:** The anti-scald protective device on the shower was repaired immediately. The water temperature was tested three times and did not exceed 120°F.

Step	What You Should Do
	Example B: The water main to the home was turned off and all faucets were drained. The hot water heater was reset to 120°F. Water was restored to the home and temperature was tested at all faucets. Water did not exceed 120°F at any faucet.
How do we prevent this from happening again?	Make a plan to prevent the conditions that led to the violation from happening again. **Example A:** All anti-scald protective devices will be checked for functionality upon installation and monthly thereafter. **Example B:** The hot water heater has been equipped with a device that will not allow water temperature to be set above 120°F. Access to the device is limited to the agency's physical plant operations staff.

Plan of Correction Do's and Don't's	
DOs	**DON'Ts**
Use the privacy coding number to identify individuals or staff persons. **Example:** The anti-scald protective device on the Individual #1's shower was repaired immediately.	**Identify individuals or staff persons by name.** **Example:** The anti-scald protective device on Jamie's shower was repaired immediately.
Be specific in your description of what was/will be done immediately. **Example:** The anti-scald protective device on Individual #1's shower was repaired immediately. The water temperature was tested three times and did not exceed 120°F.	**Be vague in your description of what was/will be done immediately.** **Example:** Water temperature was lowered.
Include actions to identify identical violations elsewhere. **Example:** All other anti-scald devices used in other homes were checked for functionality and were in good repair.	**Ignore the possibility of identical violations elsewhere.** **Example:** Water temperature was lowered.
Be specific in your description of the actions that will be taken to prevent recurrence. **Example:** All anti-scald protective devices will be checked for functionality upon installation and monthly thereafter.	**Be vague in your description of the actions that will be taken to prevent recurrence.** **Example:** Water temperature will be monitored.
Designate a person who is responsible for enacting the plan.	**Write a general statement that doesn't clearly establish who is responsible.**

Plan of Correction Do's and Don't's	
DOs	**DON'Ts**
Example: Anti-scald devices will be checked by the Agency Maintenance Supervisor.	**Example**: Water temperature will be lowered and monitored.
Include specific dates or time periods by which corrections were/will be accomplished. **Example: July 20, 2018 -** The anti-scald protective device on the shower was repaired immediately. The water temperature was tested three times and did not exceed 120°F. All other anti-scald devices used in other homes were checked for functionality and were in good repair. **When new anti-scald protective devices are installed -** Devices will be checked for functionality before any individual uses the sink. **On the First Day of Every Month -** All anti-scald protective devices will be checked for functionality monthly.	**Omit dates or timeframes for when corrections were/will be accomplished.** **Example**: Water temperature will be monitored.

Below is an example of what a plan of correction looks like when all of the tips are applied:

Regulation: § 6400.68(b) Hot water temperatures in bathtubs and showers may not exceed 120°F.	
Violation: The shower's water temperature in Individual #1's bathroom was 135°F.	
Acceptable Plan of Correction (DO)	**Unacceptable Plan of Correction (DON'T)**
July 20, 2018 - The anti-scald protective device on the shower was repaired immediately. The water temperature was tested three times and did not exceed 120°F. All other anti-scald devices used in other homes were checked for functionality and were in good repair. **When new anti-scald protective devices are installed -** Devices will be checked for functionality before any individual uses the shower. **On the First Day of Every Month -** All anti-scald protective devices will be checked for functionality monthly. Anti-scald devices will be monitored by the Agency Maintenance Supervisor.	Temperature was lowered and will be monitored going forward.

Appendix G: Supporting Individuals with Significant Medical Needs

Individuals served in Community Homes occasionally have or develop significant medical needs that must be met by the provider. Such needs include are not limited to:

- *Nutritional intake assistance (e.g., dietary needs, feeding tube, central intravenous line, choking precautions)*.
- *Skin care (e.g., wound care, positioning)*.
- *Respiratory assistance (e.g., tracheostomy, ventilator, oxygen, continuous positive airway pressure (CPAP) equipment or bilevel positive airway pressure (BPAP) equipment).*
- *Infection control (e.g., protective practices, protective supplies).*
- *Elimination assistance (e.g., urinary catheter, colostomy).*
- *Developmental support (e.g., age-appropriate developmental milestones).*

Providers must be vigilant when supporting an individual with significant medical needs: physicians' orders and evaluations must be carefully reviewed and implemented. Orders must correspond *exactly* with the individual 's assessment and Individual Support Plan. Documentation demonstrating that appropriate implementation has been completed should be present.

Providers must ensure that staff providing care are qualified and able to provide such care in keeping with requirements regarding skilled and non-skilled activities. Further guidance is available through Chapter 21 State Board of Nursing (www.pacode.com) and the Direct Care Worker Non-Skilled Services in Home and Community Based Services Settings Joint Policy Clarification – Departments of Human Services, Health, and State, available here.

