pennsylvania
DEPARTMENT OF HUMAN SERVICES

Bureau of
Human
Services
Licensing

REGULATORY COMPLIANCE GUIDE

A Tool for Assisted Living Residence Regulators, Operators, and Stakeholders

55 Pa. Code Chapter 2800

March 1, 2015 Edition

Introduction
What is Assisted Living?

Chapter 2800 identifies assisted living residences as "a significant long-term care alternative to allow individuals to age in place," and goes on to read that residents of assisted living residences "will receive the assistance they need to age in place and develop and maintain maximum independence, exercise decision-making and personal choice." This begs the question, alternative to what? A private residence, a personal care home, a skilled nursing facility, or all three, or something else entirely?

Assisted living is not meant to be an alternative to care in any one particular location. It is an alternative to the primary method of providing care to older adults. It is not uncommon for older adults to receive care in a variety of settings; such settings may include their own homes, personal care homes, domiciliary care homes, acute care hospitals, rehabilitation facilities, and skilled nursing facilities. Importantly, residency in such settings is not always linear. Older adults do not move from home to personal care to skilled nursing in a direct path. Older adults are frequently moved back-and-forth from setting to setting for short-term and long-term lengths of stay depending on their immediate care needs. Not only does this prohibit a consistent sense of "home" at any one location, it all but eliminates a person's right to choose his or her own manner of living. Assisted living residences are meant to reduce the need for residents to leave the community in order to receive care for chronic or acute conditions. This is made possible by allowing assisted living residences to directly provide health and medical services that other non-skilled community settings may not provide directly. Additionally, many elements of Chapter 2800 address residents' rights to self-determination and choice in the manner in which such care is provided.

To be clear: Chapter 2800 is not meant to supplant care in a person's private home, a personal care home, or any other out-of-home residential care setting. Many people live in such settings for the duration of their adult lives, and consider them to be home, and nothing prohibits non-assisted living residential settings from arranging the type of care needed to permit aging in place. In short, assisted living is exactly what Chapter 2800 says it is: an alternative.

How to Use the Regulatory Compliance Guide

This guide has been developed to provide clearer explanations of the regulatory requirements of 55 Pa. Code Chapter 2800 to help assisted living residence operators provide safe environments and effective services to residents through regulatory compliance, and to help regulators protect residents by conducting consistent and comprehensive inspections. It provides a detailed explanation of each regulatory requirement, including expectations for compliance, guidelines for measuring compliance, and the primary benefit of the requirement.

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

This area lists the regulation exactly as it appears in Chapter 2800.

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

The "Inspection Procedures" section describes how inspectors may measure compliance with the regulation.

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

16f	2800.16(f) - The residence shall keep a copy of the report of the reportable incident or condition.

Discussion: Copies of all reports must be retained. Retention of the incidents in residents' records is in accordance with § 2800.252(10), but remember that reportable incidents must be reviewed in aggregate as part of the residence's quality management process pursuant to § 2800.26(b)(1).

Inspection Procedures: Inspectors will verify that copies are retained. If necessary, inspectors will compare the residence's record of reports with those received by the regional office.

Primary Benefit: Permits residences to review reports to identify and address patterns of incidents and conditions that may otherwise be a source of harm to residents.

"Residence"

The RCG uses the word "residence" and "community" interchangeably to aid in readability. For example, the "resident-residence contract" is referred to as the "residence-community contract."

"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.

"Admission Date" Versus "Move-In Date"

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

Grace Periods

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

- Medical evaluations (§ 2800.141)
- Fire-safety inspections and supervised fire drills (§ 2800.132(b))
- Documentation of evacuation times and fire-safe areas (§ 2800.132(d))
- Completion of ANNUAL Resident Assessments (§ 2800.225(a)(1))

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

- Inspecting fire extinguishers (§ 2800.131(f))
- Conducting fire drills (§ 2800.132(a))
- § 2800.25(a)
- § 2800.25(h)
- § 2800.51-52
- § 2800.224(a)
- § 2800.231(c)

Inspection Procedures

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

Repeated Violations

A repeated violation is noncompliance with the same regulation number (to the most finite letter or number) on the violation report (VR) from at least the prior 12 months of VRs, to include the last renewal inspection and all VRs issued since the last renewal inspection.

Source of Inspection

Compliance with regulations can be measured through three methods:

- "Site" – Direct observation during an on-site inspection. This includes direct observation using all 5 senses. Site observations include the physical inspection of staff offices and private living quarters of staff persons or others living in the residence to assure compliance with building-wide requirements such as the prohibition of portable space heaters and other unsafe practices that may be in violation of the regulations.
- "Records" – Inspection of written documents. This includes the inspection of written materials, electronic transmissions, photographs and other paper or verbal materials.
- "Interview" – Asking questions of residents, staff persons, families and others to determine compliance. This includes unsolicited information provided orally, informal conversations and formal questioning.

PART I:

Regulations, Discussion, and Inspection Procedures

PART I: INDEX OF REGULATIONS BY TOPIC

To learn more about a particular topic, please review the applicable regulations. Regulations and regulatory clarifications are listed on the following pages in numerical order as they appear in 55 Pa.Code Ch. 2800.

TOPIC	APPLICABLE REGULATIONS
Abuse Reporting	15a-d
Access to Residence by DHS (formerly DPW), AAA, etc.	5a1-4, 5b
Personal Care Needs	23a-b
Activities	221a-c
Activity Space	98-99
Administrator Qualifications	53 a-h
Administrator Staffing	56
Administrator Training	64a-g
Admissions	22a1-5
Bathrooms	102a-m
Bedrooms	101a-r
Blocked Exits	121-123
Certificate of Occupancy / Fire Safety Approval	14a-d
Communications/Phone	90-91
Community Services	222
Complaints made by Residents or Family	44a-g
Criminal History Checks	51-52
Dining Room	104a-e
Direct Care Staff Qualifications	54a-c
Direct Care Staffing	57-62
Direct Care Training	65a-i
Elevators	97
Emergency Medical Plan	143a-b
Emergency Preparedness	107a-d
Exit Signs	133
Exterior	100a-b
Financial Management for Residents	20a, 20b1-10
Fire Drills	132a-j
Fire Extinguishers	131a-f
Fire Official Notice	124
First Aid Kit	96a-c
First Aid/CPR Training	63
Flammable Material	125a-b

TOPIC	APPLICABLE REGULATIONS
Food service	103a-j
Furniture	95
Heat Sources	126-129
Hospice Services	29
Laundry	105a-g
Maximum Capacity	13b
Medical Evaluations	141a-b
Medications - Administration	181-182
Medications - Errors/Reactions	188-189
Medications - Labeling	184a-c
Medications - Prescriptions	186a-c
Medications - Records	187a-d
Medications - Resident Education	191
Medications - Storage	183a-g
Medications - Training	190a-c
Nutrition/Meals	161-164
Other Laws and Regulations	11a, 18
Outings and Offsite Services	21
Personal Hygiene	24
Pets	109a-d
Posting License and VR	3c
Quality Management	26a-c
Record Confidentiality	17
Refunds	28a-g
Reportable Incidents	16b-f
Resident Records	224-227
Resident Records - Access	254a-c
Resident Records - Content	252
Resident Records - Requirements	251a-e
Resident Records - Retention	253a-d
Resident Rights - Deprivation Prohibited	43a-b
Resident Rights - List of Rights	42a-z
Resident Rights - Notification	41a-e
Resident-Residence Contract	25a1-2, 25b, 25c1-13, 25d-h
Restraints and Safe Management Techniques	201-202
Sanitation, Surfaces, and Equipment	81-88
Special Care Units - Admission	231

TOPIC	APPLICABLE REGULATIONS
Special Care Units - Discharge	235
Special Care Units – DHS (formerly DPW) Notice	239
Special Care Units - Locks/Alarms	233
Special Care Units - Physical Environment	232
Special Care Units - Program	237
Special Care Units - Resident Care	234
Special Care Units - Staff Training	236
Securing Health Care	142a-d
Service Description	223a-b
Service Termination	228a-h
Smoke Detectors	130a-i
SSI Recipients	27a-e
Swimming Areas	106
Tobacco	144a-d
Training Plan	66a-c
Transportation	171b-d
Waivers	19
Water	89a-e
Weapons	108
Windows/Passages	92-94

PART I

GENERAL PROVISIONS

Inspections and Licenses	
3d	2800.3(d) – The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

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

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

If there is no VR since there are no violations, the VR does not need to be posted. A "copy of this chapter" means the "blue book," 55 Pa.Code § 2800.

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

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

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

Access	
5a1	2800.5(a)(1) - The administrator, administrator designee or staff person designated under § 2800.56(c) (relating to administrator staffing) shall provide, upon request, immediate access to the residence, the residents and records to: Agents of the Department.
5a2	2800.5(a)(2) - The administrator, administrator designee or staff person designated under § 2800.56(c) (relating to administrator staffing) shall provide, upon request, immediate access to the residence, the residents and records to: Representatives of the area agency on aging.
5a3	2800.5(a)(3) - The administrator, administrator designee or staff person designated under § 2800.56(c) (relating to administrator staffing) shall provide, upon request, immediate access to the residence, the residents and records to: Representatives of the Long-Term Care Ombudsman Program.
5a4	2800.5(a)(4) - The administrator, administrator designee or staff person designated under § 2800.56(c) (relating to administrator staffing) shall provide, upon request, immediate access to the residence, the residents and records to: Representatives of the protection and advocacy system for individuals with disabilities designated under the Protection and Advocacy for Individual Rights Program of the Vocational Rehabilitation and Rehabilitation Services Act (29 U.S.C.A. § 794e), the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C.A. §§ 10801-10851), and the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C.A. §§ 15041-15043).
5a5	2800.5(a)(5) - The administrator, administrator designee or staff person designated under § 2800.56(c) (relating to administrator staffing) shall provide, upon request, immediate access to the residence, the residents and records to: The resident's designated person, if so requested by the resident. The access to records under this paragraph is limited to the records of the resident.

Discussion: An **agent of the Department** is any individual authorized by the Department to enter, visit, inspect, or investigate regulatory issues in assisted living residences. A **representative of the area agency on aging** is any individual authorized by the area agency on aging to enter, investigate, or provide services in assisted living residences. A **representative of the Long-Term Care Ombudsman Program** is any individual authorized by the Long-Term Care Ombudsman Program to enter, investigate, or provide services in assisted living residences. A **representative of the protection and advocacy system** for individuals with disabilities program is any individual authorized by the program to enter, investigate, or provide services in assisted living residences. In Pennsylvania, this system is currently administered by the Disability Rights Network of Pennsylvania, 1414 Cameron Street, Second Floor, Harrisburg, Pennsylvania 17103-1049, telephone number (717) 236-8110.

In the case of access to residents who are not currently at the residence, access should be granted as soon the resident can return to the residence. Access must be provided to all areas of any building accessible to residents and to areas where harmful materials may be stored.

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

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

Primary Benefit: Allows the Department to measure compliance with all regulations. Allows area agency on aging the ability to fulfill their legal mandate to protect older adults. Provides ombudsmen with the access necessary to promote and protect resident rights. Provides advocates with the access necessary to protect the rights of residents with disabilities.

5b	2800.5(b) - The administrator, administrator designee or staff person designated under § 2800.56(c) shall permit community service organizations and representatives of community legal services programs to have access to the residence during visitation hours or by appointment for the purpose of assisting or informing the residents of the availability of services and assistance. A resident or a resident's designated person if so authorized may decline the services of the community service organization or the community legal service program.

Discussion: This requirement is closely related to § 2800.222, which requires residences to encourage residents to use social and community services available in the community.

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

Primary Benefit: Allows service organizations to provide information to residents who may benefit from their services, and allows the residence to ensure compliance with § 2800.222.

GENERAL REQUIREMENTS

Procedural Requirements for Licensure or Approval of Assisted Living Residences	
11a	2800.11(a) - Except for § 20.32 (relating to announced inspections), the requirements in Chapter 20 (relating to licensure or approval of facilities and agencies) apply to assisted living residences.

Discussion: Assisted living residences are licensed in accordance with the licensing procedures established by 55 Pa.Code Chapter 20. Residences are strongly encouraged to review Chapter 20, which is available on the Department's website. Knowledge of Chapter 20 is required by regulation for administrators – see § 2800.53(f).

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

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

Maximum Capacity	
13b	2800.13(b) - The maximum capacity specified on the license may not be exceeded.

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

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

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

Fire Safety Approval	
14a	2800.14(a) - Prior to issuance of a license under this chapter, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Construction Code Act (35 P.S. §§ 7210.101 – 7210.1103) is required.
14b	2800.14(b) - If the fire safety approval is withdrawn or restricted, the residence shall notify the Department orally immediately, and in writing, within 48 hours of the withdrawal or restriction.
14e	2800.14(e) – Fire safety approval must be renewed at least every 3 years, or more frequently, if requested by the Department.

Discussion: A certificate of occupancy may be withdrawn or restricted due to damage, physical site modifications not approved by the local building authority, and the like. Withdrawal or restriction will be issued in writing; this written documentation should be provided to the Department with the notification required by this regulation. In most cases, there is no mechanism to renew an existing certificate of occupancy absent a change in use or structural modifications to the residence. Since structural renovations already require a new certificate of occupancy pursuant to § 2800.14(c), the Department interprets this regulation to apply only if the use of the building has changed within the past 3 years. Change in use generally includes converting from dual to single licensure, converting a portion of the building to a medical center, or any change in use described in the Uniform Construction Code. The Department expects residences to work with the appropriate local building authority to determine if changes to a certificate of occupancy are required prior to changing the use of the building.

Inspection Procedures: Inspectors will interview administrator and maintenance staff to determine if the residence's certificate of occupancy has been withdrawn or restricted within the past year or if it is currently restricted. Inspectors will verify that the residence obtained a new or modified certificate of occupancy prior to changing the use of the building.

Primary Benefit: Ensures that the residence is appropriately constructed to serve individuals in a residential setting. Ensures that resident health and safety is not compromised by failure to meet or maintain construction standards.

14c	2800.14(c) - If a building is structurally renovated or altered after the initial fire safety approval is issued, the residence shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority. This documentation shall be submitted to the Department within 15 days of the completion of the renovation or alteration.

Questions: Has the residence been structurally altered since the initial Certificate of Occupancy was issued? If so, were asbestos products used in the process? (If yes, see § 2800.88(b))

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, a statement from the local building authority or the Department of Labor and Industry indicating that a new certificate of occupancy is not required must be obtained.

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

Inspection Procedures: Minor repairs of most systems do not require new permits. However, major repairs or renovations may. Inspectors will ask for a new permit or written certification that a new permit is not needed when major repairs, renovations, or new construction has occurred. If it is known or suspected that asbestos products have been used in renovation projects, inspectors will contact the regional office immediately.

Primary Benefit: Ensures that resident health and safety is not compromised by failure to meet or maintain construction standards. Asbestos is a known carcinogen. A residence free of this material protects residents from many health issues.

See also: § 2800.88(b) (relating to surfaces).

Abuse Reporting Covered by Law	
15a	2800.15(a) - The residence shall immediately report suspected abuse of a resident served in the residence in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.701 – 10225.707) and 6 Pa. Code §§ 15.21 – 15.27 (relating to reporting suspected abuse, neglect, abandonment or exploitation) and comply with the requirements regarding restrictions on staff persons.
15b	2800.15(b) - If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.
15c	2800.15(c) - The residence shall immediately submit to the Department's assisted living residence office a plan of supervision or notice of suspension of the affected staff person.
15d	2800.15(d) - The residence shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Discussion: Abuse allegations are very serious and require residences to perform several critical actions.
For the purposes of complying with Chapter 2800, abuse includes:

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

It's important to remember that the residence must respond to allegations of abuse as though the allegation were true, even if the report seems far-fetched or unlikely. Many residences have been cited for regulatory noncompliance for failure to take appropriate action in response to an abuse report even if the abuse did not occur.
Upon receiving a report of abuse, residences must:

1. Immediately report suspected abuse of a resident served in the residence in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101 – 10225.5102) and 6 Pa. Code §§ 15.21 – 15.27.
2. If the report involves a staff person, the residence must immediately suspend the staff person involved in the alleged abuse ("Suspend" means restrict access to the residence, residents, and records) or place the staff person on a plan of supervision that is developed in conjunction with the Department.
3. Report the abuse allegation to the Department in accordance with § 2800.16, including the plan to supervise or suspend the alleged perpetrator. If the plan is not acceptable, the Department will notify the residence.
4. Immediately report the allegation of abuse to the resident and the resident's designated person.
5. Begin an internal investigation of the abuse as required by the procedures at § 2800.41, unless otherwise directed by the Department.

Inspection Procedures: Inspectors will verify that the residence followed all of the steps as described in "Abuse and Abuse Reporting" in the "Regulatory Issues and Frequently-Occurring Situations" section.

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

Reportable Incidents and Conditions	
16c	2800.16(c) - The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. The residence shall immediately report the incident or condition to the resident's family and the resident's designated person. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

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

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

Residences frequently ask whether a certain type of event or specific situation needs to be reported. It is recommended that residences follow the "when in doubt, send it out" rule: if you have to ask, you should probably send the report. There is no violation for reporting incidents or conditions beyond what is required. However, some events do not need to be reported. Please see "Appendix A" in the "Appendices" section at the end of this guide for a list of reportable incidents, and the events that do not need to be reported.

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

The following conditions must also be reported to the regional office by phone or via the Assisted Living Residence complaint hotline within 24 hours:

- Unexpected death of a resident.
- Unexplained absence of a resident for 24 hours or more.
- Fire or structural damage to the residence making it uninhabitable overnight.
- An emergency in which the procedures under § 2800.107 are implemented.
- An unscheduled closure of the residence or relocation of the residents for any reason.
- Termination of water or electricity, or termination of heat for any reason resulting in temperatures in any area of the residence falling below 70 degrees for more than two hours.

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

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

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

16d	2800.16(d) - The residence shall submit a final report, on a form prescribed by the Department, to the Department's assisted living residence office immediately following the conclusion of the investigation.

Discussion: A final report is required when the incident or condition described in the initial report requires additional investigation by the residence, or if the residence did not have enough information to submit a comprehensive report when the incident initially occurred. The final report must be submitted on the Department's Reportable Incident and Condition Form.

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

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

16e	2800.16(e) - If the residence's final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.

Discussion: What constitutes "other residents who could potentially be harmed" is determined on a case-by-case basis. It is recommended that the residence include an explanation of who was notified and why the notification was made with the copy of the reportable incident or condition required by § 2800.16(f).

A written report or documented telephone call meets this requirement. If the actual report is provided, the identities of other residents must be protected through redaction of any identifying information in accordance with § 2800.17.

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

Primary Benefit: Ensures that residents and designated persons are informed about the residence's findings related to reportable incidents and conditions, and the residence's actions to prevent recurrence of future incidents

See also: § 2800.16(c) (relating to reportable incidents and conditions).

16f	2800.16(f) - The residence shall keep a copy of the report of the reportable incident or condition.

Discussion: Copies of all reports must be retained. Retention of the incidents in residents' records is in accordance with § 2800.252(10), but remember that reportable incidents must be reviewed in aggregate as part of the residence's quality management process pursuant to § 2800.26(b)(1).

Inspection Procedures: Inspectors will verify that copies are retained. If necessary, inspectors will compare the residence's record of reports with those received by the regional office.

Primary Benefit: Permits residences to review reports to identify and address patterns of incidents and conditions that may otherwise be a source of harm to residents.

Confidentiality of Records	
17	2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Discussion: Consultants or contractor service providers under contract with the residence to provide services to residents may have access to resident records necessary to provide the contracted services. Residences should pay particular attention to unsecured medication administration records and bulletin boards showing residents' medical appointments, as these are the most common violations of this regulation.

Inspection Procedures: Inspectors will assure that confidential information is maintained in a manner that prevents unauthorized access.

Primary Benefit: Protects resident privacy and ensures that residences comply with other applicable laws.

Applicable Laws	
18	2800.18 - A residence shall comply with applicable Federal, State and local laws, ordinances and regulations.

Discussion: Examples of applicable laws appear in "Appendix C" in the "Part 3: Appendices" section at the end of this guide.

Inspection Procedures: Unless directly incorporated into Chapter 2800 by reference, all suspected violations of other applicable laws, ordinances, and regulations must be referred to the appropriate enforcing authority for investigation. Violations will be recorded by inspectors if the appropriate enforcing authority issues a citation, violation report, or other applicable notice of violation.

Primary Benefit: Ensures compliance with other applicable health, safety, and wellness requirements not incorporated by Chapter 2800.

Financial Management

20a	2800.20(a) - A resident may manage his personal finances unless the resident has a guardian of his estate.

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

A residence may choose to provide assistance with financial management. Specification of whether or not the residence provides assistance with financial management should be in the residence's Description of Services (see § 2800.223). If assistance with financial management is offered by the residence, each resident will have the choice to manage his or her own personal finances or to have the residence provide assistance, unless the resident has a guardian or is cognitively unable to manage his or her own finances. A residence is not required to offer assistance with financial management.

If a residence chooses to assist residents with financial management it is important that the service be provided accurately and according to the regulations to ensure the proper use of the resident's funds.

Financial management is defined in § 2800.4 as follows:

(i) An assisted living service provided whenever the administrator serves as representative payee or as a guardian or power of attorney assigned prior to December 21, 1988, for a resident, or when a resident requests and receives assistance in budgeting, maintaining financial records, safekeeping funds and spending of the personal needs allowance. (Note – § 2800.20(b)(7) prohibits the residence from being power of attorney or guardian of a resident or a resident's estate.)

(ii) The term does not include solely storing funds in a safe place as a convenience for a resident.

Each of the following constitutes assistance with financial management:

- An employee of the residence is the resident's representative payee. The residence is the resident's representative payee if the residence receives, cashes/deposits, and distributes the monthly SSI checks including the resident's spending allowance, all at once or over time.
- The residence holds funds for a resident, excluding merely storing funds for the resident for convenience.
- Assisting the resident with budgeting and/or spending his or her funds.

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

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

20b1	2800.20(b)(1) - The residence shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

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

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

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

20b2	2800.20(b)(2) - Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

Discussion: Self-explanatory.

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

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

20b3	2800.20(b)(3) - The residence shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

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

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

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

20b4	2800.20(b)(4) - Resident funds and property shall only be used for the resident's benefit.

Discussion: Residences may not use resident funds or property to benefit the residence.

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

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

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

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

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

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

Primary Benefit: Safeguards resident funds and property.

20b5	2800.20(b)(5) - Commingling of resident funds and residence funds is prohibited.

Discussion: Resident funds may not be deposited in the residence's business account, or in accounts owned by the legal entity or staff for any period of time.

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

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

20b6	2800.20(b)(6) - If a residence is holding more than $200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Discussion: This regulation requires the administrator to notify the resident and offer assistance to the resident every two months for periods in which the residence continuously holds more than $200 for the resident. Documentation of the notice and offer must be kept.

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

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

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

20b7	2800.20(b)(7) - The legal entity, administrator and staff persons of the residence are prohibited from being assigned power of attorney or guardianship of a resident or a resident's estate.

Discussion: Exception – A legal entity, administrator or staff person who is the parent, stepparent, child, stepchild, sister, brother, or grandchild of the resident may be assigned power of attorney or guardianship for the resident.

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

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

20b8	2800.20(b)(8) - The residence shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.
20b9	2800.20(b)(9) - A copy of the itemized account shall be kept in the resident's record.

Discussion: A model (not mandatory) quarterly financial summary is available on the Department's website. Accounts and documentation of the transmittal of the accounts to both the resident and designated person are required to be maintained in accordance with § 2800.253(a). This information may be managed electronically, provided that the electronic system is capable of producing a resident-specific report for the purposes of complying with § 2800.20(b)(9).

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

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

20b10	2800.20(b)(10) - The residence shall provide the resident the opportunity to review his own financial record upon request during normal business hours.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator and/or business manager regarding the residence's policy relating to record review and established business hours. If necessary, inspectors will interview residents to ensure that they are aware of the opportunity to review their financial records.

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

Offsite Services	
21	2800.21- If services or activities are provided by the residence at a location other than the premises, the residence shall ensure that the residents' support plans are followed and that the health and safety needs of the residents are met.

Discussion: This applies only to activities arranged and provided by the residence, such as shopping trips or outdoor activities. This regulation does not apply during off-site activities such as outings with family or services provided by another regulated entity (such as a partial-hospitalization program or adult training facility), unless 1) the residence provides transportation to such activities, as the residence is responsible for meeting health and safety needs when transporting residents, or 2) the resident transports him/herself to the activities, but requires supervision when outside the residence, as the residence is responsible for meeting needs identified through the Resident Assessment-Support Plan. Please see "The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices" in the "Regulatory Issues and Frequently-Occurring Situations" section for more information.

Inspection Procedures: Inspectors will interview the administrator and staff regarding the provision of off-premises activities provided by the residence.

Primary Benefit: Ensures that residents' needs are met when away from the residence.

Application and Admission: Medical Evaluation	
22a1	2800.22(a)(1) - The following admission documents shall be completed for each resident: Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies: (i) The resident is being admitted directly to the residence from an acute care hospital. (ii) The resident is being admitted to escape from an abusive situation. (iii) The resident has no alternative living arrangement.

Discussion: See **"**The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices" in the "Regulatory Issues and Frequently-Occurring Situations" section for more information.

The Department allows a 15-day grace period following admission for completion of the initial medical evaluation for all residents, not just those who meet the exception criteria at § 2800.22(a)(1)(i)-(iii).

It is important to remember that the primary focus of these requirements is the need for residents to be evaluated by a physician, physician's assistant or certified registered nurse practitioner – NOT that a form be properly completed. The Department specifies a form simply to ensure that all of the required elements of the evaluation are performed during the evaluation.

Compliance with this regulation is achieved by following three basic steps:

1. A resident is evaluated *in person* by a physician, physician's assistant, or certified registered nurse practitioner within the specified timeframe. The evaluation includes checking everything required by § 2800.141(a)(2).
2. The evaluation results are documented on the Department's Documentation of Medical Evaluation (DME) form.
3. The physician, physician's assistant, or certified registered nurse practitioner who completed the evaluation signs and dates the DME form, certifying that the information is true and that it was established via an in-person examination.