Providers should identify how training (general and individual-specific), qualifications for carrying out complex health care, and medical oversight will be addressed for staff providing care for individuals with significant medical needs. The plan should address how staff will be authorized for specific care and assure that enough trained staff are available to provide all necessary care.

Licensing staff will review the materials below when conducting inspections at the settings where individuals with significant medical needs are served. While it will not be considered a regulatory violation if the provider has not incorporated the material below into its policies, procedures, and training plans, failure to do so (or to develop and implement protocols similar to the below) may result in a regulatory violation for failure to provide health services or other applicable regulations.

I. Nutritional intake assistance (e.g., dietary needs, feeding tube, central intravenous line, choking precautions).

   a. General

      i. Use of growth chart documenting height and weight for individuals under 21.
      ii. Completion of dietary consultation for all individuals who are underweight, overweight, or who use feeding tubes or hyperalimentation.
      iii. Speech therapy consultation for any individual at risk of choking or aspiration.
      iv. Develop and implement person-specific feeding protocols based on health care practitioner's orders.
      v. Document clearly all limitations each person has so that all staff are aware of any risks including but not limited to, i.e.: food must be cut into small pieces, soft or pureed foods only, nothing by mouth.

   b. Feeding Tubes – Includes any feeding tube used to provide enteral nutrition to an individual by bypassing nutrition eaten by mouth.

      i. Staff must be trained on maintenance of feeding tubes including how to assess patency and appropriate placement of feeding tubes.

1. Securing a feeding tube externally.
2. Provided needed personal, skin, oral and nasal care.
3. Examining and cleaning insertion site in order to identify, lessen or resolve possible skin irritation and local infections.
4. Using infection control precautions and related techniques to minimize the risk of contamination.
5. Defining the frequency of and volume used for flushing the tube, including flushing for medication administration.

ii. Staff must be trained on the steps to be taken if feeding tube becomes dislodged.

1. Documentation of events when feeding tube becomes dislodged.
2. Notification of the health care practitioner.

iii. Staff must be trained on the possible adverse effects and complications of the use of a feeding tube which may include:

1. Diminished socialization including but not limited to being with others at mealtimes.
2. Reducing freedom of movement related to efforts to prevent the individual from pulling on the tube or other requirements related to the tube or the tube feeding.
3. Complication including but not limited to aspiration, vomiting, diarrhea, leaking around the insertion site, abdominal wall abscess, or erosion at the insertion site, perforation of stomach or small intestine with resultant peritonitis.

iv. The person-specific plan must include:

1. Type of feeding tube used.
2. Type of feeding or formula to be used.
3. Volume, duration and how the feeding is to be administered.
    a. Whether the feeding is given bolus (Limited volume of enteral formula over a short period of time with or without a feeding pump) or continuous over an uninterrupted extended period of time using a feeding pump. And the maximum volume the person can tolerate at one time and the rate at which the volume should be given. – an important factor in preventing aspiration.
4. Optimal positioning during feedings to prevent aspiration.
5. Periodic maintenance and/or calibration of the feeding pump consistent with manufacturer's instructions to ensure proper mechanical functioning.

v. Recommendations for resources for standards of care: The American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) can be found here.

c. Central Lines for Total Parenteral Nutrition (TPN)

i. Policy for the completion of. monitoring of and reporting of blood work and changes to TPN orders.
ii. Policy for central line and other intravenous devices related to dressing changes, accessing, maintenance and monitoring.
iii. Protocols for central line maintenance when used for TPN must include at a minimum:

1. Frequency of IV tubing and cap changes.
2. Documentation and adherence to protocol for IV tube maintenance.

iv. Ensure Sterile central line kits adequate and sterility date not expired.
v. Tracking and analysis of frequency of central line infections and the implementation of quality assurance and improvement strategies.

vi. Recommended resource for current standards of care: refer to "CDC Guidelines for the prevention of intravascular catheter-associated bloodstream infections."

II. Skin care (e.g., wound care, positioning)

a. Prevention measures

i. Recommended resource for current standards of care: "Guidelines for Prevention and Management of Pressure Injuries (Ulcers)" from the Wound, Ostomy and Continence Nurses Society (WOCN) can be found here.
ii. Completion and documentation of routine skin assessment ("Skin charts").
iii. Identification of risk factors for the development of pressure ulcers or injuries. Risk factors include, but are not limited to:

1. Impaired/decreased mobility and decreased functional ability and sensation
2. Co-morbid conditions, such as end stage renal disease, thyroid disease, or diabetes mellitus.
3. Drugs such as steroids that may affect healing.
4. Diseases or conditions that impair blood flow.
5. Resident refusal of some aspects of care and treatment.
6. Cognitive impairment.
7. Exposure of skin to urinary or fecal incontinence.
8. Under nutrition, malnutrition, and hydration deficits.
9. The presence of a previously healed pressure ulcer or injury since these areas are more likely to have recurrent breakdown.

iv. Development and implementation of protocols to maintain skin integrity, e.g.:

1. Ensuring that no objects (especially disposable medical supplies like bottle tops of feeding supplies, saline ampules, etc.) have been left in the bed or chair,
2. Turning every two hours and how to vary positioning to reduce pressure on boney prominences,
3. Ensuring that the person is well positioned when seated to prevent pressure on tail bone,
4. Elevating heels off the bed, boot protectors, etc.,
5. Decreasing friction and shearing with movement of individuals,
6. Minimizing exposure to moisture and keep skin clean, especially form urine and fecal contamination; and
7. Maintaining proper nutrition and hydration.

b. Treatment of pressure injuries

i. Use of treatment modalities to address pressure injuries that may include but not be limited to:

1. Consultation with wound specialist/wound care clinics,
2. Utilization of ordered pressure relieving surfaces (mattresses and cushions),
3. Wound care protocol and orders specific to the individual needs,
4. Nutrition assessments; and
5. Integration of quality management principles and practices:

a. Track the incidence and prevalence of pressure injuries including:

i. Location and stage of pressure injury.
ii. Duration of pressure injury.
iii. Track new cases by month, by residential unit.

b. Document demographic and risk factor information:

i. Identify others at potential risk for pressure injuries and implement risk mitigation measures.

III. Respiratory assistance (e.g., tracheostomy, ventilator, oxygen, CPAP or BPAP equipment)

a. Recommended resources for respiratory assistance: "Clinical Practice Guidelines" the American Association for Respiratory Care can be found here.
b. Tracking and analysis of frequency of pneumonia and the implementation of quality assurance and improvement strategies.
c. Oxygen use:

i. Provide supplemental oxygen as prescribed/order by a medical professional.
ii. Develop and implement oxygen safety measures and appropriate storage.
iii. Ensure there is an adequate supply of oxygen during travel before the person goes out into the community.

d. Tracheostomy care:

i. Documenting and adhering to tracheostomy care protocol including how to change trach, how to clean trach, how to assess if the trach ties have the right tension (Trach tie tension should allow one finger to be easily placed under the tracheostomy ties) and how to clean suction catheters.
ii. Ensuring that replacement tracheostomy tubes of appropriate size and additional tube(s) one size smaller than ordered are available at all times.
iii. Ensuring that appropriate suction equipment, including battery-powered aspirator, is available at all times.
iv. Ensuring that appropriately stocked emergency transport bag is available at all times and goes with the person every time they leave the residence that includes:

1. Self-inflating resuscitation bags with tracheostomy attachments and face mask of appropriate sizes.
2. Tracheostomy tube and lubricant for emergency tube change.
3. Appropriately sized suction catheters.

e. Positive Airway Pressure – CPAP and BPAP use:

i. Ensuring that staff are trained on CPAP and BPAP use, including application of mask, operation of the device, and cleaning and maintenance of the equipment.
ii. A protocol to address issues of compliance is in place, if necessary.
iii. Ensuring health care practitioner orders for CPAP or BPAP, including device settings and instruction for use are present in individual's care plan documentation

f. Ventilator use:

i. Ensuring that staff are trained on ventilator use including how to put vent circuit together, identifying what the problem is when the vent alarms, and being able to correct the problem quickly.
ii. Ensuring that a back-up ventilator is available for:

1. Any individual who cannot maintain spontaneous ventilation for 4 or more consecutive hours,
2. Any individual who requires mechanical ventilation when ambulating; and
3. Any portions of the setting where a replacement ventilator cannot be provided within 2 hours.

iii. Ensuring that an adequate power source/emergency power supplies are available with:

1. AC (alternating current),
2. DC (direct current) by external battery; and
3. Internal batteries (short-term use and/or emergencies)

iv. Ensuring that all ventilator settings and alarms include the below, and that the frequency with which alarms and settings are monitored is specified in all of the individual's care plan documentation:

1. Mode
2. Preset tidal volume
3. Frequencies of ventilator breaths (breaths/minute)
4. Oxygen concentration levels (FIO)
5. PEEP
6. Low pressure (patient disconnected)
7. High pressure (blockage, kinked tubing, sputum, coughing)
8. Peak pressure
9. Exhaled volume
10. End tidal CO2
11. Pulse oximetry
12. Temperature of inspired gases
13. Appropriated humidification of inspired gases

v. Ensuring that Humidification Systems are heated with a heat and moisture exchanger and are equipped with a temperature probe.