Residences are PERMITTED to:

- Complete all or a portion of the DME prior to the in-person evaluation, except for the "Medical Professional Information" section, and present the DME to the physician, physician's assistant or certified registered nurse practitioner for signature at the time of the examination.
- Complete all or a portion of the DME after an in-person evaluation that was performed within the timeframes specified by this regulation, except for the "Medical Professional Information" section, and present the completed form to the physician, physician's assistant or certified registered nurse practitioner for signature in person, by facsimile, or via electronic mail.
- Correct a DME upon discovering that the physician, physician's assistant or certified registered nurse practitioner has recorded inaccurate information or omitted information, IF a registered nurse (RN) or licensed practical nurse (LPN) contacts the person who performed the evaluation, AND receives permission from that person to correct the DME, AND documents the date, time, and person spoken to on the DME next to the correction.

Residences are PROHIBITED from:

- Completing the "Medical Professional Information" section, unless the residence employs a physician, physician's assistant or certified registered nurse practitioner.
- Completing all or a portion of the DME without an in-person evaluation.
- Completing all or a portion of the DME after an in-person evaluation that was performed outside of the timeframes specified by this regulation.
- Changing the content of a DME without the consent of the person who performed the evaluation, or changing the content of a DME by someone who is not a registered nurse (RN) or licensed practical nurse (LPN).

It is strongly recommended that residences carefully review DME forms completed by a physician, physician's assistant, or certified registered nurse practitioner to verify that all of the required information was recorded. Although the evaluations must be completed by medical professionals, residences are responsible for ensuring that the evaluations were complete and that the DMEs were filled out in their entirety.

Application and Admission: Medical Evaluation (continued)

This requirement applies to respite care if respite care is provided for a resident for more than 30 days in a 12-month period. One medical evaluation is required per year. If a resident is readmitted within the same year, a new medical evaluation is not required unless the resident's medical condition has changed since the prior evaluation.

Inspection Procedures: Inspectors will review DMEs to verify that the date recorded in the "Date Resident Evaluated" section of the DME is within the allowable timeframes. If post-evaluation edits were made to the DME, inspectors will verify the credentials of the person who made the edits, that the person who completed the evaluation was contacted, and that the contact was properly documented. If necessary, inspectors will verify with the physician, physician's assistant or certified registered nurse practitioner that the resident received an in-person evaluation on the date recorded. Inspectors will review DMEs to verify that the medical evaluation included all of the required elements. If an element is not recorded on the DME, but the residence is able to obtain evidence that the in-person evaluation did include the element by the exit conference on the last day of the inspection, there is no regulatory violation. If necessary, inspectors may verify with the physician, physician's assistant or certified registered nurse practitioner that corrected information is valid.

Primary Benefit: Accurate medical information helps residences decide whether a resident's needs can be met at the residence, helps the residence develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

See also: § 2800.141 (relating to resident medical evaluation and health care).

Application and Admission: Initial Assessment and Support Plan	
22a2	2800.22(a)(2) - The following admission documents shall be completed for each resident: Assisted living resident initial assessment completed within 30 days prior to admission on a form specified by the Department. The initial assessment may be completed within 15 days after admission subject to § 2800.224 (relating to initial assessment and preliminary support plan).
22a3	2800.22(a)(3) - The following admission documents shall be completed for each resident: Preliminary support plan developed within 30 days prior to admission. The preliminary support plan may be completed within 15 days after admission if one of the following conditions applies: (i) The resident is being admitted directly to the residence from an acute care hospital. (ii) The resident is being admitted to escape from an abusive situation. (iii) The resident has no alternative living arrangement.
22a4	2800.22(a)(4) - The following admission documents shall be completed for each resident: Final support plan is developed and implemented within 30 days after admission.
22b3	2800.22(b)(3) - A potential resident whose needs cannot be met by the residence shall be provided with a written decision denying his admission and provide a basis for the denial. The decision shall be confidential and may only be released with the consent of the potential resident or his designated person. The potential resident shall then be referred to a local appropriate assessment agency.

Discussion: Residences may use any notification mechanism desired provided it meets the regulatory requirements.

Residences do not need to provide this information to an applicant who requests information about a residence, who elects not to reside at the residence for personal reasons, or who cannot be admitted due to financial constraints.

Pursuant to § 2800.253, records of notifications denying admission must be retained for 3 years.

Inspection Procedures: Inspectors will review a sample of admission denials to ensure that proper notice was provided.

Primary Benefit: Provides applicants with written notice of the residence's inability to safely serve them.

See also: § 2800.229(d) (relating to excludable conditions; exceptions).

Application and Admission: Certification	
22b1-2	2800.22(b) (1) A certification shall be made, prior to admission, that the needs of the potential resident can be met by the services provided by the residence. (2) The certification shall be made by one of the following persons: (i) The administrator acting in consultation with the supplemental health care providers. (ii) The individual's physician or certified registered nurse practitioner. (iii) The medical director of the residence.

Discussion: The certification does not need to be on a specific form.

Inspection Procedures: Inspectors will verify that a person permitted to make the required certification has done so.

Primary Benefit: Ensures that the community is able to safely care for the resident prior to admission.

Application and Admission: Written Disclosures	
22e	2800.22(e) - Upon application for residency and prior to admission to the residence, the licensee shall provide each potential resident or potential resident's designated person with written disclosures that include: (1) A list of the nonwaivable resident rights. (2) A copy of the contract the resident will be asked to sign. (3) A copy of residence rules and resident handbook. The resident handbook shall be approved by the Department. (4) Specific information about the following: (i) The services and the core packages that are offered by the residence. (ii) The cost of those services and of the core packages to the potential resident. (iii) When a potential resident may require the services offered in a different core package. (iv) The contact information for the Department. (v) The licensing status of the most recent inspection reports and instructions for access to the Department's public website for information on the residence's most recent inspection reports. (vi) The number of living units in the residence that comply with the Americans with Disabilities Act (42 U.S.C.A. §§ 12101—12213). (vii) Disclosure of any waivers that have been approved for the residence and are still in effect.

Discussion: The residence may not disclose waivers that relate to a specific individual. Only waivers that relate to the operation of the residence may be released.

Inspection Procedures: Inspectors will verify that the required information is provided to applicants.

Primary Benefit: Ensures that potential residents are able to make an informed decision about living in the residence.

Activities and Personal Hygiene	
23a	2800.23(a) - A residence shall provide each resident with assistance with ADLs and appropriate cueing for ADLs as indicated in the resident's assessment and support plan.
23b	2800.23(b) - A residence shall provide each resident with assistance with IADLs and appropriate cueing for IADLs as indicated in the resident's assessment and support plan.
24	2800.24 - A residence shall provide the resident with assistance with personal hygiene and appropriate cueing to encourage personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following: (1) Bathing. (2) Oral hygiene. (3) Hair grooming and shampooing. (4) Dressing, undressing and care of clothes. (5) Shaving. (6) Nail care. (7) Foot care. (8) Skin care.

Discussion: These regulations require that the residence *follow* the plan developed though the assessment-support plan process.

Inspection Procedures: Inspectors will review a sample of residents' assessments and support plans and compare the plans to the actual services the residents receive.

Primary Benefit: Ensures that residents' needs are met once those needs have been assessed and a plan to meet the needs has been developed.

Resident – Residence Contract

55 Pa.Code § 2800.25(a)-(h) specifies requirements for the contents and completion of resident-community contracts. The term "community" will be used in lieu of "residence" in this section for easier readability. The inspection procedures for this section all involve reviewing the residence's contract.

25a	2800.25(a) - Prior to admission, or within 24 hours after admission, a written resident-community contract (contract) between the resident and the community must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Discussion: "Admission" means the day a resident physically moves into a community. A contract "in place" means signed by all parties who have entered into the contract.

Primary Benefit: Specifies the obligations of the community to the resident and the resident to the residence. Guarantees that residents understand the contents of the contract in order to make an informed decision about whether or not to sign.

25b	2800.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the community with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Discussion: Communities may require 30 days notice if prominently displayed in the resident-community contract.

Primary Benefit: Signing the contract constitutes a pledge by both parties to abide by the specified terms.

25c1	2800.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

Discussion: This requirement applies only to residents who receive SSI.

Primary Benefit: Ensures that SSI recipients retain a portion of their income for discretionary spending.

See Also: § 2800.27 (relating to SSI recipients).

25c2	2800.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of charges for each of the assisted living services that are included in the resident's core service package in accordance with § 2800.220 (relating to service provision).

Discussion: The contract may specify a single rate for room and board and a single rate for basic assisted living services. Any supplemental service must be listed with the specific rate for each service, including but not limited to:

- Cable TV.
- Private telephone lines.
- Transportation provided by the residence.
- Private rooms.

While the supplemental health care services must be referenced in the resident-community contract, charges for the provision of supplemental health care services must be set forth in a separate written agreement. The agreement may be an addendum to the resident-community contract.

Primary Benefit: Ensures that residents understand the community's charges for specific services.

25c3	2800.25(c)(3) - The contract shall specify an explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need for another and more appropriate level of care.

Discussion: The contract must specify how the community will apply the regulations relating to the listed topics.

Primary Benefit: Ensures that residents understand how their needs will be assessed and the level of needs that can be met by the admitting residence.

25c4	2800.25(c)(4) - The contract shall specify the party responsible for payment.

Discussion: Self-explanatory.

Primary Benefit: Eliminates disputes over who is responsible for payment.

25c5	2800.25(c)(5) - The contract shall specify the method for payment of charges for long distance telephone calls.

Discussion: Self-explanatory.

Primary Benefit: Ensures that residents understand the residence's charges for the identified service.

25c6	2800.25(c)(6) - The contract shall specify the conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Discussion: Refunds are subject to specific provisions in Chapter 2800.

Primary Benefit: Ensures that residents understand the procedures for issuing refunds.

See Also: § 2800.28 (relating to refunds).

25c7	2800.25(c)(7) - The contract shall specify the financial arrangements if assistance with financial management is to be provided.

Discussion: See § 2800.20.

Primary Benefit: Establishes the responsibilities of the community and the resident regarding financial management.

25c8	2800.25(c)(8) - The contract shall specify the residence's rules related to community services, including whether the community permits smoking.

Discussion: Self-explanatory.

Primary Benefit: Permits applicants to make an informed decision about residency at the residence.

25c9	2800.25(c)(9) - The contract shall specify the conditions under which the resident-community contract may be terminated including community closure as specified in § 2800.228.

Discussion: Self-explanatory.

Primary Benefit: Ensures that residents understand what actions or inactions will result in discharge, and their right to appeal a discharge they believe to be inappropriate.

25c10	2800.25(c)(10) - The contract shall include a statement that the resident is entitled to at least 30 days advance notice, in writing, of the residence's request to change the contract.

Discussion: Self-explanatory.

Primary Benefit: Permits residents to make an informed decision about continued residency at the community if they do not wish to accept the terms of the modified contract.

25c11	2800.25(c)(11) - The contract shall include a list of assisted living services or supplemental health care services, or both, to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Discussion: This requirement is met by compliance with § 2800.25(c)(2)-(4). No additional information is required.

Primary Benefit: See § 2800.25(c)(2)-(4).

25c12	2800.25(c)(12) - The contract shall specify the charges to the resident for holding a bed during hospitalization or other extended absence from the residence.

Discussion: Residences may not discharge a resident for extended absence (see § 2800.228), but may charge a fee to hold a bed during hospitalization or absence.

Primary Benefit: Ensures that residents understand bed-hold costs.

25c13	2800.25(c)(13) - The contract shall include written information on the resident's rights and complaint procedures as specified in § 2800.41 (relating to notification of rights and complaint procedures).

Discussion: See § 2800.41 – 44.

Primary Benefit: See § 2800.41 – 44.

25d	2800.25(d) - A community may not seek or accept payments from an SSI resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1— 4751-12). If the community will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2800.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

Discussion: This requirement applies only to residents that are eligible for benefits under the Senior Citizens Rebate and Assistance Act. Residences may retain less than 50% of any such benefits, and may not retain more.

Primary Benefit: Ensures that residents will receive at least 50% of benefits obtained under the Senior Citizens Rebate and Assistance Act.

25h	2800.25(h) - The resident, or a designated person, has the right to rescind the contract for up to 72 hours after the initial dated signature of the contract and pay only for the services received.

Discussion: Self-explanatory.

Primary Benefit: Allows the resident time to experience life at the community and depart without financial consequence.

25i	2800.25(i) - The community may not require or permit a resident to assign assets to the community in return for a life care contract/guarantee.

Discussion: A life care contract/guarantee is an agreement between the legal entity and the resident that the legal entity will provide care to the resident for the duration of the resident's life. Continuing care retirement communities that have obtained a Certificate of Authority from the Department of Insurance and who provide a copy of the certificate to the Department are exempt from this requirement. It is not necessary to reference life care contracts/guarantees in the contract.

Primary Benefit: Ensures that residents pay only for the services rendered by the residence.

25j	2800.25(j) - A copy of the signed resident-residence contract shall be given to the resident and a copy shall be filed in the resident's record.

Discussion: Self-explanatory.

Primary Benefit: Establishes a written record of the agreement made between the resident and the residence.

25k	2800.25(k) - The service needs addressed in the resident's support plan shall be available to the resident every day of the year.

Discussion: Self-explanatory.

Primary Benefit: Ensures that residents will receive needed services at all times.

25l	2800.25(l) - The resident-community contract shall identify the assisted living services included in the core service package the individual is purchasing and the total price for those services. Supplemental health care services shall be packaged, contracted and priced separately from the resident-community contract. Services provided by or contracted for by the community other than supplemental health care services must be priced separately from the service package in the resident-community contract.

Discussion: Residences shall provide a comprehensive list of services offered as well as the price for each service.

Primary Benefit: Ensures that residents will be aware of the price of the core service package, as well as the price for all other services.

Quality Management	
26a	2800.26(a) - The residence shall establish and implement a quality management plan.
26b	2800.26(b) - The quality management plan must address the periodic review and evaluation of the following, to assure compliance with law and with the relevant standard of care: (1) The reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.
26c	2800.26(c) - The quality management plan must include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

Discussion: The plan must be established to address the elements specified in § 2800.26(b), and must be implemented. The plan may not consist of a reiteration of the regulatory requirements; instead, the plan should describe how the residence will apply and comply with regulatory requirements. It is recommended but not required that the plan include the following elements:

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

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

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

SSI Recipients	
27a	2800.27(a) - If a residence agrees to admit a resident eligible for SSI benefits, the residence's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.
27b	2800.27(b) - The administrator or staff persons may not include funds received as lump sum awards, gifts or inheritances, gains from the sale of property or retroactive government benefits when calculating payment of rent for an SSI recipient or for a resident eligible for SSI benefits.
27c	2800.27(c) - The administrator or staff persons may not seek or accept any payments from funds received as retroactive awards of SSI benefits, but may seek and accept the payments only to the extent that the retroactive awards cover periods of time during which the resident actually resided in the residence and for which full payment has not been received.
27e	2800.27(e) - Third-party payments made on behalf of an SSI recipient and paid directly to the residence are permitted. These payments may not be used for food, clothing or shelter because to do so would reduce SSI payments.

Discussion: SSI, or Supplemental Security Income, is a Federal income supplement program funded by general tax revenues (not Social Security taxes) that provides cash to meet basic needs for food, clothing, and shelter for individuals who are over 65 years of age, blind, or who have a disability and who have little or no income. In personal care and domiciliary care homes, the "SSI Supplement" is a Commonwealth benefit program where individuals who receive SSI and meet financial and clinical criteria are eligible to receive additional monthly income. **This supplement is not available to assisted living residents**.

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

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

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

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

The prohibitions set forth at § 2800.27(b) include one-time benefits such as special tax incentives or stimulus payments. Residences may not charge residents for assistance with preparation of applications for special benefits.

Residences may only collect that portion of retroactive SSI benefits paid to a resident that they would otherwise have received for time that the resident resided in the assisted living residence, less the resident's personal needs allowance. The portion that is the Personal Needs Allowance (PNA) must be returned to the resident. A contract must have been in place at the SSI rate, from time of admission to time of retroactive payment.

Assisted living residences may only recover retroactively that portion that is for rent and assisted living services for which they had not received full payment. The resident shall retain the total personal needs allowance for each month (s)he resided in the residence. If the provider provided the resident with some spending monies, or made purchases on behalf of the resident that was clearly documented and substantiated, then the provider should be able to retrieve any monies advanced to the resident out of retroactive rewards.

SSI Recipients (continued)

Inspection Procedures: Inspectors will review contracts and payment methods for residents who are recipients of SSI benefits, and interview staff and residents as appropriate, to ensure that residences are in compliance with § 2800.27(a)-(e).

Primary Benefit: Ensures that low-income residents have some income available for discretionary spending. Protects residents from paying rent from benefits received for periods that the resident was not served in the residence. Ensures that supplemental third-party payments do not affect SSI eligibility.

27d1	2800.27(d)(1) - The administrator shall provide each resident who is a recipient of SSI, at no charge beyond the amount determined in § 2800.27(a), necessary personal hygiene items such as a comb, toothbrush, toothpaste, soap and shampoo. Cosmetic items are not included.
27d2	2800.27(d)(2) - The administrator shall provide each resident who is a recipient of SSI, at no charge beyond the amount determined in § 2800.27(a), laundry services for personal laundry, bed linens and towels, but not including dry cleaning or other specialized services.
27d3	2800.27(d)(3) - The administrator shall provide each resident who is a recipient of SSI, at no charge beyond the amount determined in § 2800.27(a), assistance or supervision in ADL or IADL, or both.

Discussion: Residences are not required to purchase cosmetics, or to provide specific brand-name hygiene items. "Necessary personal hygiene items" include:

- A hairbrush.
- Skin lotion.
- Deodorant.
- Razors.

The residence is not required to provide or pay for dry-cleaning or other special cleaning services.

"Assistance or supervision in ADL or IADL, or both" includes the services identified in the resident assessment-support plan or by a medical professional.

Inspection Procedures: See § 2800.27(a).

Primary Benefit: Ensures that residents with low incomes have necessary personal hygiene items, clean clothing, laundry, and towels. Ensures that residents with low incomes receive essential assisted living services.

Refunds	
28a	2800.28(a) - If, after the residence gives notice of transfer or discharge in accordance with § 2800.228(b) (relating to transfer and discharge), and the resident moves out of the residence before the 30 days are over, the residence shall give the resident a refund equal to the previously paid charges for rent, assisted living services and supplemental health care services, if applicable, for the remainder of the 30-day time period. The refund shall be issued within 30-days of transfer or discharge. The resident's personal needs allowance shall be refunded within 2 business days of transfer or discharge.
28b	2800.28(b) - After a resident gives notice of the intent to leave in accordance with § 2800.25(b) (relating to resident-residence contract) and if the resident moves out of the residence before the expiration of the required 14 days, the resident owes the residence the charges for rent and assisted living services and supplemental health care services, or both, for the entire length of the 14-day time period for which payment has not been made.
28c	2800.28(c) - If no notice is required, as set forth in § 2800.28(d), the resident shall be required to pay only for the nights spent in the residence.
28d	2800.28(d) - If the residence does not require a written notice prior to a resident's departure, the administrator shall refund the remainder of previously paid charges to the resident within 30 days of the date the resident moved from the residence.
28e	2800.28(e) - In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the living unit is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the residence shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. §§ 10226.101 – 10226.107). The residence shall keep documentation of the refund in the resident's record.
28f1	2800.28(f)(1) - Within 30 days of either the termination of service by the residence or the resident's leaving the residence, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the residence by the resident or a refund owed the resident by the residence.
28f2	2800.28(f)(2) - Refunds shall be made within 30 days of discharge.
28g	2800.28(g) - Upon discharge of the resident or transfer of the resident, the administrator shall return the resident's funds being managed or stored by the residence to the resident within 2 business days from the date the living unit is cleared of the resident's personal property.

Discussion: A resident "moves out" when the resident and any of the resident's personal belongings are no longer in the residence.

The timeframes for refunding residents' funds are as follows:

- Funds kept at the residence = the date the resident leaves the residence.
- Funds stored at another location that are managed by the residence = two business days from the date the resident leaves the residence.
- Pro-rated rent refunds = 30 days from the date the resident leaves the residence.
- A resident who is hospitalized and subsequently dies at the hospital without returning to the residence = 30 days from the day the bed-hold expires, i.e., the date of death.

The refund requirements at § 2800.28(a)-(d) are in accordance with the Elder Care Payment Restitution Act.

Residences have 30 days to determine if residents owe the residence money or if the residence owes residents money. If pension checks, social security checks, or SSI checks are mailed to the residence after the resident has left, the residence may not cash these checks, even if money is owed to the residence by the resident or his/her estate. These checks must be returned to the issuing authority along with contact information for the resident or the guardian of his/her estate, if known.

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

Primary Benefit: Ensures that resident funds are refunded promptly following discharge, and that the resident is informed of payments or refunds due in a timely manner.

Hospice Care and Services	
29	2800.29 - Hospice care and services that are licensed by the Department of Health as a hospice may be provided in an assisted living residence.

Questions: Does the residence serve persons who receive hospice care, either currently or in the normal course of business? If so, do any residents not evacuate during fire drills?

Discussion: A community that serves one or more residents who receive hospice care and services is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

1. A physician, who is not an employee or contractor of the community, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.
2. The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.
3. If practicable, the community is to locate the bedroom of a resident receiving hospice care and services on the ground level of the building and near an exit or fire-safe area as defined in § 2800.132(d) (relating to fire drills).

During a fire drill, one designated person at the community who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the above conditions and notify the affected resident and any staff person who attempts to evacuate the resident that the resident is not to be evacuated. The **informed staff person** is to immediately practice a fire drill evacuation as follows:

1. Access a mode of transport such as a bed on wheels, a chair on wheels or a drag mat in the resident's bedroom or nearby area, which is not currently occupied by the resident.
2. Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

In the event of an actual emergency, or if the informed staff person is not present in the resident's room, staff persons will proceed to evacuate the resident. All staff persons are to be trained to follow the evacuation procedures required by each resident who is actively dying and is not required to evacuate as indicated above.

The community is to maintain sufficient staffing at all times to provide for the safe evacuation of all residents, including residents who are actively dying while receiving hospice care and services, in accordance with the fire drill practice requirements specified above and § 2800.132(a)—(j).

A resident who is actively dying and is not required to evacuate as indicated above is a resident with mobility needs.

A hospice agency staff person may participate in the fire drill if the staff person is physically present in the community continuously on a 24-hour basis during the active dying process.

The total time to evacuate all residents, including the practiced evacuation, may not exceed the time allotted under § 2800.132(d).

The resident's Assessment and Support Plan (ASP) must reflect the requirements of this section as it relates to each resident who is actively dying while receiving hospice care and services.

Documentation of compliance with this section must be kept in the fire drill record, as well as in the resident's record. The documentation must include the following:

1. A copy of the Department of Health license for the hospice agency.
2. Written certification by the physician as specified above.
3. Written informed consent as specified above.
4. Written documentation of the community's consideration of relocation of the resident's bedroom as specified above.

Hospice Care and Services (continued)
Inspection Procedures: Inspectors will review the community's resident records for all residents who receive hospice care and do not evacuate during fire drills to verify that the required materials are present, and will interview staff to ensure that the practice procedures are being followed. **Primary Benefit:** Balances the need to protect residents from injury or death by fire against hastened death due to evacuation during a drill.

Informed Consent Agreements

55 Pa.Code § 2800.30 specifies requirements for the informed consent process. The term "community" will be used in lieu of "residence" in this section for easier readability. The inspection procedures for this section all involve reviewing the informed consent agreements (ICA).

30a1	2800.30(a)(1) - When a licensee determines that a competent resident's decision, behavior or action creates a dangerous situation and places the competent resident, other residents or staff members at risk of harm by the competent resident's wish to exercise independence in directing the manner in which the competent resident receives care, the licensee may initiate an informed consent process to address the identified risk and to reach a mutually agreed-upon plan of action with the competent resident or the resident's designated person. The initiation of an informed consent process does not guarantee that an informed consent agreement, which is agreeable to all parties, will be reached and executed.
30a2	2800.30(a)(2) - When a competent resident wishes to exercise independence in directing the manner in which the competent resident receives care, the competent resident may initiate an informed consent process to modify the support plan and attempt to reach a mutually agreed upon plan of action with the licensee.

Discussion: Either the community or the resident may seek to enter into an ICA. Initiating the ICA process doesn't guarantee that an ICA will be successfully negotiated.

Primary Benefit: Allows residents to choose their own manner of living without putting others at risk of harm. Offers communities the option to serve persons with unique needs or desires.

30a3	2800.30(a)(3) - An incompetent resident shall be eligible for an informed consent agreement only if the resident's legal representative is included in the negotiation of the informed consent agreement and executes the agreement.

Discussion: An "incompetent resident" is a resident who has a court-appointed guardian. A "legal representative" is the court-appointed guardian for the purposes of applying this regulation. Powers of attorney may not negotiate an informed consent agreement on behalf of an impaired resident.

Primary Benefit: Permits residents who are unable to make decisions about health and well-being to benefit from the ICA process.

30b1	2800.30(b)(1) - When the licensee chooses to initiate an informed consent process, the provider shall do so by notifying the competent resident and, if applicable, the resident's designated person in writing and orally. The notification must include the contact information for the ombudsman. For incompetent residents, the ombudsman shall be automatically notified by the licensee. Notification shall be documented in the resident's file by the licensee.
30b2	2800.30(b)(2) - When a competent resident chooses to initiate an informed consent negotiation, the competent resident shall do so by notifying the licensee in writing and orally. Notification shall be documented in the competent resident's file by the licensee. When a legal representative for an incompetent resident chooses to initiate an informed consent negotiation, the legal representative shall do so by notifying the licensee in writing or orally. Notification shall be documented in the incompetent resident's file by the licensee.