vi. Ensuring that ventilator circuits (tubing that connect the ventilator to be individual) and accessories are available as prescribed/ordered by a medical professional.

vii. Ensuring that appropriately stocked emergency transport bag is available at all times and goes with the person every time they leave the residence that includes:

1. Self-inflating resuscitation bags with tracheostomy attachments and face mask of appropriate sizes,
2. Tracheostomy tube and lubricant for emergency tube change.
3. Appropriately sized suction catheter

viii. Ensuring a regular schedule for changing of ventilator circuits (per policy and when visibly contaminated), cleaning ventilator filters and ancillary equipment.

ix. Maintaining equipment to ensure the following:

1. Appropriate configuration of ventilator circuit
2. Alarm function
3. Cleanliness of filters
4. Battery power levels
5. Overall condition of equipment
6. Self-inflating manual resuscitator (cleanliness and function)
7. Manufacturer's recommendations

IV. Elimination assistance (e.g., urinary catheter and ostomies)

a. Urinary

i. Recommendations for resources:

1. CDC's "Guideline for Prevention of Catheter-Associated Urinary Tract Infections (2009)" can be found here.
2. United Ostomy Associations of America's "Living with Urostomy" can be found here.

ii. Development, implementation, and documentation for indwelling suprapubic or Foley catheter protocols that include, at a minimum:

1. Dates of catheter changes,
2. Instances of urinary tract infections,
3. Catheter irrigation as ordered; and
4. Possible complications, notification of health care practitioner, and actions to be taken.

iii. Development, implementation, and documentation for intermittent urinary catheterization orders that includes:

1. Size of Catheter,
2. Procedure,
3. Frequency of catheterization; and
4. Possible complications and actions to be taken.

iv. Development, implementation, and documentation for urostomy care orders that includes:

1. type and size of ostomy appliance,
2. Procedure for maintenance and changing ostomy appliance; and
3. Education related to complications of an ostomy, notification of health care practitioner, and action to be taken.

v. Documentation of urinary output.
vi. Tracking and analysis of frequency of urinary tract infections in individuals with suprapubic or indwelling urinary catheters and the implementation of quality assurance and improvement strategies.

b. Bowel

i. Recommendations for resources:

1. Information from the American Gastroenterological Association on constipation can be found here.
2. The webpage for the United Ostomy Associations of America can be found here.
3. Health, Wellness, & Safety, "Fatal Four: Understanding the Health Risks of Four Common Conditions" can be found here on ODP's website.
4. The Lippincott Nursing Procedures, 8th edition, 2019 can be found here.

ii. Develop policy for monitoring, documenting, and promoting healthy bowel functioning. Policy may include:

1. Documenting usual bowel movements.
2. Encouraging adequate fluid and fiber intake.
3. Encouraging regular exercise and activity.
4. Identifying changes in normal bowel habits and symptoms of constipation:
    a. Less than 3 bowel movements per week or no bowel movements in greater than 2 days.
    b. Hard and dry feces.
    c. Bloating and complaint of stomach pain.
    d. Behavioral outbursts.
    e. Nausea and or loss of appetite.
    f. Hard, protruding abdomen.
5. Notifying health care providers and steps to be taken for changes in the individuals normal bowel habits:
    a. Treatment orders for constipation that may be ordered by a health care practitioner include increasing intake of fiber, adding juices (apple/prune) to diet, use of laxatives, stool softener, suppositories, or enemas.
6. Documentation and effectiveness of treatments to address changes in bowel movements.

iii. Developing staff education on the prevention and risk factors for constipation.
iv. Providing staff education from a health care professional related to individualize bowel programs ordered by a health care practitioner.

1. Orders for enema may include:
    a. Instructions on when an enema should be given.
    b. Type of enema, solution to be used and the amount of solution.
    c. Positioning of individual during an enema.
    d. Amount of time enema should be retained.

v. Development, implementation, and documentation for colostomy care orders that include:
    1. Type and size of ostomy appliance,
    2. Procedure for maintenance and changing ostomy appliance; and
    3. Education related to complications of an ostomy, notification of health care practitioner, and action to be taken if complications occur.

vi. Development, implementation, and documentation for ileostomy care orders that include:
    1. type and size of ostomy appliance,
    2. Procedure for maintenance and changing ostomy appliance; and
    3. Education related to complications of an ostomy, notification of health care practitioner, and action to be taken if complications occur.

V. Development Health

a. Tracking and analysis of achievement of age-appropriate developmental milestones and the implementation of quality assurance and improvement strategies based on same.
b. Ensuring that adequate socialization opportunities exist both in and outside of the setting.
c. Ensuring that an activity plan is present that addresses, but not limited to developmental goals; socialization goals; sensory stimulation including tactile, verbal, audio, smell, taste, awareness of body positions, and movements, and the ability to maintain posture and balance (if appropriate).
d. Ensuring that consistency in caregivers is appropriate for each individual's age and developmental level.
e. Supporting and encouraging maximum participation in educational programs.
f. Supporting and encouraging contact and engagement with family and other social networks, including the pursuit of family therapy when appropriate.
g. Development and implementation of supports to improve social skills and promptly addressing any sudden or gradual loss of skills or interests.
h. Recommendations for reference resources:
    i. CDC's "Your Important Role in Monitoring Children's Development" can be found here.
    ii. CDC's "Milestone Moments" can be found here.

VI. Infection Control

a. Implementation and training on infection control protocols that include all of the following:
    i. Handwashing and barrier protection used appropriately.
    ii. Appropriate disposal of medical waste.
    iii. No soiled materials present within reach of the individual.
    iv. Protocol in place to limit risks of exposure to persons with acute infections.
    v. Optimal plan for exchange of ventilator circuits (per policy and when visibly contaminated) and ancillary equipment.
    vi. Sterile central line kits adequate and sterility date not expired.
    vii. Sterile supplies for wound care adequate and sterility date not expired.
    viii. Adequate supply of non-sterile gloves.
    ix. Adequate environmental air exchange.
    x. Appropriate cleaning of equipment before and after use.

xi. No shared use of equipment or supplies among individuals without appropriate cleaning of equipment or supplies.
xii. Policy for central line and other intravenous devices related to dressing change, accessing, maintenance and monitoring.
xiii. Tracking and analysis of frequency of urinary tract infections in individuals with suprapubic or indwelling urinary catheters, pneumonia rates and central line infection rates, and the implementation of quality assurance and improvement strategies based on same.

b. Recommendations for reference resources:
   i. CDC's "Infection Prevention and Control Assessment Tool for Long-Term Care Facilities" can be found here.
   ii. CDC's "Infection Control in Home Care" can be found here.

VII. Safety Standards

a. Development, implementation, and documentation of safe positioning, lifting, and transfer protocols.
b. Development, implementation, and documentation of individual-specific safe positioning, lifting, and transfer as ordered by health care practitioner and noted in Individual Support Plan.
c. Maintaining cleanliness and appropriate functioning of equipment used in positioning, transferring, and mobility.
d. If a waiver is in-place for example side rails for positioning in bed, safety and monitoring protocols must be in place. Documentation of staff education related to waiver specifications must also be completed.
e. Policy related to proper securing of mobility devices (such as wheelchairs and care seats) during transportation.
f. Protocols and education that address to general health risks such as the Fatal Four, aspiration/choking, constipation, dehydration, and seizures.
g. Recommendations for reference resources:
   i. CDC information on Safe Patient Handling and Mobility (SPHM) can be found here.
   ii. CDC information on Occupational Hazards in Home Healthcare can be found here.
   iii. Health, Wellness, & Safety, "Fatal Four: Understanding the Health Risks of Four Common Conditions" can be found here on ODP's website.

VIII. Medical and Behavioral Specialists – the list of physical and behavioral health professionals is NOT limited to those specialists listed below and should be based on individual needs.

a. Physical health
   i. Cardiologists
   ii. Pediatricians, including developmental pediatricians
   iii. Pulmonologists
   iv. Neurologists
   v. Gastroenterologists
   vi. Orthopedists

b. Behavioral Health
   i. Psychiatrists
   ii. Behavioral health consultation for individuals demonstrating significant developmental impairment or impaired ability to safely participate in available activities and programming.
      1. If medications are used for behavioral health reasons, ensuring that non-medication behavioral health interventions have been considered and/or implemented prior to medication use.

Appendix H: Residential Technology Evaluation Tool

Introduction

Assistive technology devices range in complexity from low-tech to high-tech. Remote supports and certain types of high-tech devices can potentially impact individual privacy. This tool was designed to assist providers of residential services and ISP teams in using person-centered planning, determine whether assistive technology and/or remote supports are appropriate for each individual, and protect their right to privacy. The tool is not a required form; providers may choose to develop their own tool. Please note that any determinations about assistive technology and privacy are limited to ODP requirements only and does not guarantee compliance with any other federal, state, or local law or regulation.

Instructions for Use

This tool includes the 10 factors that should be considered when determining whether assistive technology and/or remote supports are appropriate for each individual and protect their right to privacy, including ensuring that each individual has made an informed choice about the use of assistive technology or receiving residential services via remote supports. Each factor includes a checklist to help evaluate the strengths and weaknesses that relate to the factor. Each checklist item includes a symbol to help evaluate the factor:

- The (+) symbol means that the item supports privacy protection and/or person-centered planning.
- The (-) symbol means that the item does **not** support privacy protection and/or person-centered planning.
- The (+/-) symbol means that the item may or may not support privacy protection and/or person-centered planning based on the individual's unique needs.
- The **(Φ)** symbol means that the item **almost certainly** violates an individual's privacy and is not consistent with person-centered planning.