Discussion: Whoever seeks to initiate the ICA process must inform the other party orally and in writing. If the community is seeking to begin the process, contact information for the local ombudsperson must be included on the written notification. If a resident has a court-appointed guardian, the community must notify the local ombudsperson that an ICA is sought.

Primary Benefit: Documents the initiation of the ICA process.

30c	2800.30(c) - A resident who is not incompetent shall be entitled, but is not required, to involve his legal representative and physician, and any other individual the competent resident wants involved, to participate or assist in the discussion of the competent resident's wish to exercise independence and, if necessary, in developing a satisfactory informed consent agreement that balances the competent resident's choices and capabilities with the possibility that the choices will place the resident, other residents or staff members at risk of harm.

Discussion: The resident may involve anyone (s)he wishes in the ICA process.

Primary Benefit: Protects the resident's right to right to freely associate, organize and communicate privately with his/her friends, family, physician, attorney and other persons during the ICA process.

30d1	2800.30(d)(1) - In a manner the competent resident can understand, the licensee shall discuss the competent resident's wish to exercise independence in directing the manner in which he receives care. The discussion must relate to the decision, behavior or action that places the competent resident, other residents or staff members at risk of harm and hazards inherent in the resident's action. The discussion must include reasonable alternatives, if any, for mitigating the risk, the significant benefits and disadvantages of each alternative and the most likely outcome of each alternative. In the case of an incompetent resident, the incompetent resident's legal representative shall participate in the discussion.

Discussion: All of the requirements of this regulation apply when the ICA process is initiated by the community. If the ICA process is initiated by a resident, the community is obligated to consider and respond to the resident's request.

Primary Benefit: Ensures that the ICA process is unique to individual residents or situations.

30d2	2800.30(d)(2) - A resident may not have the right to place other residents or staff members at risk, but, consistent with statutory and regulatory requirements, may elect to proceed with a decision, behavior or action affecting only his own safety or health status, foregoing alternatives for mitigating the risk, after consideration of the benefits and disadvantages of the alternatives including his wish to exercise independence in directing the manner in which he receives care. The licensee shall evaluate whether the competent resident understands and appreciates the nature and consequences of the risk, including the significant benefits and disadvantages of each alternative considered, and then shall further ascertain whether the competent resident is consenting to accept or mitigate the risk with full knowledge and forethought.

Discussion: If a resident chooses to live in a manner that may put the resident at risk of harm, but does not put others at risk of harm, and if the parties agree, the ICA has been "successfully negotiated." The community is under no obligation to initiate or enter into an ICA.

Primary Benefit: Allows residents to choose their own manners of living without putting others at risk of harm. Offers communities the option to serve persons with unique needs or desires.

30e	2800.30(e) - If the parties agree, the informed consent agreement shall be reduced to writing and signed by all parties, including all individuals engaged in the negotiation at the request of the competent resident, and shall be retained in the resident's file as part of the service plan.
30f	2800.30(f) - If the parties do not agree, the licensee shall notify the resident, the resident's legal representative and the individuals engaged in the informed consent negotiation at the request of the resident. The community shall include contact information on the local ombudsman or the appropriate advocacy organization and whether the licensee will issue a notice of discharge.

Discussion: An ICA must be documented in writing and take the form of a contract between the resident and the community. The community may use a template ICA, but each ICA must be unique to the specific situation at hand. If the parties cannot agree, the community must provide written notice of "unsuccessful negotiation" to the resident and anyone else the resident wishes to receive it. The written notice must include contact information for the local ombudsperson.

Primary Benefit: Documents the conclusion of the ICA process.

30g	2800.30(g) - An informed consent agreement must be voluntary and free of force, fraud, deceit, duress, coercion or undue influence, provided that a licensee retains the right to issue a notice of involuntary discharge in the event a resident's decision, behavior or action creates a dangerous situation and places other residents or staff members at risk of harm and, after a discussion of the risk, the resident declines alternatives to mitigate the risk.

Discussion: Self-explanatory.

Primary Benefit: Ensures that the resident is protected from coercion during the ICA process.

30h	2800.30(h) - An informed consent agreement must be unique to the resident's situation and his wish to exercise independence in directing the manner in which he receives care. The informed consent agreement shall be utilized only when a resident's decision, behavior or action creates a situation and places the resident, other residents or staff members at risk of harm. A licensee may not require execution of an informed consent agreement as a standard condition of admission.

Discussion: Self-explanatory.

Primary Benefit: Ensures that "standard" ICAs are not used to reduce a community's obligation to provide services to residents.

30i	2800.30(i) - Execution of an informed consent agreement does not constitute a waiver of liability beyond the scope of the agreement or with respect to acts of negligence, tort, products defect, breach of fiduciary duty, contract violation, or any other claim or cause of action. An informed consent agreement does not relieve a licensee of liability for violation of statutory or regulatory requirements promulgated under this chapter nor does it affect the enforceability of regulatory provisions including those provisions governing admission or discharge or the permissible level of care in an assisted living community.

Discussion: ICAs do not automatically waive any regulatory requirements, but the Department will take ICAs into consideration when determining whether a regulatory violation exists.

Primary Benefit: Protects a resident's right to receive the services specified in the resident-community contract.

30j	280030(j) - An informed consent agreement must be updated following a significant change in the resident's condition that affects the risk potential to the resident, other residents or staff members.

Discussion: Self-explanatory.

Primary Benefit: Ensures that ICAs reflect a resident's current needs and condition.

30k	2800.30(k) - Either party has a right to rescind the informed consent agreement within 30 days of execution of the agreement.

Discussion: Self-explanatory.

Primary Benefit: Permits either party to void an ineffective ICA.

RESIDENT RIGHTS

Notification of Rights and Complaint Procedures	
41a	2800.41(a) - Upon admission, each resident and, if applicable, the resident's designated person, shall be informed of resident rights and the right to lodge complaints without intimidation, retaliation, or threats of retaliation by the residence or its staff persons against the reporter. Retaliation includes transfer or discharge from the residence.
41b	2800.41(b) - Notification of rights and complaint procedures shall be communicated in an easily understood manner and in a language understood by or mode of communication used by the resident and, if applicable, the resident's designated person.
41d	2800.41(d) - A copy of the resident's rights and complaint procedures shall be given to the resident and, if applicable, the resident's designated person, upon admission.
41e	2800.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2800.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Discussion: A complaint is any oral or written criticism, dispute, or objection raised by or on behalf of a resident of the residence, without regard to whom the complaint is directed. Retaliation includes any negative sanction against the resident. It is recommended that this be included in the resident-community contract. The language or mode of communication used (including sign language) to communicate this information must be clearly understood by the resident. Interpreters must be used if necessary.

Complaint procedures include:

- The residence's internal complaint procedures.
- The procedures for filing complaints with the Department.
- The procedures for filing a complaint with the long-term care ombudsman.
- The procedures required by § 2800.44.

It is recommended that this information be included in the resident-community contract. If it is included in the resident-community contract, the contract signature page will suffice for compliance with § 2800.41(e).

It is recommended that the notification of rights and complaint procedures be displayed so non-English speakers and persons with visual impairment can read and understand the rights poster.

Inspection Procedures: Inspectors will interview newly admitted residents to determine if they have been informed of their right to lodge complaints, and will ask residents if they believe they are able to lodge complaints without retaliation. If the interview process reveals any concerns, inspectors will review the residence's policies relating to rights notification and interview management staff as appropriate. Inspectors will interview the administrator and any residents who use a language or mode of communication other than English to verify that the residents were provided this information in a manner that they easily understand.

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

See Also: § 2800.44(a) (relating to complaint procedures).

41c	2800.41(c) - The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the residence.

Discussion: The Department's poster of the list of residents' rights is available on the Department's website.

Inspection Procedures: Inspectors will verify that the poster is present in a conspicuous and public place during the inspection.

Primary Benefit: Ensures that residents have ready access to a list of resident rights for reference, and that residents are aware of who they may contact with a complaint.

Specific Rights

NOTE: Compliance with all of the regulations in Chapter 2800 is required, but be advised that the Department considers any violation of a resident's rights to be <u>extremely</u> serious.

42a	2800.42(a) - A resident may not be discriminated against because of race, color, religious creed, disability, ancestry, sexual orientation, national origin, age or sex.

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

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

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

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

Remember that the services the residence will provide and the criteria for admission and discharge must be included in the residence's written description of services and activities – see § 2800.223.

This requirement requires compliance with discrimination as clarified in this document for the purpose of regulatory compliance. Residences are responsible for compliance with all existing statutes and regulations relating to civil rights and discrimination; see § 2800.18.

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

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

42b	2800.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. A resident must be free from mental, physical, and sexual abuse and exploitation, neglect, financial exploitation and involuntary seclusion.

Discussion: This regulation prohibits the following:

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

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

Primary Benefit: Protects residents from abuse and neglect.

42c	2800.42(c) - A resident shall be treated with dignity and respect.

Discussion: All residents, regardless of age, disability, or behavior, are entitled to dignified and respectful treatment.

Inspection Procedures: Inspectors will interview residents regarding treatment by staff and other residents. Additional procedures will vary based on the circumstances of the situation.

Primary Benefit: Ensures that residents are treated in a respectful and dignified manner.

42d	2800.42(d) - A resident shall be informed of the rules of the residence and given 30 days' written notice prior to the effective date of a new residence rule.

Discussion: It is recommended that residents be informed of the residence's rules both orally and in writing upon admission; this benefits both the residents and the residences. Please see "Residence Rules" in the "Regulatory Issues and Frequently-Occurring Situations" section.

Inspection Procedures: Inspectors will interview residents regarding their knowledge of the residence rules. The interview will include asking residents if there have been any changes to the rules within the past year, and reviewing the notices provided to residents of the change.

Primary Benefit: Ensures that residents are aware of the residence rules and have adequate notice of changes.

42e	2800.42(e) - A resident shall have access to a telephone in the residence to make calls in privacy. Nontoll calls must be without charge to the resident.

Discussion: In order to ensure that privacy is protected:

- A telephone must be available to residents at all times of the day or night.
- The phone must be arranged so that residents can make private calls without being heard by staff or other residents.
- A residence may not require residents to ask for the telephone or ask permission to use the telephone.
- Residences may not screen incoming calls to residents.

The number of phones should be commensurate with the number of residents so that telephone access is available without unreasonable wait times, generally considered to be any wait time greater than 20 minutes. Cordless or cell phones are acceptable for this purpose.

Sign-out sheets are permissible to keep track of the cordless telephones. While time limits on phone calls are not permitted, the residence may counsel residents who monopolize the use of the phone.

"Nontoll calls" do not include long distance or out-of-area calls. If the residence has a telephone package with a single rate (such as web-based phone service), the residence may not charge for any calls made by a resident, since there is no way to determine who made what calls and what the cost of those calls would be without violating the residents' privacy.

Inspection Procedures: Inspectors will observe the location of available telephones to ensure that privacy is protected, and will interview residents about the availability of the phone.

Primary Benefit: Protects residents' right to privacy and ensures that residents have ready access to communication outside the residence.

42f	2800.42(f) - A resident has the right to receive and send mail. Outgoing mail may not be opened or read by staff persons unless the resident requests. Incoming mail may not be opened or read by staff persons unless upon the request of the resident or the resident's designated person.

Discussion: Incoming mail addressed to a resident may only be opened by the resident, unless the resident or the resident's designated person requests that staff open the mail; the only exception to this is mail order medications ordered by the residence and addressed to a resident who cannot self-administer medications.

It is recommended that outgoing mail mailed on behalf of a resident be mailed within one business day, and that incoming mail be provided to residents on the day it arrives at the residence.

Inspection Procedures: Inspectors will interview staff and residents regarding the residence's mail processing procedures.

Primary Benefit: Protects resident privacy when communicating with individuals outside the residence.

42g	2800.42(g) - A resident has the right to communicate privately with and access the local ombudsman.

Discussion: The long-term care ombudsman may access the residents, records, and premises at any time. See § 2800.5(a)(3).

Inspection Procedures: Inspectors will interview staff and residents regarding the access to the long-term care ombudsman.

Primary Benefit: Protects residents' right to privately communicate with advocates outside the residence.

42h	2800.42(h) - A resident has the right to practice the religion or faith of the resident's choice, or not to practice any religion or faith.

Discussion: A residence may not establish residence rules or contractual provisions related to religious practice or beliefs.

Inspection Procedures: Inspectors will interview staff and residents regarding the residents' rights to practice or abstain from religious activities.

Primary Benefit: Protects the residents' freedom of religion.

42i	2800.42(i) - A resident shall receive assistance in accessing health care services, including supplemental health care services.

Discussion: Examples of assistance include:

- Identifying health care providers who accept a resident's health care insurance
- Scheduling appointments
- Arranging for transportation to and from the appointment

Assistance does not include:

- Paying for health care

Inspection Procedures: Inspectors will interview staff and residents regarding the residence's procedures for offering assistance in accessing health services, including supplemental health care services.

Primary Benefit: Ensures that residents are able to access necessary health care services, including supplemental health care services.

42j	2800.42(j) - A resident shall receive assistance in obtaining and keeping clean, seasonal clothing. A resident's clothing may not be shared with other residents.

Discussion: Depending on the needs and financial restraints of the resident, "assistance" could include:

- Arranging for transportation to clothing retailers or clothing banks.
- Obtaining a stock of clean clothing to be distributed to residents with low incomes.
- Soliciting clothing donations from charitable organizations or faith-based institutions.

Assistance shall be provided such that each resident has the opportunity to obtain appropriate clothing including outerwear and footwear. No clothing may be shared between residents at the suggestion of the residence.

Unless the resident has cognitive impairments that hamper his/her ability to make decisions as identified through the assessment-support plan process, the resident may choose to wear whatever clothing desired during any season of the year.

Inspection Procedures: Inspectors will observe residents' clothing during the inspection to ensure that it is clean, seasonally appropriate, and in good repair, and will interview staff about the residence's process to provide assistance with securing clothing.

Primary Benefit: Ensures that residents have clean, comfortable clothing regardless of season.

42k	2800.42(k) - A resident and the resident's designated person, and other individuals upon the resident's written approval shall have the right to access, review and request corrections to the resident's record.

Discussion: Access should be provided during business hours with or without appointment. Corrections shall be made as required by this regulation, unless the requested correction is erroneous. No one other than the resident or designated person may have access without the written approval of the resident, except as allowed by State and Federal law.

Inspection Procedures: Inspectors will interview staff and residents to verify that records are available for review.

Primary Benefit: Ensures that residents have access to their records and can make corrections to erroneous information contained in them.

42l	2800.42(l) - A resident has the right to furnish his living unit and purchase, receive, use and retain personal clothing and possessions.

Discussion: Resident furniture or other possessions shall be permitted unless they violate other sections of Chapter 2800 (such as a chair in bad repair or a firearm).

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

Primary Benefit: Preserves resident choice, independence, and comfort.

42m	2800.42(m) - A resident has the right to leave and return to the residence at times consistent with the residence rules and the resident's support plan.

Discussion: The residence must permit residents to leave and return to the residence at all times of day, consistent with the resident's need for supervision. It is critical to properly complete residents' assessments-support plans to both meet residents' needs and effectively protect this right. The residence may not deny access to a resident who returns to the residence at any hour, even if in violation of residence rules; however, repeated, documented violation of the residence's rules are grounds for discharge.

If a resident insists on leaving or returning to the residence at an hour not permitted by the residence rules, a violation of the residence rules may be documented and the resident may be counseled or discharged after repeated violations. Residence rules may also require residents to sign in and out when leaving the grounds of the residence.

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

Primary Benefit: Protects the resident's rights to be free of confinement and liberty to choose his/her own destiny.

42n	2800.42(n) - A resident has the right to relocate and to request and receive assistance, from the residence, in relocating to another facility. The assistance must include helping the resident get information about living arrangements, making telephone calls and transferring records.

Discussion: Assistance must be provided without retaliation or threat of retaliation.

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

Primary Benefit: Ensures that residents have the assistance necessary if they wish to move to another residence.

42o	2800.42(o) - A resident has the right to freely associate, organize and communicate privately with his friends, family, physician, attorney and other persons.

Discussion: Residents may visit privately in their rooms with other residents or outside visitors without restriction. The residence may not prohibit consensual sexual activity between residents.

If the residence has documented evidence that a particular person poses a danger to the resident or other residents in the residence, or if a visitor engages in behavior that causes a disruption in services to residents of the residence, the residence may restrict the dangerous person's access to the grounds, not the resident's right to see the person. Nothing in this regulation prohibits the residence from denying access based on court orders or the request of a resident's guardian.

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

Primary Benefit: Preserves residents' right to free association and private contact with individuals outside the residence.

42p	2800.42(p) - A resident shall be free from restraints.

Discussion: See § 2800.201 and 202.

Inspection Procedures: See § 2800.201 and 202.

Primary Benefit: Protects residents' right to liberty and dignified treatment.

42q	2800.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the residence. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the residence.

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

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

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

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

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

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

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

Primary Benefit: Protects residents from exploitation.

42r	2800.42(r) - A resident has the right to receive visitors at any time provided that the visits do not adversely affect other residents. A residence may adopt reasonable policies and procedures related to visits and access. If the residence adopts those policies and procedures, they will be binding on the residence.

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

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

See § 2800.42(o) for information on dangerous or threatening visitors.

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

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

42s	2800.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

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

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

Audio and Video Monitoring –

- Audio monitoring in any location on the grounds of the residence is prohibited.
- Video monitoring and recording of the residence's exterior is permitted.
- Video monitoring of the residence's interior common areas is permitted.
- Video recording is permitted in interior areas completely inaccessible to residents, such as medication and supply storage areas.
- Video recording of the residence's entrances and exits and the interior corridors leading to entrances and exits is permitted, provided that:
    - i. Residents are informed at admission that these areas are subject to video recording.
    - ii. Signs indicating that images are being recorded are posted in the areas that are being recorded.

All other recording of interior areas by the residence is a violation of resident privacy and therefore prohibited. Staff may not photograph or video record residents with private cell phones or other electronic devices.

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

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

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

§ 2800.42s (continued)
The residence may not confiscate personal property from a resident, unless: • Possession of the property constitutes a violation of this chapter. • Possession of the property poses an immediate threat to the health and safety of the resident, other residents, or staff persons. **Illicit Items** – • The residence may prohibit the use of alcohol and tobacco on the premises, but may not confiscate these items from a resident or prohibit the possession of these items. • The residence may prohibit illegal drugs on the premises, but must call the police if drugs are found or suspected. • The residence may prohibit pornography or offensive materials in common areas of the residence, but may not prohibit residents from possessing such materials and viewing them in privacy. If alcohol or pornographic materials cause or increase problematic behaviors in residents, the residence must use the assessment-support plan process, positive interventions (see § 2800.201), and/or the discharge process to address these behaviors. **Inspection Procedures:** Inspectors will interview staff and residents to verify that this right is protected. **Primary Benefit:** Protects residents' right to privacy while protecting other residents from dangerous and harmful items.

42t	2800.42(t) - A resident has the right to file complaints, grievances or appeals with any individual or agency and recommend changes in policies, residence rules and services of the residence without intimidation, retaliation or threat of discharge.

Discussion: Self-explanatory.

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

Primary Benefit: Permits residents to express concerns and make recommendations without fear of negative consequences.

42u	2800.42(u) - A resident has the right to remain in the residence, as long as it is operating with a license, except as specified in § 2800.228 (relating to transfer and discharge).

Discussion: "Remain in the residence" in this case means "not be discharged." Residents' right to stay in the residence during the day (as opposed to being forced to leave) is protected by other regulations. See § 2800.101(i) and § 2800.228.

Inspection Procedures: See § 2800.228.

Primary Benefit: Protects residents from indiscriminate discharge and the anxiety of homelessness.

42v	2800.42(v) - A resident has the right to receive services contracted for in the resident-residence contract.

Discussion: This includes services detailed in the Resident Assessment-Support Plan as well as other services specified in the contract.

Inspection Procedures: Inspectors will review resident-community contracts and interview staff and residents to verify that this right is protected.

Primary Benefit: Ensures that residents receive the services for which they are paying and which the residence is required by Chapter 2800 to provide.

42w	2800.42(w) - A resident has the right to use both the residence's procedures and external procedures to appeal involuntary discharge.

Discussion: Residences are not required to produce internal appeal processes, but it is strongly recommended that they do so. External procedures include complaints to the Department which will be investigated as potential violations of § 2800.228(h) and any remedies provided through the tort judicial system.

Inspection Procedures: Procedures will vary based on the circumstances of the situation.

Primary Benefit: Protects the residents' right to appeal what may be an inappropriate discharge.

42x	2800.42(x) - A resident has the right to a system to safeguard a resident's money and property.

Discussion: Residences usually safeguard money and property by:

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

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

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

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

42y	2800.42(y) – To the extent prominently displayed in the written resident-residence contract, a residence may require residents to use providers of supplemental health care services as provided in § 2800.142 (relating to assistance with medical care and supplemental health care services). When the residence does not designate, the resident may choose the supplemental health care service provider. The actions and procedures utilized by a supplemental health care service provider chosen by a resident must be consistent with the residence's systems for caring for residents.

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

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

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

Residences may specify that health care providers provide services in a manner that is consistent with the residence's operations. For example, residences may require that medications be packaged in a manner consistent with the residence's system of handling and assisting with medications, or that home-health agencies interact with residence staff in a manner that is consistent with the residence's operations.

Inspection Procedures: Inspectors will review the resident-community contract to determine if the residence requires residents to use the residence's supplemental healthcare service providers. When the residence does not designate, inspectors may also interview residents of the residence to determine if residents are permitted to choose their own supplemental health care provider.

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

42z	2800.42(z) - The resident has the right to choose his primary care physician.

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

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

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

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

Inspection Procedures: Inspectors will review the resident-community contract to determine if the residence requires residents to use the residence's supplemental health care service providers. When the residence does not designate, inspectors may also interview residents of the residence to determine if residents are permitted to choose their own supplemental health care provider.

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

Prohibition Against Deprivation of Rights	
43a	2800.43(a) - A resident may not be deprived of his rights.

Discussion: Rights include the specific rights articulated in Chapter 2800 as well as all civil rights provided by state and federal law.

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

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

43b	2800.43(b) - A resident's rights may not be used as a reward or sanction.

Discussion: Residents' rights may not be delayed, withheld, offered as a reward to elicit resident behaviors, or threatened to be withheld as an incentive to elicit resident behaviors at any time.

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

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

Complaint Procedures	
44b	2800.44(b) - The residence shall permit and respond to oral and written complaints from any source regarding an alleged violation of resident rights, quality of care or other matter without retaliation or the threat of retaliation.
44c	2800.44(c) - If a resident indicates that he wishes to make a written complaint, but needs assistance in reducing the complaint to writing, the residence shall assist the resident in writing the complaint.
44d	2800.44(d) - The residence shall ensure investigation and resolution of complaints. The residence shall designate the staff person responsible for receiving complaints and determining the outcome of the complaint. The residence shall keep a log of all complaints and the outcomes of the complaints.
44e	2800.44(e) - Within 2 business days after the submission of a written complaint, a status report shall be provided by the residence to the complainant. If the resident is not the complainant, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report must indicate the steps that the residence is taking to investigate and address the complaint.
44f	2800.44(f) - Within 7 days after the submission of a written complaint, the residence shall give the complainant and, if applicable, the designated person, a written decision explaining the residence's investigation findings and the action the residence plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the residence's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

Discussion: The residence must be able to demonstrate the process by which it will respond to, investigate, and resolve complaints, and to provide status reports and final written reports within the time frames set forth in the regulations. The Department will request a description of the process even if no complaints have been filed. Although this regulation does not specify the need for written procedures, it is strongly recommended that written procedures be developed, as they are the most efficient means of ensuring compliance with this regulation AND this information must be provided to residents in accordance with § 2800.41(b).

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

Primary Benefit: Provides residents and others with a mechanism to freely file complaints and offer suggestions for improvement, that residents with assisted living needs have the mechanisms necessary to document complaints in writing, that communities respond to resident complaints, and that residents are informed of the outcome of the complaint investigation.

STAFFING

Criminal History Checks	
51	2800.51 - Criminal history checks shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102), and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

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

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

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

Primary Benefit: Ensures that employees with prohibitive offenses do not work in assisted living residences.

Staff Hiring, Retention and Utilization	
52	2800.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102), 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

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

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

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

Primary Benefit: Ensures that employees with prohibitive offenses do not work in assisted living residences.

Qualifications and Responsibilities of Administrators

53a	2800.53(a) - The administrator shall have <u>one</u> of the following qualifications: (1) A license as a registered nurse from the Department of State and 1 year, in the prior 10 years, of direct care or administrative experience in a health care or human services field. (2) An associate's degree or 60 credit hours from an accredited college or university in a human services field and 1 year, in the prior 10 years, of direct care or administrative experience in a health care or human services field. (3) An associate's degree or 60 credit hours from an accredited college or university in a field that is not related to human services and 2 years, in the prior 10 years, of direct care or administrative experience in a health care or human services field. (4) A license as a licensed practical nurse from the Department of State and 1 year, in the prior 10 years, of direct care or administrative experience in a health care or human services field. (5) A license as a nursing home administrator from the Department of State and 1 year, in the prior 10 years, of direct care or administrative experience in a health care or human services field. (6) With the exception of administrators qualified under § 2600.53(a)(5) (relating to qualifications and responsibilities of administrators), experience as a personal care home administrator, if the following requirements are met: i. Employed as a personal care home administrator for 2 years prior to January 18, 2011. ii. Completed the administrator training requirements and pass the Department-approved competency-based training test in § 2800.64 (relating to administrator training and orientation) by January 18, 2012.

Discussion: Documentation of compliance with these requirements must be kept at the residence and available for review. Documentation includes:

- A list of job duties as of January 18, 2011.
- Dates and location(s) of employment as an administrator.

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

Personal care home administrators who have taken the 100 hour administrator training course under 55 Pa. Code § 2600.64(a)(2) are only required to take the 15 hour supplemental course. Personal care home administrators who took the 40-hour course required by 55 Pa.Code Chapter 2620 (the personal care home regulations in place prior to October 25, 2005) and have not had more than a year break in service since the course was completed, and who take the 15-hour assisted living course supplement and pass the related competency test qualify as assisted living residence administrators.

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

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

53b	2800.53(b) - The administrator shall be 21 years of age or older.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review a copy of the administrator's driver's license or birth certificate to verify compliance with the regulation.

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

Responsibilities of Administrators	
53c	2800.53(c) - The administrator shall be responsible for the administration and management of the residence, including the health, safety and well-being of the residents, implementation of policies and procedures and compliance with this chapter.
53d	2800.53(d) - The administrator shall have the ability to provide assisted living services or to supervise or direct the work to provide assisted living services.
53e	2800.53(e) - The administrator shall have knowledge of this chapter.
53f	2800.53(f) - The administrator shall have the ability to comply with applicable laws, rules and regulations, including this chapter.
53g	2800.53(g) - The administrator shall have the ability to maintain or supervise the maintenance of financial and other records.

Discussion: § 2800.53(c)-(g) sets forth the knowledge, skills, and abilities required to properly manage and administer an assisted living residence.

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

Primary Benefit: Ensures that administrators have the knowledge, skills, and abilities required to properly manage and administer an assisted living residence.

53h	2800.53(h) – At all times the administrator shall be free from a medical condition, including drug or alcohol addiction that would limit the administrator from performing duties with reasonable skill and safety.

Discussion: Self-explanatory.

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

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

Qualifications for Direct Care Staff Persons	
54a	2800.54(a) - Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in § 2800.54(d). (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary assisted living services with reasonable skill and safety. (4) Be able to communicate in a mode or manner understood by the resident.

Discussion: The requirements at § 2800.54(a) apply to all staff, regardless of date of hire.

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

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

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

54b	2800.54(b) - A volunteer who performs or provides ADLs shall meet the staff person qualifications and training requirements specified in this chapter.

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

Inspection Procedures: Inspectors will review the qualifications of a volunteer who performs ADLs exactly as they would review the qualifications of a direct care staff person in accordance with § 2800.54(a) - (b). Inspectors will review the training of a volunteer who performs ADLs exactly as they would review the training of a direct care staff person in accordance with § 2800.65(a) - (i).

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

54c	2800.54(c) – A resident receiving assisted living services who voluntarily performs tasks in the residence will not be considered a volunteer under this chapter.

Discussion: Self-explanatory.

Inspection Procedures: Self-explanatory.

Primary Benefit: Ensures that residents who receive assisted living services and who voluntarily performs tasks in the residence are not held to the same standards that volunteers of the residence are.

54d	2800.54(d) – Food services or housekeeping staff may be 16 or 17 years of age.

Discussion: This regulation addresses students who work in the residence who have not yet completed their secondary educations. A student who is currently enrolled in high school who does not yet have his/her high school diploma may provide assistance with food services or housekeeping.

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

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

Administrator Staffing

56	2800.56 – Except for temporary absences under § 2800.56(b), the administrator shall be present in the residence an average of 36 hours or more per week, in each calendar month. At least 30 hours per week must be during normal business hours.

Discussion: This regulation requires the administrator to work in the residence performing administrator duties an average of 36 hours per week in each calendar month. This is the minimum requirement; the residence may require additional administrator hours, depending on the amount of time the administrator needs to fulfill all of his or her requirements.

The residence may designate multiple administrators. If there are multiple individuals in a residence who fulfill the qualifications, training and responsibilities of an administrator, the individuals may share the 36 hours. Each person who is designated as an administrator will be held equally responsible for meeting the requirements at § 2800.53(b)-(h).

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

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

Direct Care and Professional Staffing	
57a	2800.57(a) - At all times one or more residents are present in the residence, a direct care staff person who is 21 years of age or older shall be present in the residence. The direct care staff person may be the administrator if the administrator provides direct care services.
57b	2800.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of assisted living services to each mobile resident.
57c	2800.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of assisted living services to each resident who has mobility needs.
57d	2800.57(d) - At least 75% of the assisted living service hours specified in § 2800.57(b) and § 2800.57(c) shall be available during waking hours.
58	2800.58 - Direct care staff persons on duty in the residence shall be awake at all times.
60a	2800.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.
60b	2800.60(b) - The staffing level in this chapter is minimum only. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the residence and the operation and management of the residence.
60c	2800.60(c) - Additional staff hours, or contractual hours, shall be provided as necessary to meet the transportation, laundry, food service, housekeeping and maintenance needs of the residence.
60d	2800.60(d) - In addition to the staffing requirements in this chapter, the residence shall have a licensed nurse available in the building or on call at all times. The licensed nurse shall be either an employee of the residence or under contract with the residence.
60e	2800.60(d) - The residence shall have a dietician on staff or under contract to provide for any special dietary needs of a resident as indicated in his support plan.

Discussion: Anyone who meets the qualifications of a direct-care staff person and is 21 years of age or older (including the administrator or a volunteer) will serve to meet the requirements of § 2800.57(a).

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

The staffing requirements required by § 2800.57(b)-(d) are the minimum allowable staff hours for regulatory compliance. Additional staff hours may need to be provided based on the needs identified in each resident's assessment-support plan. Examples of needs that may necessitate additional staffing include:

- Hands-on assistance to ambulate or evacuate from one or more persons.
- 24-hour direct supervision.
- An acute medical condition that requires special treatment or observation.

See the "Direct Care and Professional Staffing" in "Regulatory Issues and Frequently-Occurring Situations" for more information about these requirements. For questions about a specific situation that may require additional staffing, please contact the Department's Operator Support Hotline.

Inspection Procedures: Inspectors will review staff schedules and payroll records to verify that this requirement is met. Inspectors will interview the administrator, staff and residents to ensure direct care staff persons are always awake and available in the residence. Inspectors will review a sample of residents' assessments and support plans to determine if any additional assisted living staffing hours are specified and/or needed. Inspectors may interview staff persons and residents to determine if there is sufficient staffing to provide all of the necessary assisted living services. Inspectors will interview staff and residents to ensure there is sufficient staffing to provide all the services as specified in the residents' assessments and support plans and to complete all the housekeeping, food service, and maintenance duties of the residence. Inspectors may review the residence's records to determine the number of hours provided to complete the laundry, food service, housekeeping, and maintenance needs of the residence. Inspectors will review the residence's system for supplying sufficient, adequately trained staff if regularly scheduled

staff persons are absent.

Primary Benefit: Ensures that a person qualified to meet residents' needs or seek help in an emergency is present in the residence. Ensures that sufficient staff hours are provided to meet residents' basic assisted living needs. Ensures that medical and dietary professionals are available to meet residents' needs.

Substitute Personnel

61	2800.61 - When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in § 2800.54 and § 2800.65.

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

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

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

List of Staff Persons

62	2800.62 - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Discussion: Self-explanatory.

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

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

First Aid, CPR and Obstructed Airway Training

63a	2800.63(a) – For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

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

- At least one staff person who is trained in first aid AND one staff person who is certified in obstructed airway techniques/CPR, OR
- At least one staff person who is trained in BOTH first aid AND certified in obstructed airway techniques/CPR

…for every 35 *or fewer* residents who are present in the residence or may be present in the residence on a given day. The table below shows the minimum number of trained and certified staff who must be present in the residence in order to comply with this regulation:

Number of Residents	Number of Staff who Must be Trained in First Aid (May also be the staff person who is certified in obstructed airway techniques/CPR)	Number of Staff who Must be Certified in Obstructed Airway Techniques/CPR (May also be the staff person who is trained in first aid)
Between 1 and 35	1	1
Between 36 and 70	2	2
Between 71 and 105	3	3
Between 106 and 140	4	4
Between 141 and 175	5	5

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

§ 2800.63(a) (continued)

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

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

63b	2800.63(b) - Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Discussion: "Recognized health care organization" includes but is not limited to:

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

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

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

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

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

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

63c	2800.63(c) – Licensed, certified and registered medical personnel meet the qualifications in § 2800.63(a) and are exempt from the training requirements in subsections § 2800.63(a) and § 2800.63(b).

Discussion: Licensed, certified and registered medical personnel include:

- A Certified Nurse Assistant (CNA).
- A Licensed Practical Nurse (LPN).
- A Registered Nurse (RN).
- A Physician.
- An Emergency Medical Technician (EMT).

Licenses must be in good standing and not expired.

Inspection Procedures: Inspectors will verify the licensure status of any licensed, certified and registered medical personnel the residence employs for compliance with § 2800.63(a).

Primary Benefit: Permits the residence to include medical personnel to meet residents' emergency care needs.

63d	2800.63(d) - A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his/her training, unless the resident has a "do not resuscitate" order.

Discussion: This regulation means that a person who is trained in first aid and/or certified in obstructed airway techniques/CPR must administer first aid, respond to a choking event, or perform CPR in the event of an emergency. Trained staff may not abstain from performing any such duties in an emergency.

The Department recommends using the Pennsylvania Department of Health's "Pennsylvania Orders for Life-Sustaining Treatment (POLST)" document as a valid "do not resuscitate" order. The form may be completed in its entirety, but the Department will only measure whether "Section A: Cardiopulmonary Resuscitation" has been completed. A link to the form is available on the Department's website; a copy may also be obtained by calling the Department's Operator Support Hotline. While there is no regulation specifying that the use of POLST is required, "do not resuscitate" orders that are not documented on POLST will need to be verified with the Department of Health to ensure that they are valid.

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

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

Administrator Training and Orientation

64a	2800.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following: (1) An orientation program approved and administered by the Department. (2) A 100-hour standardized Department-approved administrator training course. The training provided for in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 100-hour training course. (3) A Department-approved competency-based training test with a passing score.

Discussion: The approved orientation program is a day-long course offered as needed in each of the Department's regional offices. A schedule of courses may be obtained by calling the regional office applicable to where the residence is located, calling the Department's headquarters office, calling the Operator Support Hotline, or visiting the Department's website.

The 100-hour standardized Department-approved administrator training course ("the 100-hour course") is provided by several colleges and universities throughout Pennsylvania. Information on the 100-hour course may be obtained by calling the regional office applicable to where the residence is located, calling the Department's headquarters office, calling the Operator Support Hotline, or visiting the Department's website. The 100-hour course currently utilized by the Department is the personal care home administrator 100-hour course plus an additional 15-hour assisted living administrator course.

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

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

A Pennsylvania-licensed Nursing Home Administrator (NHA) does not need to take the 100-hour course or the 15-hour course at any time. An NHA who was hired or promoted to assisted living residence administrator prior to January 18, 2011 does not need to complete the competency test at any time. An NHA who is hired or promoted to assisted living residence administrator after January 18, 2011, must complete and pass the Department-approved competency test associated with the personal care home 100-hour course and the competency test associated with the15-hour assisted living administrator course.

Personal care home administrators who have taken the 100 hour administrator training course under 55 Pa. Code § 2600.64(a)(2) are only required to take the 15 hour supplemental course. Personal care home administrators who took the 40-hour course required by 55 Pa.Code Chapter 2620 (the personal care home regulations in place prior to October 25, 2005) and have not had more than a year break in service since the course was completed, and who take the 15-hour assisted living course supplement and pass the related competency test qualify as assisted living residence administrators.

The Competency Test - The competency tests are online computerized assessments that are part of the 100-hour course and the 15-hour assisted living course. After completing the 100-hour course and the 15-hour assisted living course, participants take the tests to verify that they have fully grasped the concepts of the course.

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

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

64c	2800.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

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

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

Department-approved training includes:

- Training hours approved by the Department for completion of continuing education requirements for personal care home administrators.
- Training hours approved for completion of continuing education requirements for Nursing Home Administrator, Social Work, Registered Nurse and Licensed Practical Nurse licensure. Documentation that the course has been approved as a training source by the Pennsylvania Department of State must be kept.
- Any course from an accredited college or university.
- Up to 6 hours of medication administration training, medication administration train-the-trainer course or train-the-trainer recertification required by § 2800.190(a).
- Training hours spent in the diabetes education required by § 2800.190(b).
- Up to 4 hours of CPR, obstructed airway and first aid training required by § 2800.63(a).
- Courses approved by the National Continuing Education Review Service of the National Association of Long-Term Care Administrator Boards (NAB) where:
  a. The "Domain" of practice is approved by the Department.
  b. The "Sponsor" is not the legal entity that employs the administrator.
  c. The "Program Type" is "in person."
- Any course offered by an agent of the Department of Human Services (formerly the Department of Public Welfare – DPW) that relates to the operation of a assisted living residence may be counted. The actual amount of time it took to complete these courses should be counted and documented by the administrator.
- The 100-hour course required by § 2800.64(a).

The Training Year - The residence may select the administrator training year for calculation of the 24-hour training requirement, which may differ from the direct care staff training year (see § 2800.65(e)). The year may be the calendar year, the residence's fiscal year, the administrator's anniversary date, or another 12-month period as determined by the residence. The residence must document its selected training year in writing.

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

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

64e	2800.64(e) - An administrator who has successfully completed the training in § 2800.64(a)-(d) shall provide written verification of successful completion to the Department's Assisted Living Residence Licensing Office.

Discussion: Retention of the documents at the residence or producing them upon request is sufficient for compliance with this regulation. Residences do not need to transmit the information to the regional office unless it is requested to be considered compliant with this regulation.

Inspection Procedures: Inspectors will review the administrator's training records when completing an onsite inspection.

Primary Benefit: Verifies that new administrators have the credentials required by Chapter 2800.

64f	2800.64(f) - A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

Discussion: Self-explanatory.

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

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

Staff Orientation and Direct Care Staff Person Training and Orientation

65a	2800.65(a) - Prior to or during the first work day, direct care staff persons and other staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the residence's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.

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

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

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

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

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

65b	2800.65(b) – Direct care staff persons shall complete an initial orientation approved by the Department before providing direct care to residents.

Discussion: This regulation requires that staff persons are taught how to do their jobs.

Inspection Procedures: Inspectors will review staff training records to ensure the orientation was completed before the staff person began working in his/her position.

Primary Benefit: Ensures that staff persons have the training needed to perform their job duties.

65c	2800.65(c) – Direct care staff persons shall be certified in first aid and CPR before providing direct care to residents.
65d	2800.65(d) – A sufficient number of direct care staff persons shall be certified in obstructed airway techniques to meet the staff to resident ratios under § 2800.63(a) (relating to first aid, CPR and obstructed airway training) before providing direct care to residents.

Discussion: The Department interprets these regulations to mean that a staff person cannot be counted in the 1:35 ratio of trained and certified staff required by § 2800.63(a) until (s)he has received training as required by § 2800.63(c)-(d).

Inspection Procedures: See § 2800.63.

Primary Benefit: Ensures that a sufficient amount of staff persons trained and certified in first aid and CPR techniques are available to respond to medical emergencies.

65e	2800.65(e) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation training that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102). (4) Reporting of reportable incidents and conditions. (5) Safe management techniques. (6) Core competency training that includes the following: i. Person-centered care. ii. Communication, problem solving and relationship skills. iii. Nutritional support according to resident preference.

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

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

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

65f	2800.65(f) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Discussion: This regulation requires that staff persons who are not direct care staff are taught how to do their jobs.

Inspection Procedures: Inspectors will review staff records for ancillary staff persons to ensure the orientation was completed before the ancillary staff person began working in his/her position.

Primary Benefit: Ensures that ancillary staff persons have the training needed to perform their job duties.

65g	2800.65(g) - Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the following: (i) Safe management techniques. (ii) Assisting with ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with mental illness, neurological impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the residence. (xii) Safety management and hazard prevention. (xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) The signs and symptoms of infections and infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the residence. (xvii) Behavioral management techniques. (xviii) Understanding of the resident's assessment and how to implement the resident's support plan. (xix) Person-centered care and aging in place.

Discussion: The training course and competency test are web-based and available on the Department's website. After successful completion of the course and the test, direct care staff persons will receive a "Certificate of Completion" that must be printed and kept in the employee's file. An individual may start and stop the training at any time.

If a staff person has completed the required initial direct care staff person training and competency testing as a direct care staff person at another residence, the requirement for initial direct care staff person training and competency testing in this section does not apply if the staff person provides written verification of completion of the prior training and competency testing. There is no time limit as to how long prior to the employment transfer the orientation and competency testing may be completed.

The following staff are exempt from these requirements:

- Any staff person hired on or before April 24, 2006 who has not had more than one year's break in service
- Any volunteer retained on or before April 24, 2006 who has not had more than one year's break in service
- A Certified Nurse Assistant (CNA) with a current certificate in good standing
- A Licensed Practical Nurse (LPN) with a current license in good standing
- A Registered Nurse (RN) with a current license in good standing
- A Physician with a current license in good standing
- An Emergency Medical Technician (EMT) with a current license in good standing
- Any staff hired between April 24, 2006 and October 31, 2007 do not need to successfully complete the Department-approved direct care staff training course and pass the online competency test.

Inspection Procedures: Inspectors will review staff records to determine the required training and passing of the test were completed before the direct care staff person performed unsupervised ADL services, or if the staff person is exempt from the requirement.

Primary Benefit: Ensures that each individual who provides assistance with ADLs is trained to do so properly.

65h	2800.65(h) - Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

Discussion: This applies to all staff persons who perform direct care duties including contract staff, volunteers, and part time direct care staff. Please note that Departmental approval of the annual training sources or training instructors for direct care staff persons is **not required**.

The residence is encouraged to provide training on a variety of topics to enhance the direct care person's job knowledge and skills. The training must include all of the topics required by § 2800.65(f) and (g), but can include other topics as well. In addition to training provided by the residence, the following types of training also apply:

- Training hours approved for completion of continuing education requirements for Nursing Home Administrator, Social Work, Registered Nurse, and Licensed Practical Nurse licensure. Documentation that the course has been approved as a training source by the Pennsylvania Department of State must be kept.
- Any course from an accredited college or university.
- Up to 6 hours of medication administration training, medication administration train-the-trainer course or train-the-trainer recertification required by § 2800.190(a).
- Training hours spent in the diabetes education required by § 2800.190(b).
- Up to 4 hours of CPR, obstructed airway and first aid training required by § 2800.63(a).
- Orientation hours required by § 2800.65(a), (b), and (d).

The Training Year - The residence may select the direct care staff training year for calculation of the 16-hour training requirement, which may differ from the administrator training year (see § 2800.64(c)). The year may be the calendar year, the residence's fiscal year, the direct care staff's anniversary date, or another 12-month period as determined by the residence. The residence must be able to verify the training year used.

Inspection Procedures: Inspectors will review the direct care staff person's training records for the most recent 12-month cycle to ensure the staff person completed 16 hours of training relating to the duties of a direct care staff person. Remember that only records of direct care staff persons who have worked in the residence for one full training year may be reviewed when measuring compliance with this regulation.

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

65i	2800.65(i) - Training topics for the annual training for direct care staff persons must include the following: (1) Medication self-administration training. (2) Instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation and support plan. (3) Care for residents with dementia and cognitive and neurological impairments. (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. (5) Assisted living service needs of the resident. (6) Safe management techniques. (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the residence.

Discussion: Training on each specific topic listed under this regulation must be conducted every year for all direct care staff persons. Each topic offers a wide array of possible subtopics. For example, "Assisted Living Service Needs" can range from how to properly provide assistance with bathing to helping residents compose emails to family. When training on a subtopic, residences should be sure to indicate which of these training topics listed in § 2800.65(f) relates.

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

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

65j	2800.65(j) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights. (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the residence that were not previously served, if applicable.

Discussion: Self-explanatory.

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

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

65k	2800.65(k) – If a staff person has completed the required initial direct care staff person training within the past year as a direct care staff person at another residence, the requirement for initial direct care staff person training in this section does not apply if the staff person provides written verification of completion of the training.

Discussion: Self-explanatory.

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

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

65l	2800.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Discussion: Self-explanatory. A model training record is available on the Department's website.

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

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

Staff Training Plan	
66a	2800.66(a) - A staff training plan shall be developed annually.
66b	2800.66(b) - The plan must include training aimed at improving the knowledge and skills of the residence's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following: (1) The name, position and duties of each direct care staff person. (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.
66c	2800.66(c) - Documentation of compliance with the staff training plan shall be kept.

Discussion: The staff training plan is the list of courses planned for each staff person for the upcoming year. It is recommended that residences combine the staff training plan with the training requirements of § 2800.65(a)-(f) to streamline operations. The annual training plan may include general topic areas, perspective training sources and target months or quarters for upcoming training, if the specific courses, dates, times and locations are not yet known. It is recommended that the plan include space to document completion and compliance with the plan to ensure operational efficiency.

Inspection Procedures: Inspectors will review the staff training plan for the current year to ensure that it exists and that it contains all of the elements required by § 2800.66(b).

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

Additional Dementia-Specific Training	
69	2800.69 – Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the staff training plan for the current year to ensure that it exists and that it contains all of the elements required by § 2800.66(b), as well as the requirements of this regulation.

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

PHYSICAL SITE

Physical Accommodations and Equipment	
81a	2800.81(a) - The residence shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the residence and exiting from the residence.

Discussion: This regulation is broad in scope, but relatively simple to apply. It means that the residence's physical site must be designed, arranged, or furnished to meet residents' needs. In many cases, remedying a situation where a resident's needs are not met can be achieved by moving furniture or relocating a resident's living unit. In some cases, more substantial changes (such as widening bathroom doors to accommodate residents who use wheelchairs) may be required. Providers may want to review the ADA to establish guidelines for accessibility as well as to obtain additional information on how to comply with this regulation.

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

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

81b	2800.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Discussion: Unless the equipment is the property of the residence, a residence is not responsible to pay for repair or replacement of a resident's personal equipment. The residence must discuss and recommend repairs (as needed for the safety of the resident) with the resident or designated person, and assist in securing available reimbursement with outside payers such as the resident's insurance or Medical Assistance, as appropriate.

Inspection Procedures: Inspectors will examine resident equipment during the course of the inspection to determine if wheelchairs, walkers and other apparatus are clean and in good condition.

Primary Benefit: Clean assistive devices that are in good repair are less likely to cause injury or illness to residents.

Poisons	
82a	2800.82(a) - Poisonous materials shall be stored in their original, labeled containers.
82b	2800.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.
82c	2800.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

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, residences may assess a resident's ability to safely use these items on the resident assessment-support plan, even if the resident cannot safely use other poisonous materials.

Cleaning products can be purchased in bulk containers, but spray bottles and stick-on manufacturer's labels provided by the cleaning supply company and manufacturer must be used. Cleaning supplies and detergents may be stored in the kitchen, but these substances must be stored in a cabinet or other area that does not contain food. If the kitchen area is accessible to residents, and one or more residents cannot safely use or avoid poisonous materials, the locking requirements at § 2800.82(c) apply.

Remember that some items that are not "poisonous" may still be hazardous to residents who cannot safely use them. For example, behavioral disorders, mental illness, or dementia-related illness may cause a resident to chronically drink mouthwash, eat deodorant, and so on. If a resident misuses a non-poisonous item, the residence may be in violation of § 2800.23-24, § 2800.42(b), and other regulations relating to resident care.

Inspection Procedures: During the residence's physical site inspection, inspectors will examine all cleaning supplies, detergents and other potentially poisonous substances to determine if they are stored in their original, labeled containers. If an item is not labeled but appears in a spray bottle or similar device, inspectors will assume the unknown material contains a poisonous substance. Inspectors will examine the kitchen, dining room, and food storage areas to determine if poisonous materials are stored near food, food preparation surfaces, or dining surfaces. Inspectors will conduct interviews and review resident records to determine if the residence serves any residents who cannot safely use or avoid poisons. During the residence's physical site inspection, inspectors will examine poisonous materials to determine if they are stored in a manner consistent with the residence's stated practices and appropriate to the needs of the residents.

Primary Benefit: Minimizes the possibility that a resident or staff person will mistake a poisonous substance for a harmless substance. Minimizes the risk of food contamination, illness, or death from improperly stored poisons. Protects residents who are unable to safely use or avoid poisonous materials from illness, injury, or death related to misuse of accessible poisons.

Temperature	
83a	2800.83(a) - The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the residence.

Discussion: Self-explanatory.

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

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

83b	2800.83(b) - A residence in existence prior to January 18, 2011, shall provide central air conditioning. If central air conditioning is not feasible or is cost prohibitive, window air conditioning units shall be provided.
83c	2800.83(c) – For new construction after January 18, 2011, the residence shall provide central air conditioning.

Discussion: "Residence in existence" means "a premises used for the provision of human services in a residential setting as of January 18, 2011;" this will usually refer to personal care homes, but other residential human services settings (such as long-term care facilities) are subject to this provision. Residences that do not have central air conditioning must submit justification to the Department for the use of window air conditioning units during the initial application process. Buildings constructed prior to January 18, 2011 but not used for the provision of human services in a residential setting must have central air conditioning.

Inspection Procedures: Inspectors will inspect the residence's physical site to ensure that central air conditioning is used. If window air conditioning units are being used, inspectors will review the justification submitted to the Department by the residence.

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

Heat Sources	
84	2800.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

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

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

Cooking fuels should also be stored in a manner consistent with § 2800.125(a) and § 2800.125(b).

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

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

Sanitation

85a	2800.85(a) - Sanitary conditions shall be maintained.

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

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

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

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

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

85b	2800.85(b) - There may be no evidence of infestation of insects or rodents in the residence.

Discussion: For the purposes of applying this regulation, "infestation" is an invasion by rodents or insects in numbers large enough to be harmful, threatening, or repulsive. A large number of mouse droppings in multiple parts of the residence, 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 residence to regularly examine resident beds for bedbugs and moist, humid areas of the residence for cockroaches. Proactive treatment is much preferred to pest control after an infestation has occurred.

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

A residence is not prohibited from using mousetraps, fly strips, or other types of traps, but it is important that they are not placed in an area where they could cause injury to residents, particularly if the residence serves residents who cannot safely use or avoid such devices. Furthermore, the use of traps may not constitute a regulatory violation. Rodent or insect traps in areas of the residence not accessible to residents can be beneficial to stopping an infestation before it starts. The residence should also regularly monitor, empty or discard mousetraps and fly strips to prevent an unsanitary condition, which could be a violation of § 2800.85(a).