Providers may check more than one checkbox when appropriate.

Upon completion of the tool, providers will count the number of times each symbol is present based on the checklist results.

- The more (+) symbols that are present means that person-centered planning occurred or that use of assistive technology and/or remote supports likely supports an individual's right to privacy. The goal is to have as many (+) symbols as possible. Providers should review all items with a (-) symbol and make changes to improve their plan to use assistive technology and/or remote supports.
- The more (-) symbols that are present means that person-centered planning may not have occurred or use of assistive technology and/or remote supports may violate an individual's right to privacy, and providers should review all items with a (-) symbol and make changes to improve their plan to use assistive technology and/or remote supports.
- Items with a (+/-) means that person-centered planning may or may not have occurred or the use of assistive technology and/or remote supports may or may not support privacy protections; each item with the (+/-) symbol includes guidance about positive and negative factors.
- Any item with a **(Φ)** symbol means that providers must change their plan to use assistive technology and/or remote supports unless extenuating circumstances exist. It is strongly recommended that providers contact ODP for guidance whenever they believe that extenuating circumstances exist.

1. Individual Notice

The individual, prior to use of the device and in a manner that the individual can understand, has been educated about:

☐ Any assistive technology devices that will be used and how they work (+).

☐ Why the assistive technology device and/or remote supports is being recommended (+).

☐ Potential impacts to the individual's privacy by use of the assistive technology device and/or remote supports (+).

☐ Their right to request that assistive technology devices and/or remote supports stop being used at any time (+).

☐ Some of the above (-).

☐ None of the above (**Φ**).

2. Individual Consent[5]

☐ The individual consents to use of the assistive technology device and/or remote supports in writing (+).

☐ The individual orally consents to use of the assistive technology device and/or remote supports (+/-).

Guidance: *Written consent should be obtained whenever possible to conclusively demonstrate consent. If oral consent is given, the provider should document the date and time consent was provided and retain it in the individual's record. It is a best practice to have a person unrelated to the provider (such as a Supports Coordinator, family member, etc.) witness the individual's oral consent.*

☐ The individual does not consent to use of the assistive technology device and/or remote supports **(Φ).**

3. Individual Control

☐ The individual has total control of the assistive technology device, e.g., can turn device off as desired, initiates use of the device, etc. (+).

☐ The individual has partial control of the assistive technology device, e.g., can request that the device be turned off (+/-).

Guidance: *Partial control is generally beneficial, although other factors such as the individual's desire to have control of the device, the individual's ability to understand how the device works, the type of device used, etc. must be considered.*

☐ The individual has no control of the assistive technology device, e.g., a camera placed in common areas of a Community Home, a device that is "affixed" to the individual's person, etc. (-).

4. Person-Centered Planning

Evaluation Plan (Remote Supports Only)

Guidance: *The (+) symbol in this section indicates requirements for rendering remote supports as a method of residential service delivery through the waivers. The evaluation plan* ***must*** *include every item with a (+) symbol for the plan to be waiver compliant.*

[5] The term "individual" as used in section 2 includes substitute decision-makers when the individual is unable to consent due to an inability to understand the concept of consent.

Prior to use of remote supports, an evaluation plan has been developed that includes:

☐ The need(s) of the individual that will be met by the remote supports (+).

☐ The individual needs face-to-face supports or services during the times that remote supports will be rendered (-).

☐ The individual needs physical assistance with activities of daily living during the times that remote supports will be rendered (-).

☐ The individual requires assistance with medication administration during the times that remote supports are rendered, and the assistive technology used to render remote supports cannot provide assistance with medication administration (-).

☐ The individual is unable to evacuate independently during a fire or other emergency (-).

☐ How the remote supports will ensure the individual's health, welfare, and independence (+).

☐ The equipment and/or devices that will be used and the individual's control over the equipment and/or devices. The individual's control over the equipment will be determined on a case-by-case basis depending on the device(s)/equipment used and the individual's needs (+).

☐ A description of the impact that remote supports will have on the individual's right to privacy, including whether technology used facilitate each individual's right to privacy of person and possessions (+).