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

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

85c	2800.85(c) - Trash shall be removed from the premises at least once a week.

Discussion: Many residences utilize exterior commercial trash compactors that are emptied every 2-3 weeks by a contracted company. If the residence's compactor is enclosed to prevent rodent access, it meets the intent of the regulation and will not be considered a violation.

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

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

85d	2800.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Discussion: This applies to common areas only, not to kitchenettes or trash cans in resident living units.

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

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

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

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

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

85e	2800.85(e) - Trash outside the residence shall be kept in covered receptacles that prevent the penetration of insects and rodents.

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

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

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

Ventilation	
86a	2800.86(a) - All areas of the residence that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.
86b	2800.86(b) - A bathroom that does not have an operable, outside window must be equipped with an exhaust fan for ventilation.

Discussion: All areas of the residence must have windows, air conditioning, a fan, OR mechanical ventilation to provide airflow. It is recommended that mechanical ventilation provide a system of air exchange. Bathrooms require either an operable, outside window OR an exhaust fan, but not necessarily an outside vent. An exhaust fan that circulates air is sufficient. It is recommended, however, that each bathroom have a ventilation system that provides airflow from the bathroom to the outside. Inspectors will examine the residence's bathrooms to ensure that each one has a window or an exhaust fan.

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

Primary Benefit: Good air circulation throughout the residence clears dust from the air. Dust exacerbates medical conditions like asthma and is the source of allergies for many residents. Good air circulation in bathrooms helps to prevent the build-up of mold, mildew, and odor, and clears dust from the air.

Lighting	
87	2800.87 - The residence's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes must be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the residence and safely evacuate.

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

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

If outside lights near egress routes are not activated at all times, the residence should ensure that switches for these lights are easily located and activated along the path of egress. It is important that all residents can use these lights during an emergency to evacuate safely.

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

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

Surfaces

88a	2800.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

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

What is a Hazard? - There is no single list of what constitutes a "hazard." While some hazards may be obvious (such as collapsing ceilings and protruding nails), others will be dictated by the needs of the residents served in the residence. For example, a sloped floor in an older residence may not pose a risk to mobile residents, but could constitute a fall risk for a resident with mobility needs. Potentially hazardous conditions will be determined on a case-by-case basis. In some cases, the Department will cite a violation of this regulation if a door leading to a basement, shed, attic, or other part of the residence 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 residence should assess residents' ambulatory skill to determine if this type of rug is appropriate. A rubber mat or rubber backing under a rug is recommended in all cases, especially in bathrooms where a wet floor could cause serious injury.

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

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

88b	2800.88(b) - The residence may not use asbestos products for renovations or new construction.

Questions: Has the residence been structurally altered since the initial Certificate of Occupancy was issued? If so, were asbestos products used in the process?

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.

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

Inspection Procedures: Minor repairs of most systems do not require new permits. However, major repairs or renovations may. Inspectors will ask for a new permit or written certification that a new permit is not needed when major repairs, renovations, or new construction has occurred. If it is known or suspected that asbestos products have been used in renovation projects, inspectors will contact the regional office immediately.

Primary Benefit: Ensures that resident health and safety is not compromised by failure to meet or maintain construction standards. Asbestos is a known carcinogen. A residence free of this material protects residents from many health issues.

Water	
89a	2800.89(a) - The residence must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the residence.
89b	2800.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

Discussion: These regulations require that each of the identified areas has hot and cold running water, that the water pressure is sufficient to meet the bathing, cleaning, and sanitation needs of the residence, and that the water is warm enough for comfortable bathing without exceeding the maximum allowable water temperature.

Inspection Procedures: Inspectors will interview staff and residents to verify that the hot water temperature is comfortable for bathing and if there is sufficient hot water supply at all times to meet total demand for water. Inspectors may test the water pressure at various locations throughout the residence. Inspectors will test the water temperature at a sample of areas throughout the residence, including bathtub and shower faucets. If the residence has multiple water heaters, inspectors will test the water temperature at taps served by each heater. The sample of measured taps will include a tap nearest the heater(s). Water temperature may be measured by running the hot water for 30 seconds and then placing a thermometer into the water stream or into a cup placed under the water stream. A variance of 2°F is permitted, but inspectors will recommend that the hot water temperature be lowered for resident safety.

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

Communication System / Emergency Telephone Numbers	
90a	2800.90(a) - The residence shall have a working, noncoin operated, landline telephone that is accessible in emergencies and accessible to individuals with disabilities.
90b	2800.90(b) - For a residence serving 9 or more residents, there shall be a system or method of communication such as an intercom, public address, pager or cell phone system that enables staff persons to immediately contact other staff persons in the residence for assistance in an emergency.
91	2800.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Discussion: Residences must be equipped with a telephone that will work in the event of a power outage. If the landline telephone is cordless or web-based, a functioning cell phone must be present on the premises. The type of communication system will vary depending on the size and layout of the residence. If a residence is physically structured so that staff persons can call out for assistance and be heard throughout the residence, an electronic system is not required. Electronic systems may include 2-way walkie-talkies, cell phones, pagers, and intercom systems.

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

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

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

Inspection Procedures: Inspectors will examine the residence's telephone to determine if it is operable and in a location where all residents and staff can access it. Inspectors will interview the administrator and staff regarding communication in the residence, and observe staff communication processes throughout the course of the inspection. Inspectors will examine all telephones accessible to staff or residents to ensure the required numbers are posted.

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

Windows and Screens	
92	2800.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

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

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

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

Handrails, Railings, Landings, and Stairs	
93a	2800.93(a) - Each ramp, interior stairway, hallway and outside steps must have a well-secured handrail.
93b	2800.93(b) - Each porch must have a well-secured railing.
94a	2800.94(a) - Interior and exterior doors that open directly into a stairway and are used for exit doors, resident areas and fire exits must have a landing, which is a minimum of 3 feet by 3 feet.
94b	2800.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.
94c	2800.94(c) - Stairs must have strips for those with vision impairments.

Discussion: Well-secured handrails are required at all stairs and steps of any number or height. It is recommended that there be a handrail on both sides of the stairs or, if there is just one handrail, that it be right-hand descending. For areas that have one or two steps, such as the entrance to a residence, it is acceptable to attach a handle to the doorway next to the steps. It is recommended, however, that all handrails be stable, freestanding, or attached parallel to the stairs and horizontally-descending.

Only porches, patios, and decks that are not even with the ground or are located on a floor that is above ground level require railings.

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

The requirement for a 3 foot by 3 foot landing does not apply if a door opens away from the stairway (that is, when one opens the door, (s)he must step back from the stairs). This applies only to an inside or outside door that opens toward or into a downward stairway. This does not apply to a porch or deck with only one or two steps. It may be possible to reverse the swing of the door to open away from the stairs. If this affects an egress route, however, approval from the local building authority may be required before a door swing is changed or a landing is installed.

For information regarding renovations that may require a new fire safety approval, see § 2800.14(c).

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.

A vision strip is a device that allows persons with visual impairments to see the stairs more clearly.

Inspection Procedures: During the residence's physical site inspection, inspectors will verify that handrails are present at all ramps and stairways, that porches have well-secured railings, that landings are appropriately sized, and that steps are equipped with nonskid surfaces and vision strips.

Primary Benefit: These requirements reduce the risk of injurious falls.

Furniture and Equipment	
95	2800.95 - Furniture and equipment must be in good repair, clean and free of hazards.

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

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

Inspection Procedures: Inspectors will examine all areas of the residence to determine if furniture and equipment are clean, in good repair, and free of hazards. This regulation should be cited only if a more specific regulation relating to damaged furniture – such as § 2800.101(j)(1), relating to mattresses – does not exist.

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

First Aid Kit	
96a	2800.96(a) - The residence shall have a first aid kit in each building on the premises that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. The residence shall have an automatic external defibrillation device located in each building on the premises.
96b	2800.96(b) - Staff persons shall know the location of the first aid kit.
96c	2800.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.

Discussion: This regulation requires that each item be stored together in a portable box or bin that can be transported easily if an injury occurs.

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

For the purposes of applying these regulations, “staff persons” means all direct care staff, ancillary staff who provide first aid, and volunteers who provide first aid.

In certain cases, it may be necessary to make the first aid kit inaccessible to residents for safety reasons. The first aid kit may be stored in a locked area as long as all staff who would use the kit have independent access to the area (i.e., have keys to a locked door or know the code to use a keypad lock).

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

Primary Benefit: Ensures that residences have the equipment needed to provide first aid in the event of an injury, and that staff persons can access the kit rapidly in the event of an emergency.

Elevators And Stair Glides

97	2800.97 - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Question: Is the residence equipped with an elevator or stair glide?

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the certificate of operation to determine if it is authentic and current.

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

Indoor Activity and Recreation Space

98a	2800.98(a) - The residence shall have at least two indoor wheelchair accessible common rooms for all residents for activities such as reading, recreation and group activities.

Discussion: The space required by this regulation may include a multi-purpose room, the residence's dining area, and one or more furnished living rooms or lounge areas. The residence's living room should be furnished to allow comfortable interaction between residents, their families and visitors.

"Indoor recreation space" means the areas specified in § 2800.98(a)-98(b)(3). This regulation requires that such areas be equipped with recreational materials.

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

Inspection Procedures: Inspectors will examine the residence's physical site and interview staff and residents to determine if there is a location appropriate for holding activities.

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

98b1	2800.98(b)(1) - The residence shall have at least one furnished living room or lounge area for residents, their families and visitors.

Discussion: The residence's living room should be furnished to allow comfortable interaction between residents, their families and visitors.

Inspection Procedures: Inspectors will determine if the residence is equipped with at least one living room or lounge area.

Primary Benefit: Living rooms and lounge areas create a residence-like atmosphere and foster community interaction.

98b2	2800.98(b)(2) - The combined living room or lounge areas must accommodate all residents at one time.
98b3	2800.98(b)(3) - The living rooms and lounge areas must contain tables, chairs and lighting to accommodate the residents, their families and visitors.
98c	2800.98(c) - The residence shall have a working television and radio available to residents in a living room or lounge area.

Discussion: There must be at least 15 square feet per living unit for up to 50 living units. There must be a total of 750 square feet if there are more than 50 living units.

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

"Indoor recreation space" means the areas specified in § 2800.98(a)-98(b)(3). This regulation requires that such areas be equipped with recreational materials.

Inspection Procedures: Inspectors will determine if the residence is equipped with sufficient living spaces that meet all of the requirements of these regulations.

Primary Benefit: Ensures that residents who wish to lounge may do so at any time and without waiting for others to vacate a space and that lounge areas are adequately furnished to meet residents' needs. Regular access to recreational space and materials promotes community interaction and can be educational and stimulating.

99	2800.99 - The residence shall provide regular access to outdoor and indoor recreation space and recreational items, such as books, newspapers, magazines, puzzles, games, cards and crafts.

Discussion: "Indoor recreation space" means the areas specified in § 2800.98(a)-98(b)(3). This regulation requires that such areas be equipped with recreational materials.

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

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

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

Exterior Conditions	
100a	2800.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.
100b	2800.100(b) - The residence shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

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

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

Inspection Procedures: Inspectors will examine all exterior areas of the residence to determine if the building and grounds are in good repair and free of hazards. If an inspector identifies a potential hazard, the inspector will determine whether the potential hazard poses a risk to the population served by the residence through interviews and record reviews. Inspectors will examine exterior egress routes and recreation areas to determine if these areas are cleared of snow, ice, and obstructions. Inspectors will allow the residence a reasonable amount of time to clear ice and snow if inclement weather began or stopped shortly before or during an inspection.

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

Residential Living Units

Pursuant to § 2800.101(a) and (c), each resident must have his or her own living unit unless two residents voluntarily agree to share one living unit provided that the agreement is in writing and contained in each of the resident-community contract of those residents. A licensee may not require residents to share a living unit. The maximum number of residents in any living unit is two residents.

Regulatory requirements for living units differ based on when the building(s) to be used for the provision of assisted living services were constructed. "Residence in existence" means "a premises used for the provision of human services in a residential setting as of January 18, 2011;" this will usually refer to personal care homes, but other residential human services settings (such as long-term care facilities) will also qualify for "residence in existence" requirements.

	New Construction on or After January 18, 2011	Facilities in Existence Prior to January 18, 2011
101b	2800.101(b)(1) - Each living unit for a single resident must have at least 225 square feet of floor space measured wall-to-wall, excluding bathrooms and closet space. If two residents share a living unit, there must be a total of 300 square feet in the living unit.	2800.101(b)(2) - Each living unit must have at least 160 square feet measured wall to wall, excluding bathrooms and closet space. If two residents share a living unit, there must be a total of 210 square feet in the living unit.

Discussion: The cumulative square footage of rooms that contain living areas and kitchenettes will be used to determine regulatory compliance. Square footage is the same whether or not a living unit contains furniture.

Closet space may not be counted as living unit floor space.

It is important to remember that residents who use assistive devices such as wheelchairs may need extra space to navigate a living unit. If a room has sufficient square footage to meet this regulatory requirement, but the resident occupying the room cannot safely navigate the room, the residence may be in violation of § 2800.81(a).

Inspection Procedures: Inspectors will measure a sample of resident living units and obtain the living units' square footage. The sample will be expanded if a noncompliant living unit is found.

The majority of living units in an assisted living residence are rectangular. Square footage in a rectangular living unit is obtained by multiplying room length by room width. For example, a room that is 10 feet wide and 10 feet long has 100 square feet of floor space.

- To obtain square footage in rooms that are trapezoidal (that is, where two walls are the same size and two walls are differently sized), measure the lengths of the differently-sized walls, add them together, and multiply the result by the maximum distance between the differently-sized walls divided by two.
- To obtain square footage in rooms that are triangular, measure the distance between the wall of middle length and the point where the other walls meet. Multiply the result by the length of the wall of middle length and divide the resulting figure by two.
- To obtain square footage in rooms with more than 4 walls, split the room into smaller shapes and obtain the cumulative square footage.

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

101b3	2800.101(b)(3) - Each living unit must have a telephone jack and individually controlled thermostats for heating and cooling.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the resident's living units to determine if each has its own telephone jack and individually controlled thermostats for heating and cooling.

Primary Benefit: Allows residents to have telephones or computers in their living units if they choose, as well as gives residents the ability to control their living units' temperature to their individual liking.

101b4	2800.101(b)(4) - The doors in living units, including entrance doors, must be accessible or adaptable for wheelchair use.

Discussion: It is important to remember that residents who use assistive devices such as wheelchairs may need extra space to navigate a living unit.

Inspection Procedures: Inspectors will measure a sample of resident living units to determine if they are accessible or adaptable for wheelchair use.

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

	New Construction on or After January 18, 2011	Facilities in Existence Prior to January 18, 2011
101d	101(d)(1) - The kitchen capacity, at a minimum, must contain a cabinet for food storage, a small bar-type sink with hot and cold running water and space with electrical outlets suitable for small appliances such as a microwave oven and a small refrigerator. (i) Upon entering the assisted living residence, the resident or his designated person shall be asked if the resident wishes to have a cooking appliance or small refrigerator, or both. The cooking appliance or small refrigerator, or both, shall be provided by the residence if desired by the resident or his designated person. If the resident or the designated person wishes to provide his own cooking appliance or small refrigerator, or both, it shall meet the residence's safety standards. (ii) An appliance shall be designed so it can be disconnected and removed for resident safety or if the resident chooses not to have the appliance within his living unit.	101(d)(2)(i) - The residence shall provide space with electrical outlets suitable for small appliances, such as a microwave oven and small refrigerator. (A) Upon entering the assisted living residence, the resident or his designated person shall be asked if the resident wishes to have a cooking appliance or small refrigerator, or both. The cooking appliance or small refrigerator, or both, shall be provided by the residence if desired by the resident or his designated person. If the resident or his designated person wishes to provide his own cooking appliance or small refrigerator, or both, it must meet the residence's safety standards. (B) An appliance shall be designed so it can be disconnected and removed for resident safety or if the resident chooses not to have the appliance within his living unit. (ii) The residence shall provide access to a sink for dishes, a stovetop for hot food preparation and a food preparation area in a common area. A common resident kitchen may not include the kitchen used by the residence staff for the preparation of resident or employee meals, or the storage of goods.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will observe resident living units and verify that it meets the requirements.

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

101e	2800.101(e) - Ceiling height in each living unit must be an average of at least 7 feet.

Discussion: The term "average" allows the residence to find the average height in a living unit that has different heights in the ceiling (such as a room with eaves or a slanted ceiling).

Inspection Procedures: If the ceiling is level, the inspector will measure the height of the ceiling to verify that it is at least seven feet. For a room with a slanted ceiling, inspectors will measure the distance from the floor to the highest point, the lowest point, and at least two other areas of varying heights that are centrally located between the identified high and low points. These four measurements will then be averaged to determine ceiling height.

Primary Benefit: Adequate living unit height prevents injury and offers residents a dignified amount of personal living space.

101f	2800.101(f) - Each living unit must have at least one window with direct exposure to natural light.

Discussion: This regulation requires that residents see natural light, not that rooms have a window with an outdoor view. Skylights and basement window wells that have direct exposure to natural light are permitted. Internal windows with a view to other external windows are permitted, but if the living unit window opens onto a common area of the residence a violation of resident privacy under § 2800.42(s) could be present.

It is important the residence regularly clear snow and ice from windows and leaves from window wells to ensure that light can penetrate the living unit.

Windows are not required to be operable. Ventilation is regulated in § 2800.86.

Inspection Procedures: Inspectors will examine living unit windows throughout the residence to determine if exposure to natural light is provided.

Primary Benefit: Natural light provides both physiological and psychological benefits.

101g	2800.101(g) - A resident's bedroom in the living unit shall be used only by the occupying resident unless two consenting adult residents agree to share a bedroom and the requirements of § 2800.101(c) are met.

Discussion: Residents may visit or engage in activities with other residents in their bedrooms in the living unit if they choose; this regulation prohibits using a resident's bedroom in the living unit as a common activity space. For information regarding a resident's right to privately associate, organize and communicate, see § 2800.42(o).

Inspection Procedures: Inspectors will interview residents to determine if group activities are held in bedrooms in living units without permission.

Primary Benefit: Protects residents' privacy and personal choice.

101h	2800.101(h) - Each living unit must have a door with a lock, except where a lock in a unit under a special care designation would pose a risk or be unsafe. The administrator shall maintain a master key that can open all locks in the event of an emergency.

Discussion: Any resident who is capable shall access and lock their living unit independently without assistance from staff.

Inspection Procedures: Inspectors will examine the residence's physical site to determine if living units are equipped with locks. If there is a special care designation, inspectors will review the parameters.

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

101i	2800.101(i) - A resident shall have access to his living unit at all times.

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

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

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

101j1	2800.101(j)(1) - Each resident shall have the following in the living unit: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

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

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

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

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

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

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

Use of One's Own Furniture - As required by § 2800.42(l), the resident may choose to bring some or all of his/her own furnishings to the residence, but may not be required to do so. If a resident provides his/her own mattress, the mattress does not need to be fire retardant.

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

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

101j2	2800.101(j)(2) - Each resident shall have the following in the living unit: A chair for each resident that meets the resident's needs.

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

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

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

101j3	2800.101(j)(3) - Each resident shall have the following in the living unit: Pillows, bed linens and blankets that are clean and in good repair.

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

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

A resident may use heating pads or electric blankets as long as they are in good repair. Electric blankets can cause serious burns if not properly monitored, so it is important that the residence assess the resident's ability to use these devices and perform regular checks to ensure injury does not occur. It is recommended that the use of heating pads or electric blankets be documented on the resident's assessment and support plan. The functionality of heating pads and electric blankets is governed by § 2800.95.

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

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

101j4	2800.101(j)(4) - Each resident shall have the following in the living unit: A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

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

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

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

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

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

101j5	2800.101(j)(5) - Each resident shall have the following in the living unit: A bedside table or a shelf.

Discussion: If a resident shares a living unit with other residents, the table may be shared with one other resident. The table must be accessible at each resident's bedside. It is recommended that each resident have his or her own bedside table or shelf.

Inspection Procedures: Inspectors will examine resident living units to determine if a bedside table or shelf is present.

Primary Benefit: Bedside tables or shelves accommodate an accessible light source and personal belongings.

101j6	2800.101(j)(6) - Each resident shall have the following in the living unit: A mirror.

Discussion: This requirement does not apply if a physician has documented in writing that this is not appropriate for behavioral health reasons.

A mirror is not required if the assessment and support plan document the need for it to be removed or covered. Such assessments must be individualized, and not applied to a specific group of residents.

If a resident shares a living unit with other residents, the mirror may be shared with other residents.

If the resident has a single living unit with an attached bathroom that contains a mirror, there does not need to be a second mirror in the living unit.

Inspection Procedures: Inspectors will examine resident living units to determine if a mirror is present.

Primary Benefit: A living unit mirror provides residents with the ability to groom himself or herself in private.

101j7	2800.101(j)(7) - Each resident shall have the following in the living unit: An operable lamp or other source of lighting that can be turned on at bedside.

Discussion: If a resident shares a living unit with other residents, the lamp may be shared with one other resident. Both residents must have bedside access to the on/off switch.

Options for bedside lighting include a wall-mounted touch light, sound activated on/off switches, a remote control, or a light switch that turns on/off a light at any location in the room.

A night light or a flashlight is acceptable as a light source if:

- The light is readily available within reach of the resident from his/her bedside at all times.
- The light provides adequate illumination for safe ambulation in the resident's living unit.
- If a flashlight is used as a light source, the resident must be able to independently turn the flashlight on and off.

Safety and Choice - Many residents choose not to have lights at their bedside a matter of personal preference. However, bedside lamps have been shown to significantly reduce nighttime falls. As with all regulations, the Department will consider any requests to waive this regulation.

Inspection Procedures: Inspectors will examine resident living units to determine if a source of lighting is present that can be turned on/off at bedside and is appropriate to the needs of the resident.

Primary Benefit: Provides residents with sufficient light to move safely around their unit in the dark, reducing the risk of falls and injury.

101j8	2800.101(j)(8) - If a resident shares a bedroom with another resident, the items specified in paragraphs § 2800.101(j)(4)-(7) may be shared with one other resident.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will examine shared resident living units to determine if the appropriate amount of items as required by § 2800.101(j) are present to be shared.

Primary Benefit: Provides the residents and residence with the option to share items, creating a community-like environment, as well as providing more space in the living unit to ambulate safely.

101k	2800.101(k) - Cots and portable beds are prohibited.

Discussion: Self-explanatory.

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

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

101l	2800.101(l) - Bunk beds or other raised beds that require residents to climb steps or ladders to get into or out of bed are prohibited.

Discussion: Self-explanatory.

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

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

101m	2800.101(m) - A living unit may not be used as an exit from or used as a passageway to another part of the residence unless in an emergency situation.

Discussion: A resident's living unit may be used as an emergency exit if an egress route exists. During fire drills, this exit route should be used and practiced so that all residents know this emergency route. Residents should be instructed to use this exit only in response to an emergency and not as a regular passageway. If a resident's living unit is used as an emergency exit, the living unit door may not be locked at any time or a violation of § 2800.121(b) will be present.

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

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

101n	2800.101(n) – The living unit must have walls, floors and ceilings, which are finished, clean and in good repair.

Discussion: See § 2800.88(a).

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

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

101o	2800.101(o) – In living units with a separate bedroom, there must be a door on the bedroom.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will examine separate resident bedrooms to determine if doors are present.

Primary Benefit: Bedroom doors provide privacy for residents.

101p	2800.101(p) - Space for storage of personal property shall be provided in a dry, protected area.

Discussion: A reasonable amount of storage space for storage of the resident's personal items must be provided by the residence.

Inspection Procedures: Inspectors will interview the administrator and examine the residence's physical site to determine if storage space is provided.

Primary Benefit: Protects residents' rights to personal possessions and ensures that such possessions will be protected from damage or theft.

101q1	2800.101(q)(1) - There must be drapes, shades, curtains, blinds or shutters on the living unit windows.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will examine resident living units to determine if the required window coverings are present.

Primary Benefit: Window coverings provide residents with privacy.

101q2	2800.101(q)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Discussion: Sheer shades or sheer curtains do not meet the intent of this regulation. Window coverings should fully cover the window and be of a material that provides residents with privacy.

Inspection Procedures: Inspectors will examine window coverings in resident living units to determine if they are clean, in good repair, and provide privacy.

Primary Benefit: Window coverings provide residents with privacy.

101r	2800.101(r) – Each living unit must be equipped with an emergency notification system to notify staff in the event of an emergency.

Discussion: Pendants or alert devices worn on a resident's person are sufficient to meet this requirement.

Inspection Procedures: Inspectors will examine resident living units to determine if each living unit is equipped with an emergency notification system to notify staff in the event of an emergency, or if residents wear alert devices on their persons.

Primary Benefit: Helps residents obtain help quicker in the event of an emergency.

Bathrooms

102a	2800.102(a) - There must be one functioning flush toilet in the bathroom in the living unit.

Discussion: This regulation requires an actual toilet, not a urinal or adult toileting chair. See "Adult Toileting Chairs" in "Regulatory Issues and Frequently-Occurring Situations" for more information.

Inspection Procedures: Inspectors will inspect the resident living units to determine if there is one functioning flush toilet in the bathroom.

Primary Benefit: Ensures that there are sufficient toilets to meet residents' needs such that residents may urinate or defecate without waiting.

102b	2800.102(b) - There must be at least one sink and wall mirror in the bathroom of the living unit.

Discussion: A large wall mirror extending over more than one sink will be counted as individual mirrors equal to the number of sinks that it covers.

Inspection Procedures: Inspectors will inspect the resident living units to determine if there is at least one sink and wall mirror in the bathroom.

Primary Benefit: Ensures that there are sufficient sinks and mirrors to meet residents' needs such that residents may engage in self-care activities without waiting.