☐ A list of the least intrusive types of devices and equipment that were explored (audio only devices versus video devices or sensors that don't capture audio or video) and why they were not chosen for use (+) that includes consideration of the following factors:

☐ All audio or video devices that are used to render remote supports in any location of the home or community must include indicators that let the participant know that the devices are on and operating in audio or video mode (+)

☐ Technology used will record live interactions with the individual via audio or video **(Φ)**

☐ Cameras or video monitoring equipment will be used in bedrooms and bathrooms **(Φ)**

☐ Technology used to verbally communicate with the individual will be used in bedrooms or bathrooms (+/-)

Guidance: *The individual must be alerted prior to the activation of any audio communication device unless the individual turns on the audio communication device themselves.*

☐ Live real-time video communication between the individual and a staff person will occur in the individual's bedroom (+/-)

If live real-time video communication between the individual and a staff person does occur in the individual's bedroom, the follow factors must be considered:

☐ The individual has chosen to receive services in their bedroom due to a medical condition which makes it difficult or impossible for them to leave their bedroom to receive services in another room in the house (+)

☐ The individual has chosen to receive services in their bedroom because they would like privacy from others in the home (staff, housemates, etc.) during the receipt of services (+).

Guidance: *Live, real-time communication between the individual and a staff person is not permitted unless at least one of the above two boxes are checked.*

☐ The individual can turn the video communication device on and off themselves either physically or via verbal command (+).

☐ The individual can request assistance in turning the video communication device on and off (+).

☐ Any features on the video communication device that allow others to "drop-in" and watch the individual have been disabled (+).

☐ The individual shares a bedroom with someone else **(Φ).**

☐ Service delivery via video communication will not be performed as part of any activity during which privacy would generally be expected (while a participant is in a state of undress, during sexual activities, etc.) (+).

☐ The training needed to successfully utilize the technology (+).

☐ A description of who will be trained that includes at a minimum the individual and staff who will be supporting the individual in using the technology (if applicable). The description should include a plan for training new staff when they first begin using the equipment or assisting the individual to use the equipment (+).

☐ Training regarding how to turn the technology off (if applicable) and what will happen if the technology is turned off (+).

☐ How the technology will be monitored to ensure it is in working order (+).

☐ The back-up plan that will be implemented should there be a problem with the technology (+).

☐ A description of what will be done if the individual's home loses power (+).

☐ A description of what will be done if the individual turns off the technology (+).

Guidance: *Both of the above two boxes are checked in order to have an acceptable backup plan.*

OR

☐ An acceptable evaluation plan has not been developed (**Φ**).

<u>Outcome Monitoring Plan (Remote Supports Only)</u>

Prior to use of remote supports, an outcome monitoring plan has been developed that includes:

☐ The outcomes the individual is to achieve by using remote supports (+).

☐ How the outcomes will be measured (+).

☐ The frequency that the monitoring will be completed (+).

OR

☐ An outcome monitoring plan has not been developed (-).

5. Impact to Other Individuals

☐ The assistive technology and/or remote supports impacts a single individual only, e.g., a GPS watch (+).

☐ The assistive technology and/or remote supports impacts multiple individuals, e.g., a camera in a common area of a Community Home (+/-).

Guidance: *When a device impacts multiple individuals, complete applicable sections of this tool for everyone impacted.*

6. Location of Assistive Technology

Guidance: *The use of cameras or video monitoring equipment in bedrooms and bathrooms is strictly prohibited in the provision of the Residential Habilitation service.*

☐ Outside – Exterior Grounds (+).

☐ Outside – Entrances and Exits (+/-).

Guidance: *Assistive Technology devices that are used exclusively to monitor an individual's visitors or control who the individual interacts with may violate the individual's right to receive visitors and communicate with them privately.*

☐ Inside -- Areas Inaccessible to Individuals (+).

☐ Inside -- Common Areas / Hallways (+/-).

Guidance: *Other factors such as impact to other individuals and the purpose of the assistive technology device should be considered when determining if the use of devices in these areas is a violation of privacy for one or more individuals.*

☐ Inside – Bedrooms (+/-).

☐ Inside – Bathrooms (+/-).

☐ Worn on Individual's Person (+/-).

Guidance: *Other factors such the purpose of the assistive technology device should be considered when determining whether this device may be a privacy violation.*

7. Purpose of Assistive Technology Device and/or Remote Supports

☐ Assistive Technology Device and/or Remote Supports Used In lieu of In-Person Staff or Additional Staff to Maximize Individual Independence (+).

☐ Ad-Hoc Monitoring of Medical Need for Single Individual (+).

☐ Ad-Hoc Monitoring of Behavioral Need for Single Individual (+).

☐ Analyzing Longitudinal Data on Individual's Behaviors for Purposes of Need Assessments / Care Planning (+).

☐ Crime Prevention (e.g., Property Vandalism) (+).

☐ Staff Supervision/Conduct Monitoring (+/-).

Guidance: Waiver-funded remote supports must be used to ensure individuals' health, welfare and independence. Waiver-funded remote supports should not be used solely for the convenience of the provider.

☐ Supervision / Monitoring of Individuals' Interactions with Others (-).

☐ Reducing Number of Paid Staff for Convenience of Provider (-).