102c	2800.102(c) - There must be at least one bathtub or shower in the bathroom of the living unit.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the resident living units to determine if there is at least one bathtub or shower in the bathroom.

Primary Benefit: Ensures that there are sufficient bathing facilities to meet residents' needs such that residents may engage in bathing activities without waiting.

102d1	2800.102(d)(1) - Toilet and bath areas in the living unit must have grab bars, hand rails or assist bars.

Discussion: Grab bars, hand rails or assist bars should be located at reasonable locations in toilet and bath areas to provide for resident safety. The residence should determine the appropriate number and location of grab bars based on the needs of the residents served.

Inspection Procedures: Inspectors will examine bathrooms throughout the residence to determine if grab bars, handrails, or assist bars are present.

Primary Benefit: Grab bars, handrails, or assist bars prevent injurious falls and allow residents to engage in self-care if desired.

102d2	2800.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will examine the floor of bathtubs and showers to determine if slip-resistant surfaces are present.

Primary Benefit: Prevents injurious falls while bathing.

102e	2800.102(e) - Privacy in the living unit must be provided for toilets, showers and bathtubs by partitions or doors. Bathrooms in a double occupancy living unit must be lockable by the resident, unless contraindicated by the support plan.

Discussion: In a multi-occupant bathroom, curtains are not usually appropriate as privacy screen, as their use would constitute a violation of privacy pursuant to § 2800.42(s).

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

Primary Benefit: Doors and partitions in bathrooms ensure privacy.

102f	2800.102(f) - An individual towel, washcloth and soap shall be provided for each resident unless the resident provides his own supplies of these items.

Discussion: Self-explanatory.

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

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

102h	2800.102(h) - Toilet paper shall be provided for every toilet.

Discussion: Residences occasionally provide each resident with his/her own roll of toilet paper or require residents to ask for toilet paper, usually because one or more residents of the residence misuse the toilet paper as a result of mental illness. This practice is not acceptable, as it violates this and other regulations. If a resident "hordes" toilet paper or deliberately clogs the toilet with it, these behaviors must be addressed in accordance with § 2800.201.

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

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

102i	2800.102(i) – Bar soap or a dispenser with soap shall be provided within reach of each bathroom sink. Bar soap, however, is not permitted when a living unit is shared unless there is a separate bar clearly labeled for each resident sharing the living unit.

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

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

Primary Benefit: Ensures that personal hygiene is maintained.

102j	2800.102(j) - Towels and washcloths shall be in the possession of the resident in the resident's living unit unless the resident has access to the residence's linen supply.

Discussion: It is important that residents maintain possession of their own towels, washcloths and other toiletry items to prevent use by multiple residents. It is recommended that residents keep these items in their living units.

Inspection Procedures: Inspectors will interview residents to determine how they obtain towels and washcloths and where such items are stored.

Primary Benefit: Individual towels and washcloths that are in the possession of the resident prevent the spread of disease.

102k	2800.102(k) - Use of a common towel is prohibited.

Discussion: To prevent use of a common towel, a residence should have one of the following three hand-drying options located at or near each bathroom sink:

- Paper towels (to be discarded after each use).
- A mechanical air blower.
- Individual cloth hand towels that are labeled with the names of each resident who uses the bathroom.

Inspection Procedures: Inspectors will examine bathrooms throughout the residence to determine if unlabeled cloth towels are present, and will interview residents to determine if multiple residents use a single towel. Note: the absence of any means of hand-drying option should be considered a violation of § 2800.85(a), not this regulation. Additionally, the observation of an unlabeled cloth towel without additional evidence is not sufficient evidence of common towel use.

Primary Benefit: Individual cloth towels, air blowers, and paper towels prevent the spread of disease.

102l	2800.102(l) - Shelves or hooks for the resident's towel and clothing shall be provided.

Discussion: It is recommended that shelves or hooks be present in each bathroom and each resident living unit.

Inspection Procedures: Inspectors will examine bathrooms throughout the residence to determine if shelves or hooks are present.

Primary Benefit: Residents have a place to hang towels, robes, or other personal items.

102n	2800.102(n) – Each bathroom must be equipped with an emergency notification system to notify staff in the event of an emergency.

Discussion: Pendants or alert devices worn on a resident's person are sufficient to meet this requirement.

Inspection Procedures: Inspectors will examine the residence to determine if the bathrooms in the residence are equipped with an emergency notification system to notify staff in the event of an emergency.

Primary Benefit: Having a restroom that is equipped with an emergency notification system helps residents to notify staff in the event of an emergency; the emergency notification system can help residents obtain assistance quickly.

Food Service

103a	2800.103(a) - A residence shall have access on the grounds to an operable kitchen with a refrigerator, sink, stove, oven, cooking equipment and cabinets or shelves for storage. If the kitchen is not in the residence, the residence shall have a kitchen area with a refrigerator, cooking equipment, a sink and food storage space.

Discussion: This regulation does not require the full-service kitchen to be present in the residence; it may be in another building on the same grounds.

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

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

103b	2800.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

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

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

Primary Benefit: Protects residents from food-borne illnesses.

103c	2800.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

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

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

Primary Benefit: Protects residents from food-borne illnesses.

103d	2800.103(d) - Food shall be stored off the floor.

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

Inspection Procedures: Inspectors will observe food storage areas.

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

103e	2800.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Discussion: "Leftover food" means quantities of prepared foods that were not served to residents. Leftover food must be labeled with the name of the food and the date it was prepared. A residence may save a serving of food for a resident who missed a meal due to absence from the residence, but this too must be labeled with the name of the food and the date it was prepared.

Food that has been served to a resident must be discarded regardless of the amount of food actually eaten.

Inspection Procedures: Inspectors will observe leftovers in storage, and will ask staff persons who prepare food to describe the residence's food storage procedures.

Primary Benefit: Provides information regarding the identity of food items and the length of time food has been in storage, preventing cross-contamination of food and the use of expired food items.

103f	2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Discussion: Thermometers are not required in private refrigerators in resident rooms, only in appliances storing the residence's food supply. Built-in thermometers are acceptable.

Inspection Procedures: Inspectors will observe the residence's frozen and refrigerated food storage areas to verify that thermometers are present and that food is stored at the required temperatures. If necessary, inspectors will verify temperature readings on the residence's thermometers with Department thermometers. Inspectors will take readings at times when temperatures have not been affected by the opening and closing of appliances associated with mealtimes.

Primary Benefit: Ensures that foods are stored at safe temperatures.

103g	2800.103(g) - Food shall be stored in closed or sealed containers.

Discussion: Sealed containers include airtight plastic boxes or bags. Food prepared and stored briefly before service does not need to be in a sealed container.

Inspection Procedures: Inspectors will observe food storage areas.

Primary Benefit: Ensures that food is stored safely and protected from spoilage or infestation by insects and rodents.

103h	2800.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

Discussion: Food thawed "under cool water" means food placed under cool running water of less than 70°F or submerged in a sealed container in water of less than 70°F (if the latter options is used, water must be changed to maintain a temperature of less than 70°F). Food may not be thawed under cool water for more than two hours.

Inspection Procedures: Inspectors will observe the residence's process for thawing food, or will ask staff persons who prepare food to describe the residence's procedures for thawing food.

Primary Benefit: Protects food from dangerous bacteria while thawing.

103i	2800.103(i) - Outdated or spoiled food or dented cans may not be used.

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

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

Fresh Foods

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

Source: United States Department of Agriculture

Processed Foods

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

Source: United States Department of Agriculture

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

To measure when the allotted time for use has past, all of the above food items must be dated when purchased, or some other system to conclusively measure food purchase dates must be employed. “Spoiled” foods develop a bad odor, flavor, or appearance due to spoilage bacteria. If a food has developed such characteristics, it may not be used.

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

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

Primary Benefit: Ensures that food is safe for use.

103j	2800.103(j) - Eating, drinking and cooking utensils shall be washed, rinsed and sanitized after each use by a method specified in 7 Pa.Code Chapter 46, Subchapter D (relating to equipment, utensils and linens).

Discussion: 7 Pa.Code § 46.715(c)(1) requires that utensils be "effectively washed to remove or completely loosen soils by using the manual or mechanical means necessary, such as the application of detergents containing wetting agents and emulsifiers; acid, alkaline, or abrasive cleaners; hot water; brushes; scouring pads; high-pressure sprays; or ultrasonic devices".

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

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

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

Dining Room

104a	2800.104(a) - An assisted living residence shall have an accessible common dining space outside the resident living units. A dining room area must be equipped with tables and chairs and able to accommodate the maximum number of residents scheduled for meals at any one time. There must be at least 15 square feet per person for residents scheduled for meals at any one time.

Discussion: This regulation prohibits residences from forcing residents to stand during meals as a result of insufficient space. "Maximum number of residents scheduled for meals" allows the residence to have multiple serving times.

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

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

104b1	2800.104(b)(1) - Dishes, glassware and utensils shall be provided for eating, drinking, preparing and serving food.

Discussion: Self-explanatory.

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

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

104b2	2800.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.

Discussion: Self-explanatory.

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

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

104b3	2800.104(b)(3) - Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

Discussion: The residence may use disposable paper and plastic products for special occasions (such as an outdoor picnic), for an intermittent, casual meal (such as a box lunch) or during a temporary malfunction of the dishwasher.

Inspection Procedures: Inspectors will examine the kitchen and observe meals (if possible) to determine if the residence uses paper or plastic products, and will interview staff to confirm observations regarding cups, plates, and utensils.

Primary Benefit: Regular use of plates, utensils, and cups that are not paper or plastic creates a dignified and home-like environment for residents.

104c	2800.104(c) - Condiments shall be available at the dining table.

Discussion: Condiments may be provided at a central dining location, rather than on each table, as long as they are readily available to all residents.

Inspection Procedures: Inspectors will examine the residence's dining room or kitchen to determine if condiments are available to residents.

Primary Benefit: Condiments increase meal quality and create a home-like environment for residents.

104d	2800.104(d) - Adaptive eating equipment or utensils shall be available, if needed, to assist residents in eating at the table.

Discussion: "Adaptive eating equipment" means devices that assist a resident with a physical disability to feed him/herself independently. It is important that the residence document the need for adaptive eating equipment during the preadmission screening process for each resident. Staff should regularly observe and assist residents at meal time to ensure that resident needs are met. The assessment and support plan should also document this need.

Inspection Procedures: Through record review and staff interviews, inspectors will determine if any residents require adaptive eating equipment or utensils. Inspectors will observe meals (if possible) and examine the residence's kitchen to determine if these utensils are available as needed.

Primary Benefit: Residents who are provided with adaptive eating utensils are provided with a greater level of independence during meals.

104e	2800.104(e) - Breakfast, midday and evening meals shall be served to residents in a dining room except in the following situations: (1) Service in the resident's living unit shall be available at no additional charge when the resident is unable to come to the dining room due to illness. (2) When room service is available in a residence, a resident may choose to have a meal served in the resident's living unit. This service shall be provided at the resident's request and may not replace daily meals in a dining room.

Discussion: A resident may opt to have his/her meals (as many as (s)he likes) served in his/her room if such a service is available, but the residence cannot create a policy where room service replaces meals served in a dining room for one or all residents. The residence must provide group dining service. The residence may charge for this special service if specified in the resident-community contract.

Inspection Procedures: Inspectors will observe meals (if possible) and interview staff and residents regarding group dining and room service.

Primary Benefit: Group dining service promotes community and raises the quality of life for all residents, and allows staff to provide emergency services should a resident choke on food.

Laundry	
105a	2800.105(a) - Laundry service for bed linens, towels and personal clothing shall be provided by the residence, at no additional charge, to residents who are recipients of or eligible applicants for Supplemental Security Income (SSI) benefits.
105b	2800.105(b) - Laundry service for bed linens, towels and personal clothing for the residents who are not recipients of SSI shall be provided by the residence unless otherwise indicated in the resident-residence contract. If a residence provides laundry facilities, there may not be a prohibition against residents doing their own laundry.

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

Residents may wash/dry their own laundry if they choose to do so; this is permissible as long as the resident is capable and has been assessed as being safe with detergents that may be poisonous (see § 2800.82(c)).

Inspection Procedures: Inspectors will review resident contracts and interview the administrator to determine if residents who receive SSI are charged for laundry service. Inspectors will determine if laundry service is being provided, and review the resident-community contract to determine if charges apply to residents who pay privately that receive laundry service.

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

105c	2800.105(c) - The supply of bed linens and towels shall be sufficient to ensure a complete change of bed linen and towels at least once per week.
105d	2800.105(d) - Bed linens and towels shall be changed at least once every week and more often as needed to maintain sanitary conditions.
105e	2800.105(e) - Clean linens and towels shall be stored in an area separate from soiled linen and clothing.

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

Inspection Procedures: Inspectors will examine the residence's linen supply to ensure there is enough for a complete change of linen and towels at least once per week. Inspectors will examine linens and towels in the residence to ensure that they are clean, and will interview staff and residents to determine how often linens and towels are changed. Inspectors will examine the storage locations of clean and soiled linens and towels and verify that they are separate.

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

105f1	2800.105(f)(1) - Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning.

Discussion: It is recommended that the residence label each resident's clothing and carefully check each label as the clothing is sorted and returned to the resident.

Inspection Procedures: Inspectors will interview staff to determine the system in place that ensures resident laundry is not misplaced, and will interview residents to determine if laundry is ever lost.

Primary Benefit: Ensures that residents' clothes are not lost or misplaced.

105f2	2800.105(f)(2) - The resident's clean clothing shall be returned to the resident within 24 hours after laundering.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview staff to determine the system in place that ensures resident laundry is returned within 24 hours, and will interview residents to determine if laundry is not returned within 24 hours.

Primary Benefit: Ensures that residents have sufficient clothing to meet their needs.

Swimming Areas	
106	2800.106 - If a residence operates a swimming area, the following requirements apply: (1) Swimming areas shall be operated in accordance with applicable laws and regulations. (2) Written policy and procedures to protect the health, safety and well-being of the residents shall be developed and implemented.

Question: Does the residence operate a swimming area?

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

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

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

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

Emergency Preparedness	
107a	2800.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the residence is located.

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

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

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

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

107b	2800.107(b) - The residence shall have written emergency procedures that include the following: (1) Contact information for each resident's designated person. (2) The residence's plan to provide the emergency medical information for each resident that ensures confidentiality. (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents. (4) Means of transportation in the event that relocation is required. (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs. (6) Alternate means of meeting resident needs in the event of a utility outage.

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

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

The residence should take into consideration the different responses necessary to address emergencies affecting only the residence and emergencies affecting the entire community or region. If a residence is located within 10 miles of a nuclear power plant, the residence must include in its Emergency Preparedness plan a plan to evacuate in the event of a nuclear power plant meltdown or other nuclear crises event. The plan should address how the residence will evacuate the residents to a safe distance from the nuclear power plant and surrounding area.

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

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

107c	2800.107(c) - The residence shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

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

Residences may use the general stock of nonperishable food as the emergency supply, but it is recommended that residences prepare a separate supply just for emergencies. A three-day food supply should require no refrigeration, minimal or no preparation or cooking, and little or no water. A sample menu appears below.

Grains (Bread, Cereal, Rice and Pasta Group)		
Quantity	Item	Servings
3	Single-serving packages ready-to-eat cereal	3
1	9-oz. box wheat crackers	9
1	4.2-oz. bag mini rice cakes	6
1	1.5-oz. granola bar	1
Total # Servings (one person, three days)		19

Fruits		
Quantity	Item	Servings
1	6-oz. can orange juice	1
2	4-oz. can mixed fruit	2
1	.75-oz. fruit roll	1
2	1.5-oz. box raisins	2
2	8.45-oz. box apple juice	2
2	4-oz. cups apple sauce	2
Total # of Servings (One person, three days)		10

Vegetables		
Quantity	Item	Servings
1	11.5-oz. can vegetable juice	2
1	8.5-oz. can peas & carrots	2
1	8.75-oz. can cream style corn	2
1	8-oz. can cut green beans	2
1	14.5-oz. can stewed tomatoes	2
Total # Servings (one person, three days)		10

Meat & Beans (Meat, Poultry, Fish, Dry Beans, Eggs & Nuts)		
Quantity	Item	Servings
1	15-oz. canned beans	2
1	2-oz. can chicken	1
1	3.25-oz. can tuna	1
1	12-oz. jar peanut butter	6
Total # Servings (one person, three days)		10

Milk (Milk, Yogurt & Cheese)		
Quantity	Item	Servings
6	8-oz. boxes of shelf-stable milk or enriched soy milk	6
1	8.75-oz. box shelf-stable processed cheese	3
Total # Servings (one person, three days)		9

Water – It is recommended that residences store at least one gallon of water per person per day. A normally active person needs at least one-half gallon of water daily just for drinking.

Additionally, in determining adequate quantities, take the following into account:

- Individual needs vary, depending on age, physical condition, activity, diet, and climate.
- Persons who are ill may need more water.
- Very hot temperatures may double the amount of water needed.
- A medical emergency might require additional water.

Water Storage - To prepare the safest and most reliable emergency supply of water, it is recommended that residences use commercially bottled water. Keep bottled water in its original container and do not open it until it needs to be used.

Preparing Containers of Water - If residences prepare their own containers of water, it is recommended that residences use food-grade water storage containers from surplus or camping supplies stores to use for water storage. Before filling with a container, thoroughly clean the containers with dishwashing soap and water, and rinse completely so there is no residual soap. To fill the bottle, add water to the top with regular tap water. If the tap water has been commercially treated from a water utility with chlorine, residences do not need to add anything else to the water to keep it clean. If the water residences are using comes from a well or water source that is not treated with chlorine, residences may treat the water as follows:

Add 16 drops (1/8 teaspoon) of bleach per gallon of water, stir, and let stand for 30 minutes. The water should have a slight bleach odor. If it doesn't, then repeat the dosage and let stand another 15 minutes. If it still does not smell of chlorine, discard it and find another source of water. If the procedure was effective, tightly close the container using the original cap. Be careful not to contaminate the cap by touching the inside of it. Place a date on the outside of the container. Store in a cool, dark place, and replace the water every six months if not using commercially bottled water.

Other chemicals, such as iodine or water treatment products sold in camping or surplus stores that do not contain 5.25 to 6.0 percent sodium hypochlorite as the only active ingredient, are not recommended and should not be used. (Source for above information: The United States Federal Emergency Management Agency).

A contract with a local bottled water supplier is acceptable if it includes:

- The amount of water to be delivered.
- A guarantee that the water will be delivered immediately upon request, 24-hours-per-day.
- A guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

An emergency water supply is not needed if the residence has a private well or cistern and can demonstrate that the water will be accessible and safe for drinking in the event of an emergency, including power outage. This must include the ability to pump water and to run any necessary purification systems.

Water may not be stored in previously used containers.

§ 2800.107(c) (continued)
Inspection Procedures: Inspectors will observe the residence's food and water supply in accordance with the above to verify that a three-day supply is present. It is the residence's responsibility to demonstrate that food and water supplies are sufficient to last for three days. If food or water is present but was prepared or stored in an unsafe fashion, it may be a violation of § 2800.85. **Primary Benefit:** Ensures adequate food and water supplies in the event of an emergency.

Firearms and Weapons	
108a	2800.108(a) - A residence shall have a written policy regarding firearms, weapons and ammunition where these items are on the premises or in possession of any resident or staff member. A residence is not required to permit firearms, weapons and ammunition.
108b	2800.108(b) - The policy must include, at a minimum, procedures regarding the safety, access and use of firearms, weapons and ammunition.
108c	2800.108(c) - Firearms, weapons and ammunition shall be permitted on the licensed premises of a residence only when the following conditions are met: (1) Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' living unit or in a common living area. (2) Ammunition shall be contained in a locked area separate from firearms and weapons, and located in a place other than the residents' living unit or in a common living area. (3) The key to the locked cabinet containing the firearms, weapons and ammunition shall be in the possession of the administrator or a designee. (4) The administrator or designee shall be the only individual permitted to open the locked cabinet containing the firearms and weapons and the locked area containing the ammunition.
108d	2800.108(d) - If a firearm, weapon or ammunition is the property of a resident, there shall be a written policy and procedures regarding the safety, access and use of firearms, weapons and ammunition. A resident may not take a firearm, weapon or ammunition out of the locked cabinet into the common living area.

Discussion: Weapons include firearms and other objects intended to inflict harm, such as stun guns, martial arts weapons, clubs, and bladed weapons such as swords, daggers, and fighting knives.

Pocketknives, lock blades and other utility-type knives with blades that do not exceed 3 inches in length are not weapons. If a resident cannot safely use or possess these items, the restriction should be indicated on the resident's assessment and support plan.

The residence may prohibit weapons altogether, but the prohibition must be specified in the residence rules.

Inspection Procedures: Inspectors will ask the administrator if the residence permits firearms or other weapons and, if so, verify that there are procedures in place for storing them.

Primary Benefit: Permits residents and operators to store weapons on the premises in a manner that protects residents from accidental injury.

Pets	
109a	2800.109(a) - The residence rules must specify whether the residence permits pets on the premises.
109b	2800.109(b) - Cats and dogs present at the residence shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.
109c	2800.109(c) - Pets that are accessible to the residents shall be in good health and non-aggressive to the residents.
109d	2800.109(d) - If a residence has additional charges for pets, the charges shall be included in the resident-residence contract.
109e	2800.109(e) - A residence shall disclose to applicants whether pets are permitted and present in the residence.

Discussion: Exposure to animals is beneficial to residents' psychological health and well-being. If pets are permitted in the residence, the residence should specify in its residence rules what kinds of pets are permitted (i.e. cats, dogs, birds, etc.).

Inspection Procedures: Inspectors will review the residence's rules to determine if they specify whether the residence permits pets on the premises. Inspectors will review the residence's resident-community contract to ensure that if the residence has additional charges for pets, the charges are included in the resident-community contract. Inspectors will review the residence's resident-community contract to ensure that if the residence has additional charges for pets, the charges are included in the resident-community contract. Inspectors will also review all veterinary documentation kept by the residence for any cats and/or dogs present at the residence to determine if the cats and/or dogs have a current rabies vaccination from a licensed veterinarian. Finally, inspectors will observe the pets in the residence to determine if the pets are in good health and are non-aggressive to the residents.

Primary Benefit: Using the residence rules to address whether the residence permits pets or not helps future prospective residents determine whether or not the residence can meet their needs. Also, rabies is a serious, fatal disease that is transmittable to humans. The rabies vaccine protects humans from their pets should those pets be bitten by rabid bats, coyotes, raccoons, foxes or other animals. Pets that are in good health are less likely to transmit diseases or other negative effects (such as fleas, ticks; etc) to residents living in the residence. Pets that exhibit non-aggressive behavior are also less likely to put residents living in the residence at risk for bites, scratches and other injuries relating to aggressive animals.

FIRE SAFETY

Unobstructed Egress	
121a	2800.121(a) - Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.
121b	2800.121(b) – Except as provided in § 2800.101 (relating to resident living units), doors used for egress routes from living units and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the residence has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.
123a	2800.123(a) - Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Discussion: Obstructed Egress - "Egress" means "a way to exit the building," and "Obstructed Egress" simply means, "blocked exits or exit routes." It is important to keep exits unblocked so people can evacuate in an emergency situation.

An obstructed egress route can be as obvious as chained, padlocked exit doors or as subtle as furniture or other objects that would create a "choke point" if multiple residents were attempting to escape at the same time.

If a door appears to be an exit it must be unlocked and unblocked. If a door is not being used as an exit, it must not appear as an exit. This will be assessed on a case-by-case basis. The best way to determine if a door appears to be an exit is to ask yourself if you would run towards it if the building was on fire; if the answer is yes, then it appears to be an exit.

The use of the exit must be consistent; a residence cannot use it as an exit sometimes and then close it off at other times. To do otherwise would be confusing to staff and residents in the event of an emergency.

Residences may lock a door to protect the residents from unauthorized entrance from the outside of the residence, as long as the door is not locked while exiting from inside the residence. In other words, the door can be locked to keep people out, but not to keep people in.

Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced, or lost.

Inside and outside locks on resident bedroom doors may be used if the lock does not impede egress.

Any locking device that requires a key or other manual device that can be removed, misplaced or lost is not permitted under any circumstances – even if the residence has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority – EXCEPT doors to resident living units. Each living unit must have a door with a lock, except where a lock in a unit under a special care designation would pose a risk or be unsafe. Such a device would be a violation of § 2800.123(a). Moreover, even if written approval or a variance has been obtained for a device which prevents immediate egress, the residence may not use a device that completely prevents egress, as such a device would be a mechanical restraint (see § 2800.202). Therefore, the only device that prevents immediate egress that is permissible outside of a special care unit is a delayed locking device.

Locks/Devices that do not impede egress

- Locks that prevent people from entering the residence but do not prevent people from leaving (such as security locks that prevent unauthorized access to the residence from the outside).
- A keypad lock, if the code is clearly posted and if all residents can use the code to open the door without staff assistance.
- Alarms or other signaling devices that alert staff persons that there has been a breach in the exit path or door.

Unobstructed Egress (continued)

- Inside locks on resident living unit doors, as long as they can be easily opened by the resident from inside the living unit without the use of a key or other separate device such as a card. No inside lock is permitted if an emergency exit used by other residents is located in the living unit.
- Outside locks on resident living unit doors, as long as they can be easily opened by the resident from inside the living unit without the use of a key or other separate device such as a card, AND the residence has a "master key" to unlock all resident living unit doors in the event of an emergency (i.e., a resident is in the room with the door locked, but is unconscious or incapacitated).
- A manual deadbolt, if all the residents and all the staff persons are able to unlock the deadbolt.

Locks / Devices that impede egress

- Key-locking devices, including key-operated deadbolts.
- Locking devices requiring a card to be swiped.

Delayed Locking Devices - A delayed locking device is one that opens after a time-delay of any length. The most common devices of this type are those that require pressure on a "panic bar" for 15-20 seconds. Use of these doors are permitted if:

1. There is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the system (to ensure compliance with § 2800.18 and § 2800.121(b)).
2. There is a statement specific to the residence from the manufacturer, lock service company or an architect who has inspected the lock verifying that the electronic or magnetic locking system will shut down and that all doors will open easily and immediately when there is a signal from an activated fire alarm system, heat or smoke detector, and/or power failure to the residence (to ensure compliance with § 2800.132(d)).
3. The doors are not used in a residence or portion of a residence that provides specialized care and services for residents with Alzheimer's disease or other dementia that is not licensed as a SCU.

Courtyards not Located in a Special Care Unit (SCU) - External gates in courtyards or patio areas may not be locked unless:

1. All doors leading to the courtyard from the residence are clearly marked "Not an Exit," unless the courtyard is designated as a fire-safe area in accordance with § 2800.132(d).
2. The gate itself is disguised or clearly marked "Not an Exit."
3. The courtyard is never used as an egress path during fire drills.
4. All residents who access the courtyard are able to understand and obey "Not an Exit" signs.

All doors leading to a courtyard that do not have a means of egress to a public thoroughfare (such as internal courtyards and external courtyards without a gate) must be clearly marked "Not an Exit", unless the courtyard has been designated in writing as a fire safe area within the past year by a fire safety expert.

Inspection Procedures: Inspectors will verify the following while inspecting the residence's physical site:

1. Egress routes are unblocked, unobstructed, and not equipped with key locks or similar devices.
2. Only acceptable locks and devices are in use.
3. Delayed locking devices are being used as specified above.
4. Courtyards not located in special care units are being used as specified above.

Primary Benefit: It is important to keep exits unblocked so people can escape in an emergency situation. If an egress-route door is locked with a key or other manual device, which has been removed, misplaced, or lost, people will be unable to escape in the event of a fire or other emergency.

Exits	
122	2800.122 - Unless otherwise regulated by the Department of Labor and Industry, the Department of Health or the appropriate local building authority, all buildings must have at least two independent and accessible exits from every floor, arranged to reduce the possibility that both will be blocked in an emergency situation.

Discussion: This applies to every floor used by the residents, including basements and attics, even if used only occasionally. It is permissible to restrict access to floors by residents to eliminate the need for a second exit from a floor.

Construction Information - Fire escapes should be of a permanent construction affixed to the building. Fire escapes may be of any construction material.

Installation of an interior or exterior exit requires fire safety approval from the applicable local or state building authority. The building authority has the expertise and authority to decide what is and is not acceptable in accordance with the PA Construction Code. The Department cannot determine whether new construction meets building codes. In order to accept new construction of an exit, or alteration of an existing exit building code approval under § 2800.14(c) is required.

Portable Ladders and Window Exits - A waiver request may be submitted to allow the use of a portable ladder if a fire escape cannot be constructed due to the physical layout of the building or if a fire escape is not permitted due to local building requirements. The waiver should address the physical capabilities of the residents to use the portable ladder and include documentation from a local building/fire authority indicating that an external exit route cannot be constructed due to the physical layout of the building or if a fire escape is not permitted due to local building requirements.

Fire exits should be through a door and not a window; however, a waiver will be considered if the residence can demonstrate the following conditions:

1. The window exit was approved under applicable building codes in effect at the time of construction.
2. There is a specific written statement from a fire safety expert describing the window exit in detail and stating the exit is safe, accessible, and useable.
3. Demonstration and documentation that all residents can safely use the exit.

If a window exit is approved by a waiver, it must be used and practiced regularly in fire drills. Folding ladders, portable chute, or fire rope is not permissible as an exit.

Inspection Procedures: Inspectors will verify that there are two independent and accessible exits from every floor, including floors at grade level. If inspectors are unsure whether a specific residence requires a second exit from a given floor, inspectors will seek guidance from a licensing administrator.

Primary Benefit: Residents have a greater chance of escaping a residence during a fire or other emergency when multiple means of egress exist.

Emergency Evacuation	
123b	2800.123(b) - Copies of the emergency procedures as specified in § 2800.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the residence and a copy shall be kept.

Discussion: The items required to be posted include:

1. The emergency preparedness plan for the municipality in which the residence is located. See § 2800.107(a).
2. Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and emergency care of residents. See § 2800.107(b)(3).
3. Means of transportation in the event that relocation is required. See § 2800.107(b)(4).

Inspection Procedures: Inspectors will verify that the required items are posted during the physical site inspection.

Primary Benefit: Posting the required information allows for easy access to critical information by laypersons during an emergency.

123c	2800.123(c) - For a residence serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will verify that diagrams showing all of the required information are posted on each floor during the physical site inspection.

Primary Benefit: Emergency evacuation diagrams help residents and visitors escape in the event of a fire or other emergency.

123d	2800.123(d) - If the residence serves one or more residents with mobility needs above or below grade level of the residence, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

Discussion: "Above or below grade level" means any floor that does not have a door leading directly to solid ground. This applies to every floor above or below grade level that is accessed by residents with mobility needs, including basements and attics, even if used only occasionally.

The fire-safe area must be large enough to accommodate all residents with mobility needs, or there must be multiple fire-safe areas on each floor sufficient to accommodate all residents with mobility needs. If mobile residents also evacuate to the fire-safe areas during fire drills or actual emergencies, the fire-safe area(s) must be large enough to accommodate everyone that will use the area(s).

A resident who is independently mobile with an assistive device such as a walker or wheelchair will be considered a resident with mobility needs if the resident requires assistance to evacuate from floors above or below grade level. See "Fire Drills and Evacuation" in "Regulatory Issues and Frequently-Occurring Situations" for information about fire drills and evacuation.

Inspection Procedures: Inspectors will identify all residents with mobility needs through records and interviews. Inspectors will verify that residents with mobility needs either reside on the ground floor (grade level) of the residence, or that a fire-safe area(s) large enough to accommodate everyone who uses the area(s) is present on each floor where a resident with mobility is served.

Primary Benefit: Residents with mobility needs require assistance from staff to evacuate in the event of a fire or other emergency; therefore, the evacuation of residents with mobility needs takes longer than the evacuation of mobile residents. Fire-safe areas allow residents with mobility needs to be quickly evacuated to a safe place in the event of a fire or other emergency.

Notification of Local Fire Officials	
124	2800.124 - The residence shall notify the local fire department in writing of the address of the residence, location of the living units and bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Discussion: It is strongly recommended that the residence contact the local fire department before sending this information. Explain this requirement and ask how the information should be presented and whether additional information is required (i.e., a list of resident names, specific living unit numbers, etc.).

The notification should include the following information, at a minimum:

- The total capacity of the residence.
- A description of the general layout of the residence (number of floors, wings, etc.). A diagram or blueprint of the residence is acceptable.
- A general description of the mobility needs of the residents served. This need not be resident-specific; a description of the mobility needs of residents the residence is willing to serve will suffice.

This information needs to be sent when the residence begins operation (either as new construction or when under new ownership). It should be updated when any of the information that appears above (or is requested by the fire department) changes.

It is recommended that written notification be sent by certified mail or facsimile to ensure documentation of receipt of the information by the fire company.

Inspection Procedures: Inspectors will review the documentation submitted to the local fire company to verify that it contains the above information. Inspectors will verify through the interview process and by measuring compliance with § 2800.14(c) and § 2800.223 that the information is accurate and current.

Primary Benefit: In the event of a fire or other emergency, the local fire department will usually arrive within a matter of minutes. Having advance knowledge of the layout of the residence and the needs of the residents will help the fire department evacuate residents quickly.

Flammable and Combustible Materials	
125a	2800.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.
125b	2800.125(b) - Combustible materials shall be inaccessible to residents.

Discussion: ”Near” means “touching” or “close enough to be ignited by the heat source.” It is recommended that these materials not be stored under stairs or near egress paths to ensure that escape routes are not blocked by flames in the event of a fire.

“Combustible materials” means “materials that rapidly ignite, producing heat and/or light”; “flammable materials” means “materials capable of being readily or easily ignited.” Personal items such as hair spray, matches, lighters, or aerosol air fresheners may be accessible to residents if the residents can use such items safely. Remember that residents’ assessments and support plans (see § 2800.225 and § 2800.227) must indicate that residents can safely use these items.

Inspection Procedures: Inspectors will inspect all heat sources and hot water heaters during the physical site inspection. Inspectors will verify that combustible and flammable materials are not present in these areas. Inspectors will observe all areas of the residence carefully during the physical site inspection for unsecured combustible materials. Inspectors will check storage areas that contain such materials to ensure that the areas are secured.

Primary Benefit: Combustible and flammable materials can be ignited by heat sources, leading to explosions and fires. Combustible materials can be ignited by heat sources, sparks, or static electricity, causing injury to residents or damage to the residence.

Furnaces	
126a	2800.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.
126b	2800.126(b) - Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Discussion: Examples of a "trained maintenance staff person" include a person who has been trained by the company that installed the furnace or by a professional cleaning company. This cleaning may be conducted by a professional furnace cleaning company or a staff person of the residence who is knowledgeable of the manufacturer's instructions.

If the original instructions have been misplaced, residences may contact the manufacturer to obtain a copy of the instructions. If the manufacturer is no longer in business, instructions from a professional cleaning company will be accepted as compliance.

It is strongly recommended that residences 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 living unit area, and approximately 5 feet from each fuel burning appliance. Fuel burning appliances include non-electric powered furnaces, clothes dryers, and stoves. Carbon monoxide alarms must be approved by the Underwriters Laboratories, and bear the label "UL2034." Manufacturer's directions must be followed regarding the proper installation and maintenance of the device.

Inspection Procedures: Inspectors will review the residence's documentation of furnace inspection and maintenance.

Primary Benefit: Ensures that the residence's furnace will produce heat and that residents are protected from carbon monoxide poisoning.

Space Heaters and Supplemental Heating Sources	
127a	2800.127(a) - Portable space heaters are prohibited.
127b	2800.127(b) - Nonportable space heaters must be well vented and installed with permanent connections and protectors.
128a	2800.128(a) - The use of kerosene burning heaters is prohibited.

Discussion: Portable space heaters and kerosene 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. Kerosene burning heaters are a fire risk, can produce noxious fumes and carbon monoxide and can cause burns to residents.

Space and kerosene heaters are prohibited throughout the entire residence, including all areas of the building such as staff areas, offices, conference rooms, laundry rooms and staff/operator private dwelling areas. If the residence is located in a public building such as an apartment building, these requirements apply only to the areas of the building used by the residents.

Inspection Procedures: Inspectors will examine the physical site and interview staff and residents to determine if portable heaters are used. Inspectors will verify that nonportable heaters are properly installed and ventilated.

Primary Benefit: Portable space heaters and kerosene heaters are a frequent cause of fire and cause burns to residents who come into contact with them. Residents are protected from fire and injury by this prohibition. Proper installation of heating devices minimizes risk of fire.

128b	2800.128(b) - Wood and coal burning stoves shall be used only if a local fire department or other municipal fire safety authority, professional cleaning company or trained maintenance staff person inspects and approves them annually. Wood and coal burning stoves that are used as a regular heating source shall be cleaned every year according to the manufacturer's instructions. Documentation of wood and coal burning stove inspections and cleanings shall be kept.
128c	2800.128(c) - Wood and coal burning stoves must be securely screened or equipped with protective guards while in use.

Question: Does the residence use wood or coal-burning stoves?

Discussion: If wood or coal burning stoves are located in an area that is accessible to residents, it is important that the residence assess all residents to ensure that stoves do not pose a risk to them. As required by § 2800.128(c), screens and protective guards will ensure that residents do not suffer burns or other injury due to the use of stoves.

Inspection Procedures: If the residence is equipped with a wood or coal burning stove, inspectors will review documentation that the stove has been inspected and approved within the last 12 months by the appropriate authority. If the stove is a primary heat source, inspectors will review documentation that it has been cleaned within the last 12 months. Inspectors will determine if stoves are properly screened or equipped with protective guards.

Primary Benefit: Minimizes the risk of fire and carbon monoxide poisoning. Screens and protective guards reduce the risk of accidental burns.

Fireplaces	
129a	2800.129(a) - A fireplace must be securely screened or equipped with protective guards while in use.
129b	2800.129(b) - A fireplace chimney and flue shall be cleaned when there is an accumulation of creosote. Written documentation of the cleaning shall be kept.
129c	2800.129(c) - A fireplace chimney and flue that is used must be serviced annually and written documentation of the servicing shall be kept.

Question: Does the residence have fireplaces?

Discussion: There is no required height or width, but it is important that the screen or guard provide sufficient coverage of the fireplace to prevent ashes and sparks from exiting the fireplace. The screen or guard should also prevent residents from coming into contact with heat and ash. Fireplaces and chimneys may be cleaned by the residence's maintenance staff. It is recommended that this cleaning be conducted at least annually to prevent the build-up of creosote. This requirement does not apply if the fireplace is not used.

Inspection Procedures: If the residence is equipped with a fireplace, inspectors will determine if it is properly screened or equipped with a protective guard. Inspectors will review documentation that the chimney has been cleaned. If the most recent cleaning was more than 12 months before the date of the inspection, inspectors will recommend that the residence have the chimney cleaned again as soon as possible.

Primary Benefit: Fireplace screens and guards protect residents from injury and reduce the risk of fire. Creosote accumulation is the leading cause of structure fires that begin in a fireplace. This required cleaning reduces the risk of fire.

Smoke Detectors and Fire Alarms	
130a	2800.130(a) - There shall be an operable automatic smoke detector located in each living unit.
130b	2800.130(b) - Smoke detectors and fire alarms must be of a type approved by the Department of Labor and Industry, the appropriate local building authority or local fire safety expert, or listed by Underwriters Laboratories.
130c	2800.130(c) - <u>If the residence serves nine or more residents,</u> there shall be at least one smoke detector on each floor interconnected and audible throughout the residence or an automatic fire alarm system that is interconnected and audible throughout the residence.
130d	2800.130(d) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.
130e	2800.130(e) - Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.
130h	2800.130(h) - <u>In residences housing five or more residents with mobility needs</u>, the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service approved by the local fire department, if this service is available in the community.

Discussion: "Automatic smoke detector" means a device activated automatically by the detection of heat and/or smoke that has been approved by the Department of Labor and Industry, the appropriate local building authority or local fire safety expert, or listed by Underwriters Laboratories. Most commercial smoke detectors and fire alarms are listed by Underwriters Laboratories.

If a residence is equipped with interconnected smoke detectors and is found to be out of compliance with this requirement in one or more locations, an additional detector that is not interconnected may be installed to achieve compliance.

"Each floor" includes any floor of the residence accessible to residents, including the basement and attic if accessible. This does not include a crawl space, but does include an area accessible by pull-down steps accessible to and used by the residents.

It is recommended that all residences serving eight or fewer residents have at least one smoke detector on each floor interconnected and audible throughout the residence or an automatic fire alarm system that is interconnected and audible throughout the residence.

§2800.130(d) does not apply to all residents who have a hearing impairment, only those who cannot hear the detector or alarm. Many individuals who have hearing impairments can hear alarms.

Each resident must be alerted to the fire alarm at all times while awake or sleeping – residents who are unable to hear the smoke detector or fire alarm must have the same notice as a hearing person.

Each staff person who cannot hear the detector or alarm must be notified immediately so that they can assist residents to evacuate and to evacuate themselves.

Acceptable signaling devices include:

- Strobe lights approved by Underwriters Laboratories, have a single intensity of 75cd or higher, and have a flash rate of 1-3 flashes per second. If a resident/staff person is unable to hear the smoke detector or fire alarm system, then all of the detectors and the alarm system in all areas of the residence accessible to the particular resident must be equipped with a strobe light.
- A personal body device that vibrates when the alarm sounds.
- A pillow that vibrates when the alarm sounds (for use when sleeping).
- Hearing dogs.

It is not acceptable for a staff person to alert a resident in lieu of a signaling device.

Remember that residents' needs can differ based on the degree of their impairment and the specific situation. For example, a resident may be able to hear a fire alarm during the day when using a hearing aid, but not while asleep when the aid is removed. Therefore, a combination of the devices may be appropriate based on each resident's needs.

Inspection Procedures: Inspectors will verify that smoke detectors are present in each living unit. Inspectors will request documentation that the residence's equipment is approved as required. If the residence has an interconnected detector system installed prior to the issuance of the residence's certificate of occupancy, the system is compliant. If the residence is in compliance with § 2800.132(b), the equipment is compliant. Inspectors will determine if a resident has a hearing impairment that does not allow the resident to hear the fire alarm or smoke detector via interviews and review of assessments and support plans. Inspectors will determine if a staff person has such a hearing impairment by interviewing the administrator. If one or more residents or staff persons have a hearing impairment, inspectors will verify that they are able to be alerted when an alarm sounds. Inspectors will review documentation verifying that the required system is in place. If necessary, inspectors may contact the fire department or monitoring service to confirm functionality.

Primary Benefit: The deadliest fires occur when residents are sleeping. Smoke detectors in living units allow the resident time to wake and react. Although smoke detectors in hallways are not required, they are strongly recommended. Fires can spread quickly. If a fire occurs in one section of the residence, alarms that sound throughout the residence will alert all residents of the need to evacuate or prepare for evacuation. A device that alerts residents and staff who are hearing impaired of a fire offers them the same protection from fires as residents and staff who are not hearing impaired. Use of a device instead of a person eliminates the possibility that a resident will not be alerted if the staff are incapacitated. Residents with mobility needs require assistance from staff to evacuate in the event of a fire or other emergency; therefore, the evacuation of residents with mobility needs takes longer than the evacuation of mobile residents. An alarm system that notifies emergency responders expedites the arrival of firefighters to assist in evacuation and extinguishing the blaze.

130f	2800.130(f) - If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.
130g	2800.130(g) - The residence's emergency procedures must indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Discussion: Residences should have a procedure in place to verify detector/alarm functionality daily. This procedure can be very simple, such as designating a person to look at the master alarm panel and verify that the system is operational or instructing direct care staff to listen for the "chirping" sound indicating a dying battery. It is recommended that the fire-safety expert who performs the residence's fire-safety inspection (see § 2800.132(b)) assist the residence in developing these procedures. In the absence of a fire-safety expert's guidance, the Department will accept Fire Watch procedures as defined by the National Fire Protection Agency. In some cases, additional staff may be required to implement the procedures (see § 2800.60(c)).

"The residence's emergency procedures" refers to the emergency procedures required by § 2800.107(b).

Inspection Procedures: During the initial walk-through, inspectors will ask if the fire and smoke alarms are functioning properly. Inspectors will observe the master alarm panel and/or individual smoke detectors during the physical site inspection. If the alarm panel indicates that the system is not functioning, or if there is a reason to believe a smoke detector is not working, inspectors will notify the administrator immediately. Inspectors will request that the residence implement its emergency procedures (see § 2800.130(g)) and that the residence make plans to repair the system immediately. In some cases, referral to local code enforcement may be required. Inspectors may contact a licensing administrator for guidance if necessary.

Primary Benefit: A malfunctioning smoke detector will not protect residents from injury or death in the event of a fire. In some cases, a malfunctioning alarm system is also a violation of local building codes.

Fire Extinguishers	
131a	2800.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including public walkways and common living areas every 3,000 square feet, the basement and attic.
131b	2800.131(b) - If the indoor floor area on a floor including the basement or attic is more than 3,000 square feet, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 3,000 square feet of indoor floor space.
131d	2800.131(d) - Fire extinguishers must be listed by Underwriters Laboratories or approved by Factory Mutual Systems.
131e	2800.131(e) - Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.
131f	2800.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Discussion: Most commercial fire extinguishers are listed by Underwriters Laboratories or approved by Factory Mutual Systems. "Each floor" includes any floor of the residence accessible to residents and staff, including the basement and attic if accessible. This does not include a crawl space, but does include an area accessible by pull-down steps accessible to the residents or staff. If neither residents nor staff persons have access to a floor (except of course to test the detector), a fire extinguisher is not required on that floor. If anyone uses the floor, even for storage, an extinguisher is required.

It is recommended that fire extinguishers remain unlocked. In some cases, locking the extinguisher is necessary to prevent residents from misusing them.

Training in the use of fire extinguishers is required by § 2800.65(a)(5).

Inspections/approvals may be done by the extinguisher manufacturer or a company that employs a fire safety expert. Most fire extinguishers bear a tag showing that an inspection has been completed.

Documentation showing inspection and approval of each extinguisher in the residence by a fire safety expert may be kept electronically or in a paper file in the residence's office.

Inspection Procedures: Inspectors will check each floor of the residence during the physical site inspection to verify the presence of fire extinguishers. Inspectors will verify that fire extinguishers are not locked during the physical site inspection. If an extinguisher is locked, inspectors will interview staff to ask how it would be immediately unlocked in the event of a fire.

Primary Benefit: Easily-accessible fire extinguishers offer staff and residents the chance to extinguish a fire before it spreads. Approval of fire extinguishers ensures that the devices will function properly in the event of a fire. Inspection of fire extinguishers ensures that they will function in the event of a real fire.

Fire Extinguishers (continued)	
131c	2800.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen of the residence. The kitchen extinguisher must meet the requirements for one floor as required in § 2800.131(a).

Discussion: "Each kitchen" refers only to full-service kitchens, not kitchenettes located in individual living units or in other areas of the residence. However, it is recommended that fire extinguishers be placed in all kitchenettes where residents prepare food.

Inspection Procedures: Inspectors will check each kitchen area in the residence during the physical site inspection to verify the presence of a 2A-10BC fire extinguisher or its equivalent.

Primary Benefit: Fire extinguishers with a 2A-10BC rating are able to extinguish fires involving ordinary combustibles (such as paper or wood), flammable liquids, and electricity. Kitchens fires are likely to include one or more combustible types. The numbers refer to the "amount" of fire the extinguisher will extinguish.

Fire Drills	
132a	2800.132(a) - An unannounced fire drill shall be held at least once a month.
132b	2800.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.
132c	2800.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.
132d	2800.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.
132e	2800.132(e) - A fire drill shall be held during sleeping hours once every 6 months.
132f	2800.132(f) - Alternate exit routes shall be used during fire drills.
132g	2800.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.
132h	2800.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.
132i	2800.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.
132j	2800.132(j) - Elevators may not be used during a fire drill or a fire.

Discussion: Please see "Fire Drills and Evacuation" in "Regulatory Issues and Frequently-Occurring Situations" for more information. For information relating to conditions under which a resident receiving hospice services may elect to forego evacuation during a fire drill, please see the regulation at § 2800.29.

There is no requirement for what must be included in a "fire safety inspection."

Many residences report confusion regarding § 2800.132(d) primarily because it contains two requirements – the need for a designated time, and the need for a designated area (if one exists). Another way of describing this requirement is as follows: If, during fire drills and actual emergencies…

- …all residents evacuate outside of the building, then a fire-safety expert must determine the maximum amount of time residents have to get outside when the fire alarm sounds.
- …all residents evacuate to internal areas, then a fire-safety expert must determine the maximum amount of time residents have to get to the internal areas when the fire alarm sounds, AND designate the internal areas as "fire-safe areas".
- …some residents evacuate to internal areas and others evacuate outside of the building, then a fire-safety expert must determine ONE maximum amount of time for residents to get outside and to the internal areas, AND designate the internal areas as "fire-safe areas."

A residence 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.

The "2 ½ Minute" Evacuation Time - Since 2005, the Department has taken the position that residences are not required to have designated maximum evacuation times if all residents are able to evacuate the entire building within 2 ½ minutes from the time the alarm sounds to the time when the last resident enters the fire safe area(s) or exits the outside door. Many residences have interpreted this to mean that the Department expects all residences to evacuate all residents in 2 ½ minutes, but that is not the case; the 2 ½ minute time window allows residences that are unable to secure a maximum evacuation time from a fire-safety expert an alternative means of compliance, and is therefore meant to help residences. The 2 ½ minute time was selected because it appears in almost all other human-care regulations administered by the Department. Remember that fire-safe areas must always be designated in writing by a fire-safety expert, even if the expert will not designate a maximum evacuation time.

In order to cause minimal disruption to the residents, the sleeping-hour fire drill may be held within 30 minutes after residents are asleep or within 30 minutes before they normally wake. However, it is strongly recommended that the sleeping-hour drill be held between 2:00 AM and 4:00 AM.

"Sleeping hours" means "11:00 PM to 7:00 AM" unless the residence can demonstrate that another time period more accurately reflects normal sleeping hours. For example, if most (more than half) of the residents go to sleep at 10:00 PM and wake at 6:00 AM, 10:00 PM to 6:00 AM may be used as sleeping hours when measuring compliance with this regulation.

In order to practice using alternate routes, the residence should vary the location of the hypothetical fire during each drill. This may be done by simulating a blocked door or egress path (placing a large display/poster of a hypothetical fire in an exit path) and practicing to evacuate through an alternate path of egress.

If the residence has internal fire-safe areas, it is recommended that the hypothetical fire should be located in each fire-safe area at least once every two calendar years.

When planning drills, residences should consider what human resources would be available in the event of a real fire at any given time, and the requirements of the residence's evacuation plan. For example, if direct care staff from a nursing facility collocated in the same building or in adjoining buildings assist in drills, then the same staff must be available to assist in evacuating residents during an actual fire emergency, even if those staff must also assist residents from the skilled nursing facility. Additionally, adding staff during fire drills to accomplish a successful evacuation not only makes the drill a worthless exercise, it puts residents at risk if a real fire occurs. In other words, residences may not practice evacuating residents using resources that won't be available in a real fire.

§ 2800.132(h) intends that the residence designate one meeting place so that staff persons and emergency personnel can quickly check to determine if all residents have been evacuated. However, if it is absolutely necessary due to exit paths and mobility of the residents to have multiple external meetings places, both meeting places must be able to be checked by staff within 30 seconds (in person or through electronic communication such as cell phones or walkie-talkies) to ensure that residents' supervision needs are met.