8. Data Retention

☐ Data is "real time" only – no data is retained (+).

☐ Data is retained on a time-limited basis, e.g., 10-day retention (+).

☐ Data is retained on a permanent basis with no disposal schedule (+/-).

Guidance: *Retaining data on a permanent basis increases the chance that the data could be accessed by a person unauthorized to do so but can also assist in investigating allegations of abuse or mistreatment.*

9. Data Access

Data captured by the assistive technology device is accessible to (check all that apply):

Note: In general, privacy protection increases when the fewest possible people have access to the data captured. However, this must be determined on a case-by-case basis; as such, this section is entirely (+/-).

☐ Unpaid (Natural) Supports.

☐ Management Only (e.g., CEO, House Manager, etc.).

☐ Program Specialists or Clinical Staff.

☐ Select Direct Support Staff.

☐ All Direct Support Staff.

☐ Everyone (Staff and Individuals).

10. Other Relevant Information

☐ A Medical professional has recommended or ordered use of the assistive technology device (+).

☐ The assistive technology device and/or remote supports meet the unique communication needs specific to the individual (+).

☐ The only alternative to the assistive technology device and/or remote supports is staff observation (e.g., in-person checks) (+).

☐ Need and purpose of the assistive technology device and/or remote supports is addressed in the Individual Plan (+).

☐ Provider has policies and procedures related to the provision of remote supports and/or assistive technology device use, including ensuring that incident management reporting requirements are met during the provision of remote supports and/or use of the assistive technology device (+).

☐ A Human Rights Team has reviewed use of the assistive technology device (+).

☐ The assistive technology device has technological controls that enhance privacy protections such as thermal imagery or artificial intelligence designed for privacy protections (+).

☐ None of the above (-).

Appendix I: Chapter 6100 Regulatory Crosswalk with Human Services Licensing Regulations

	Chapter 6100 *Waiver Services*	**Chapter 6400** *Community Homes*	**Chapter 6500** *Life Sharing Homes*	**Chapter 2380** *Adult Training Fac.*	**Chapter 2390** *Vocational Fac.*
Applicable Statutes and Regulations	6100.52	6400.24	6500.25	2380.26	2390.24
Children's Services	6100.56	6400.25	6500.26	Not Applicable	Not Applicable
Training (Records, orientation, annual)	6100.141 6100.142 6100.143	6400.50 6400.51 6400.52	6500.49 6500.47 6500.48	2380.37 2380.38 2380.39	2390.40 2390.48 2390.49
Individual Rights (Rights, exercise of rights, negotiation of choices, informing of rights)	6100.181 6100.182 6100.183 6100.184 6100.185	6400.31 6400.32 6400.33 6400.34	6500.31 6500.32 6500.33 6500.34	2380.21	2390.21
Individual Plan (Development, plan process, content, implementation)	6100.221 6100.222 6100.223 6100.224	6400.182 6400.184 6400.185 6400.186	6500.152 6500.154 6500.155 6500.156	2380.182 2380.184 2380.185 2380.186	2390.152 2390.154 2390.155 2390.156
Restrictive Procedures (Definition, policy, appropriate use, HRT, behavior support, staff training, prohibited procedures, physical restraint, emergency use, access to property)	6100.341 6100.342 6100.343 6100.344 6100.345 6100.346 6100.347 6100.348 6100.349	6400.191 6400.192 6400.193 6400.194 6400.195 6400.196 6400.207 6400.208 6400.209	6500.161 6500.162 6500.163 6500.164 6500.165 6500.166 6500.177 6500.178 6500.179	2380.151 2380.152 2380.153 2380.154 2380.155 2380.156 2380.166 2380.167 2380.168	2390.171 2390.172 2390.173 2390.174 2390.175 2390.176 2390.177 2390.178 2390.179

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	6100.350	6400.210	6500.180	2380.169	2390.180
Incident Management (Incident types, reporting timeline, investigation, individual needs, final report, incident analysis)	6100.401 6100.402 6100.403 6100.404 6100.405	6400.18 6400.19 6400.20	6500.20 6500.21 6500.22	2380.17 2380.18 2380.19	2390.18 2390.19
Medication Administration (Self admin, med admin, storage/disposal, prescription, record, errors, adverse reaction, training)	6100.461 6100.462 6100.463 6100.464 6100.465 6100.466 6100.467 6100.468	6400.161 6400.162 6400.163 6400.164 6400.165 6400.166 6400.167 6400.168 6400.169	6500.131 6500.132 6500.133 6500.134 6500.135 6500.136 6500.137 6500.138 6500.139	2380.121 2380.122 2380.123 2380.125 2380.126 2380.127 2380.128 2380.129	2390.191 2390.192 2390.193 2390.194 2390.195 2390.196 2390.197 2390.198

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