There may be more than one internal designated meeting if the residence is equipped with more than one fire-safe area, in that each area will have a designated meeting place within the fire-safe area. Remember that a sufficient number of staff must be present on each shift at all times to allow residences to account for the number of residents in each area. This is also important during drills to verify that evacuations are completed within the time specified by a fire-safety expert. Equipping staff with communication devices is recommended in the fire safe areas to be able to immediately talk with staff in all of the other fire safe areas to ensure that all residents in the residence are accounted for. Each staff person must be trained to know to which fire safe area (s)he is to be present in if a fire or fire drill occurs.

The required monthly testing of each smoke detector and fire alarm may be completed during the monthly fire drill. A separate monthly test is not required. See § 2800.132(d) and "Fire Drills and Evacuation" in the "Regulatory Issues and Frequently-Occurring Situations" section for information about fire drills and evacuation.

If the alarm system is interconnected, testing of the master alarm system as a whole unit to test the supervision of the circuit loop, with monitoring to be certain that each individual alarm is working, is sufficient for the monthly fire alarm testing.

Inspection Procedures: Inspectors will review fire drill records for the past six months. Inspectors will interview staff persons and residents about fire drills, and whether advance notice of a drill is provided. If necessary, inspectors may contact the fire-safety expert who completed the inspection or other third-party sources to verify that the documentation is accurate.

Primary Benefit: Unannounced drills ensure that staff and residents will be prepared to evacuate without hesitation in the event of a real fire. Evacuation within the maximum evacuation time prevents fire-related death and injury. It is critical to practice response and evacuation while residents are asleep, since an individual's response time and actions when waking from sleep are reduced, and because most fire deaths occur during sleeping hours. Varying the location of the fire and the exit routes used ensures that staff and residents are prepared to respond to different fire scenarios. Staggering drill dates and times ensures that staff and residents are prepared to respond to different fire scenarios, and that staff on all shifts are properly trained in evacuation procedures. Designated meeting places and communication systems ensure that residents are accounted for during actual fires to ensure total evacuation and prevent death or injury from wandering. Elevators may be inoperative during fires, causing people to become trapped in the building.

Exit Signs	
133a1	2800.133(a)(1) - If the residence serves nine or more residents, signs bearing the word ''EXIT'' in plain legible letters shall be placed at all exits.
133a2	2800.133(a)(2) - If the residence serves nine or more residents, access to exits shall be marked with readily visible signs indicating the direction to travel.
133a3	2800.133(a)(3) - If the residence serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

Discussion: These regulations do not require "EXIT" signs to be illuminated, but local building codes may require illumination. Residences should check with their local building authority to learn if illuminated signs are required.

Inspection Procedures: Inspectors will check each exit door during the physical site inspection and verify that an exit sign is posted at the door. Inspectors will check the access routes to each exit not immediately visible during the physical site inspection to verify that signs indicating the direction to travel are present. Inspectors will check each exit door during the physical site inspection and verify that the posted exit sign meets the height and width requirements.

Primary Benefit: Large residences (i.e., serving more than eight people) have more doors that could be mistaken as exits. Labeling exits helps people escape during a fire or other emergency. Signage may be obscured by smoke during fires. Large lettering helps people locate exit doors

RESIDENT HEALTH

Resident Medical Evaluation and Health Care	
141a1	2800.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, subject to the provisions of § 2800.22 (relating to application and admission).
141a2	2800.141(a)(2) - The medical evaluation must include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request. (11) An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission. (12) Information about a resident's day-to-day assisted living service needs.

Discussion: It is important to remember that the primary focus of these requirements is the need for residents to be evaluated by a physician, physician's assistant or certified registered nurse practitioner – NOT that a form be properly completed. The Department specifies a form simply to ensure that all of the required elements of the evaluation are performed during the evaluation.

Compliance with this regulation is achieved by following three basic steps:

1. A resident is evaluated *in person* by a physician, physician's assistant, or certified registered nurse practitioner within the specified timeframe. The evaluation includes checking everything required by § 2800.141(a)(2).
2. The evaluation results are documented on the Department's Documentation of Medical Evaluation (DME) form.
3. The physician, physician's assistant, or certified registered nurse practitioner who completed the evaluation signs and dates the DME form, certifying that the information is true and that it was established via an in-person examination.

Residences are PERMITTED to:

- Complete all or a portion of the DME prior to the in-person evaluation, except for the "Medical Professional Information" section, and present the DME to the physician, physician's assistant or certified registered nurse practitioner for signature at the time of the examination.
- Complete all or a portion of the DME after an in-person evaluation that was performed within the timeframes specified by this regulation, except for the "Medical Professional Information" section, and present the completed form to the physician, physician's assistant or certified registered nurse practitioner for signature in person, by facsimile, or via electronic mail.
- Correct a DME upon discovering that the physician, physician's assistant or certified registered nurse practitioner has recorded inaccurate information or omitted information, IF a registered nurse (RN) or licensed practical nurse (LPN) contacts the person who performed the evaluation, AND receives permission from that person to correct the DME, AND documents the date, time, and person spoken to on the DME next to the correction.

§ 2800.141(a) (continued)

Residences are PROHIBITED from:

- Completing the "Medical Professional Information" section, unless the residence employs a physician, physician's assistant or certified registered nurse practitioner.
- Completing all or a portion of the DME without an in-person evaluation.
- Completing all or a portion of the DME after an in-person evaluation that was performed outside of the timeframes specified by this regulation.
- Changing the content of a DME without the consent of the person who performed the evaluation, or changing the content of a DME by someone who is not a registered nurse (RN) or licensed practical nurse (LPN).

It is strongly recommended that residences carefully review DME forms completed by a physician, physician's assistant, or certified registered nurse practitioner to verify that all of the required information was recorded. Although the evaluations must be completed by medical professionals, residences are responsible for ensuring that the evaluations were complete and that the DMEs were filled out in their entirety.

This requirement applies to respite care if respite care is provided for a resident for more than 30 days in a 12-month period. One medical evaluation is required per year. If a resident is readmitted within the same year, a new medical evaluation is not required unless the resident's medical condition has changed since the prior evaluation.

Inspection Procedures: Inspectors will review DMEs to verify that the date recorded in the "Date Resident Evaluated" section of the DME is within the allowable timeframes. If post-evaluation edits were made to the DME, inspectors will verify the credentials of the person who made the edits, that the person who completed the evaluation was contacted, and that the contact was properly documented. If necessary, inspectors will verify with the physician, physician's assistant or certified registered nurse practitioner that the resident received an in-person evaluation on the date recorded. Inspectors will review DMEs to verify that the medical evaluation included all of the required elements. If an element is not recorded on the DME, but the residence is able to obtain evidence that the in-person evaluation did include the element by the exit conference on the last day of the inspection, there is no regulatory violation. If necessary, inspectors may verify with the physician, physician's assistant or certified registered nurse practitioner that corrected information is valid.

Primary Benefit: Accurate medical information helps residences decide whether a resident's needs can be met at the residence, helps the residence develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

See also: § 2800.22(a) (relating to application and admission).

141b1	2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

Discussion: See § 2800.141(a)(1). In this case, "annually" means "within 12 months of the most recent medical evaluation that included all of the elements at § 2800.141(a)(2)." Additionally, the Department allows a 15-day grace period for completion of the annual evaluation, so annually actually means "within 12 months and 15 days of the most recent medical evaluation that included all of the elements at § 2800.141(a)(2)."

Inspection Procedures: See § 2800.141(a)(1) and (2). Remember that residences have a 15-day grace period to ensure completion of the evaluation.

Primary Benefit: Accurate, updated medical information helps residences decide whether a resident's needs can be met at the residence, helps the residence develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

141b2	2800.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

Discussion: What does "if the medical condition of the resident changes" mean? The Department interprets "medical condition" to mean disease, disorders, injuries, and health situations (such as pregnancy or elective surgery) that might affect a person's health, benefit from medical assistance, or have implications for medical treatment. A new medical evaluation is required when:

- The resident has contracted, been diagnosed with, or suspected of having a previously-undiagnosed disease or disorder.
  Example: A resident develops symptoms consistent with diabetes.
- An existing disease or disorder changes such that the resident's medical and/or care needs are affected.
  Example: A resident's arthritis worsens such that (s)he complains of pain or decreased mobility.
- The resident suffers an injury that changes his/her medical and/or care needs for an extended period of time.
  Example: A resident breaks a hip after an injurious fall.
- A health situation occurs that will have any impact on the resident's current medical treatment and/or care needs.
  Example: A resident elects to have his/her shoulder replaced.
- At the request of the Department.

Clearly, a "change in medical condition" will usually be determined by a medical professional after the residence identifies a *potential* change in a resident's medical condition. Therefore, it's strongly recommended that residences include a blank DME form with the information required by § 2800.143(b) when the resident receives emergency medical attention, and that a blank DME form accompanies the resident to every medical appointment where a medical change may be identified, in case a change is identified. Remember, the form is required ONLY if the conditions change.

Inspection Procedures: Inspectors will interview the administrator and/or "wellness" staff to determine the residence's procedure for identifying the need for a new medical evaluation. If a change in any resident's condition is observed while reviewing resident records, inspectors will ask whether a new evaluation was completed.

Primary Benefit: Accurate, updated medical information helps residences decide whether a resident's needs can be met at the residence, helps the residence develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

Assistance with Medical Care and Supplemental Health Care Services	
142a	2800.142(a) - Each residence shall demonstrate the ability to provide or arrange for the provision of supplemental health care services in a manner protective of the health, safety and well-being of its residents utilizing employees, independent contractors or contractual arrangements with other health care facilities or practitioners licensed, registered or certified to the extent required by law to provide the service.
142b	2800.142(b) - The residence shall assist the resident to secure medical care and supplemental health care services.
142c	2800.142(c) - If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for medical care shall be documented in the resident's record.
142d	2800.142(d) - If a resident has a serious medical or dental condition, reasonable efforts shall be made to obtain consent for treatment from the resident or the resident's designated person.
142e	2800.142(e) - The residence shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

Discussion: Compliance with § 2800.142(a) is achieved through the resident-community contract. Residences may be subject to licensing enforcement action for failure to take appropriate action when a resident refuses medical care. While residences cannot force a resident to seek such care, there are several steps residences can take to encourage the resident to accept care AND protect themselves:

1. Make "willingness to accept routine medical or dental examination or treatment" part of the residence's written criteria for admission (see § 2800.223(a)).
2. Make "acceptance of routine medical or dental examination or treatment" part of the residence's rules.
3. Determine why the resident is refusing medical care. It may be that the resident is iatrophobic (afraid of doctors) or suffering from some other phobia. Assistance from community agencies (see § 2800.222) may be helpful in encouraging the resident to accept care.
4. Consider discharge for chronic refusal. Posing a danger to oneself and repeated, documented violation of the residence's rules are grounds for discharge pursuant to § 2800.228(h)(1) and (7). Refusal to accept medical care and documentation of refusal to seek medical care on more than two occasions is sufficient documentation of rule violation. While no one wants to discharge an otherwise-cooperative resident, continued noncompliance with this regulation may lead to licensing enforcement action.

Documentation of the residence's attempts to educate and inform the resident are essential to protect the residence in the event that the resident suffers harm from the absence of medical care.

Inspection Procedures: Inspectors will interview the administrator and/or "wellness" staff to determine the residence's procedure for managing resident refusals of routine medical or dental care. Inspectors will review cases where a resident has refused care, if any, and verify that the residence has taken appropriate action.

Primary Benefit: Routine medical care can prevent more serious health-related situations at a later date. Additionally, residences that do not encourage residents to seek care may be subject to licensing enforcement action or criminal charges if a resident suffers harm as a result of his/her refusal.

Emergency Medical Plan

143a	2800.143(a) - The residence shall have a written emergency medical plan that includes the following: (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.

Discussion: Many residences report confusion regarding this regulation primarily because the plan must address both individual residents and the entire population. It is strongly recommended that a residence's plan work in conjunction with the requirements at § 2800.143(b). For example, the residence could include the resident's choice of hospital or source of health care in the information required by § 2800.143(b)(11), and indicate in the emergency medical plan that the hospital or source of health care to be used will be included with the resident's emergency health information.

Inspection Procedures: Inspectors will review the residence's Emergency Medical Plan to verify that all of the required information is contained in the plan.

Primary Benefit: The Emergency Medical Plan is a plan that ensures immediate and direct access to medical care and treatment for serious injury, illness or both. Having a thorough, informative Emergency Medical Plan is essential to provide emergency medical care of residents.

143b	2800.143(b) - The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention: (1) The resident's name and birth date. (2) The resident's Social Security number. (3) The resident's medical diagnosis. (4) The resident's physician's name and telephone number. (5) Current medications, including the dosage and frequency. (6) A list of allergies. (7) Other relevant medical conditions. (8) Insurance or third party payer and identification number. (9) A power of attorney for health care or health care proxy, if applicable. (10) The resident's designated person with current address and telephone number. (11) Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable. (12) A speech, hearing or vision need which requires accommodation or awareness, such as written communication or American sign language. (13) A language need which requires accommodation or awareness, such as an interpreter of translation.

Discussion: Residences must have the above information available for each resident, which can be accessed quickly in the event of an emergency. It is strongly recommended that residences create a separate document that is used for this purpose that can be accessed quickly and transported with the resident in an emergency situation.

Inspection Procedures: Inspectors will begin by reviewing the residence's emergency medical and health information as required by the regulation. Inspectors may ask staff members of the residence how the residence plans to provide resident medical and health information in the event of an emergency.

Primary Benefit: Having emergency medical and health information for each resident helps to ensure immediate and direct access to medical care and treatment for serious injury, illness or both. Having thorough, informative emergency medical and health information is beneficial to emergency medical responders for the emergency medical care of residents.

Use of Tobacco	
144b	2800.144(b) - The residence rules must specify whether the residence is designated as smoking or nonsmoking.

Discussion: A residence may prohibit smoking in the residence or on the premises. A residence may permit smoking only in a separate, enclosed room designated as a smoking room or in a designated area outside the residence. This policy must be applied to all residents, staff persons, visitors and other individuals in the residence.

If the residence changes its smoking policy, § 2800.42(d) requires that written notice must be provided to the residents and the residents' designated persons 30 days prior to the date the change takes effect.

The Clean Indoor Air Act – Assisted living residences are considered "public places" under the Clean Indoor Air Act (35 P.S. § 637.1 – 637.11) and thus are subject to those regulations as well. According to the Act, assisted living residences must post a sign at each entrance that states "Smoking Permitted in Designated Areas Only" or "No Smoking." The international "No Smoking" symbol is also permitted. It is recommended that "Smoking Permitted" signs be posted at outdoor designated smoking areas. If the building is a multi-purpose building (such as a building that has independent living and/or skilled nursing as well as assisted living services), signs shall be posted at every entrance to the assisted living residence part of the building. Smoking is not permitted in independent apartments that are intermingled with assisted living residence apartments, as the building is being used to provide food or health care-related services and is subject to the smoking ban.

Inspection Procedures Inspectors will examine the residence's rules to determine if they have established a written policy on smoking.

Primary Benefit: Ensures that current and potential residents clearly understand the residence's smoking policy.

144c	2800.144(c) - A residence that permits smoking inside or outside of the residence shall develop and implement written fire safety policy and procedures that include the following: (1) Proper safeguards inside and outside of the residence to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the residence, extinguishing procedures, fire resistant furniture both inside and outside the residence and fire extinguishers in the smoking rooms. (2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits. (3) Prohibition of the use of tobacco during transportation by the residence.
144d	2800.144(d) - Smoking outside of the smoking room is prohibited.

Question: Does the residence permit smoking inside or outside the premises?

Discussion: These regulations require that the residence develop smoking procedures and that those procedures be put into place, and that smoking be limited to the designated smoking area.

A residence may prohibit smoking in the residence or on the premises. A residence may permit smoking only in a separate, enclosed room designated as a smoking room or in a designated area outside the residence. This policy must be applied to all residents, staff persons, visitors and other individuals in the residence.

The Clean Indoor Air Act – Assisted living residences are considered "public places" under the Clean Indoor Air Act (35 P.S. § 637.1 – 637.11) and thus are subject to those regulations as well. According to the act, assisted living residences must post a sign at each entrance that states "Smoking Permitted in Designated Areas Only" or "No Smoking." The international "No Smoking" symbol is also permitted. It is recommended that "Smoking Permitted" signs be posted at outdoor designated smoking areas. If the building is a multi-purpose building (such as a building that has independent living and/or skilled nursing as well as assisted living services), signs shall be posted at every entrance to the assisted living residence part of the building. Smoking is not permitted in independent apartments that are intermingled with assisted living residence apartments, as the building is being used to provide food or health care-related services and is subject to the smoking ban.

§ 2800.144(c)(1)- The policy must include safeguards to prevent fire hazards, which the Department interprets to require:

- Fireproof receptacles and ashtrays.
- Direct outside ventilation and no interior ventilation from interior smoking rooms through other parts of the residence. It is recommended that the exhaust fan be running continually while individuals are smoking and for a reasonable period following smoking.
- Fire-resistant furniture in both interior and exterior smoking areas. Furniture is considered fire-resistant if it is made of solid wood construction, with no cushions or upholstery, or is made of hard plastic or resin-like substances. It is recommended that residences do not use table umbrellas unless they are a reasonable distance from fireproof receptacles and ashtrays or are made of a fire resistant material.
- Fire extinguishers in interior smoking rooms.
- That smoking areas be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits. For the purposes of applying this regulation, “safe distance” means far enough away to prevent a fire in the smoking area from igniting heat sources, hot water heaters, combustible or flammable materials and so that residents are not exposed to second-hand smoke.
- That tobacco products may not be smoked during transportation provided by the residence.

It is recommended that this policy also include:

- The location of the residence's designated smoking areas.
- The use of fireproof receptacles and ashtrays.
- How staff must respond to a fire in a designated smoking area, including evacuation and the location of the designated area's fire extinguisher.

Inspection Procedures: Inspectors will review the residence's fire safety policy and procedures, and interview staff and residents to determine if the policy is known and implemented. Inspectors will examine the residence's designated smoking area(s) and vehicle to ensure that the policy is followed.

Primary Benefit: Greatly reduces the risk of fire associated with unsafe smoking, and ensures that both residents and staff know what must be done in the event of a fire.

NUTRITION

Nutritional Adequacy	
161a	2800.161(a) - Meals shall be offered that meet the recommended dietary allowances established by the United States Department of Agriculture.

Discussion: If a physician or other medical professional has recommended in writing an alternate diet for the resident, the medically prescribed diet shall be followed.

If there is a written physician's order of a serious medical condition or allergy, the residence shall consult the physician as to the procedures to be followed.

Inspection Procedures: Inspectors will review the residence's menus, as well as interview the administrator, staff, and/or residents of the residence to determine if the residence's meals meet the recommended dietary allowances established by the United States Department of Agriculture. Inspectors may also be present during the residence's mealtime to observe the meals served by the residence.

Primary Benefit: The recommended dietary allowances established by the United States Department of Agriculture are intended to reflect the best scientific judgment on nutrient allowances for the maintenance of good health and to serve as the basis for evaluating the adequacy of diets of groups of people.

161b	2800.161(b) - At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

Discussion: For information on nutritionally-balanced meals, please visit the United States Department of Agriculture's internet website.

Inspection Procedures: Inspectors will review the residence's menus, as well as interview the administrator, staff, and/or residents of the residence to determine if the residence's meals meet the recommended dietary allowances established by the United States Department of Agriculture. Inspectors may also be present during the residence's meal time to observe the meals served by the residence.

Primary Benefit: A person's body requires a constant input of energy and nutrients at least three times a day for proper nutrition.

161c	2800.161(c) - Additional portions of meals and beverages at mealtimes shall be available for the resident.

Discussion: This regulation does not mean that unlimited amounts of food or beverages have to be provided. This regulation also does not mean that a full second meal must be available; or that all food items served at the meal must be available for second helpings (for example, the residence may offer second helpings of salad and fruits only).

Inspection Procedures: Inspectors will review the residence's menus, as well as interview the administrator, staff, and/or residents of the residence to determine if the residence provides additional portions of meals and beverages at mealtimes to residents.

Primary Benefit: It is important that a person's appetite is satiated, and that a resident is not left feeling hungry after a meal.

161e	2800.161(e) - Dietary alternatives shall be available for a resident who has special health needs or religious beliefs regarding dietary restrictions.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's menus and resident records, as well as interview the administrator, staff, and/or residents of the residence to determine if any dietary alternatives are being provided by the residence. Inspectors may also be present during the residence's meal time to observe the meals served by the residence.

Primary Benefit: It is important that the residence make dietary alternatives available for residents who have special health needs so that residents have a choice of food that meets their health needs. Residences providing dietary alternatives for residents who have certain religious beliefs help the residents to ensure that they are fulfilling precedents established by their religion.

161f	2800.161(f) - Drinking water shall be available to the residents at all times.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the residence's physical site for the location of drinking water, as well as interview the administrator, staff, and/or residents of the residence to determine if drinking water is available to residents at all times.

Primary Benefit: It is important that a person stay hydrated at all times; water is the life sustaining drink to humans and is essential to the survival of all organisms. Staying hydrated is especially important for older persons, as older persons are at particular risk for dehydration.

161g	2800.161(g) - Between-meal snacks and beverages shall be available at all times for each resident, unless medically contraindicated as documented in the resident's support plan.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the residence's physical site for the location of between-meals snacks and beverages, as well as interview the administrator, staff, and/or residents of the residence to determine if between-meals snacks and beverages are available to residents at all times.

Primary Benefit: Satisfies resident hunger in between scheduled meals.

161h	2800.161(h) - Residents have the right to purchase groceries and prepare their own food in addition to the three meal plan required in § 2800.220(b) (relating to service provision) in their living units unless it would be unsafe for them to do so consistent with their support plan.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview residents to determine if they are permitted to purchase groceries and prepare their own food in addition to the three meal plan in their living units (if applicable).

Primary Benefit: It is important that a person have the choice to eat either within the three meal plan, or to be able to make his/her own meals in his/her living unit.

Meals

162a	2800.162(a) - There may not be more than 15 hours between the evening meal and the first meal of the next day. There may not be more than 6 hours between breakfast and lunch, and between lunch and supper.

Discussion: This requirement does not apply if a resident's physician has prescribed otherwise.

Inspection Procedures: Inspectors will review the residence's menus and resident records, as well as interview the administrator, staff, and/or residents of the residence to determine the amount of time between meals served at the residence.

Primary Benefit: A person's body requires a constant input of energy and nutrients at least three times a day for proper nutrition. A residence which does not provide meals within the regulatory time requirement may put a resident's health in jeopardy.

162b	2800.162(b) - When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator, staff, and/or residents of the residence to determine if food adequate to meet daily nutritional requirements is available and offered to the resident when a resident misses a meal.

Primary Benefit: A person's body requires a constant input of energy and nutrients at least three times a day for proper nutrition. Residents who miss a meal and are not offered food adequate to meet daily nutritional requirements may be putting their health in jeopardy.

162c	2800.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the residence.

Discussion: "Conspicuous and public place" means that the menu must be posted at a height where each resident can see it (including a height appropriate to residents who use a wheelchair), in large print for ease of reading, and in a format and print that is legible.

Inspection Procedures: Inspectors will inspect the residence to determine the location of the menu, that the menu is prepared one week in advance, and that the menu is being followed. Inspectors may also be present during the residence's mealtime to observe the meals served by the residence.

Primary Benefit: Having a menu that is prepared one week in advance and is followed is beneficial for residents so they can plan their meals in advance. For example, if a resident does not like a specific food item, the resident can arrange for in advance an alternate meal on the day that the food item is served.

162d	2800.162(d) - Past menus of meals that were served, including changes, shall be kept for at least 1 month.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the residence's meal records for the past month.

Primary Benefit: Verifies that the residence's meals regularly meet the recommended dietary allowances established by the United States Department of Agriculture.

162e	2800.162(e) - A change to a menu shall be posted in a conspicuous and public place in the residence and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2800.161 (relating to nutritional adequacy).

Discussion: "Conspicuous and public place" means that the menu must be posted at a height where each resident can see it (including a height appropriate to residents who use a wheelchair), in large print for ease of reading, and in a format and print that is legible.

Inspection Procedures: Inspectors will review the residence's menus, as well as interview the administrator, staff, and/or residents of the residence to determine if changes to the menu are made in advance of the meal. Inspectors may also be present during the residence's meal time to observe the meals served by the residence.

Primary Benefit: Having a menu that is posted in a conspicuous and public place in the residence and is accessible to a resident in advance is beneficial for residents so they can plan their meals in advance. For example, if a resident does not like a specific food item, the resident can arrange for in advance an alternate meal on the day that the food item is served.

162f	2800.162(f) - A resident shall receive adequate physical assistance with eating or be provided with appropriate adaptive devices, or both, as indicated in the resident's support plan.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview residents to determine if residents receive physical assistance with eating, and/or are provided with appropriate adaptive devices if indicated on the resident's support plan.

Primary Benefit: Ensures that residents receive the assistance needed in order to eat a meal.

162g	2800.162(g) - Appropriate cueing shall be used to encourage and remind residents to eat and drink, as indicated in the resident's support plan.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator, staff, and/or residents of the residence to determine what kinds of cues are given to encourage and remind residents to eat and drink, for those which it is indicated on their support plans.

Primary Benefit: Ensures that residents receive the cues needed in order to be reminded and encouraged to eat and drink. Residents who miss a meal and are not offered food adequate to meet daily nutritional requirements may be putting their health in jeopardy.

Personal Hygiene for Food Service Workers	
163a	2800.163(a) - Staff persons, volunteers and residents involved in the storage, preparation, serving and distributing of food shall wash their hands with hot water and soap prior to working in the kitchen areas and after using the bathroom.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the residence's kitchen (during food preparation time if possible), as well as interview the administrator and staff to determine if everyone involved in the storage, preparation, serving and distributing of food washes their hands with hot water and soap prior to working in the kitchen areas and after using the bathroom.

Primary Benefit: Persons who wash their hands with hot water and soap prior to working in kitchen areas and after using the bathroom are practicing good sanitary guidelines. Washing your hands with hot water and soap prior to working in kitchen areas and after using the bathroom helps to ensure that germs are not transmitted to others.

163b	2800.163(b) - Staff persons, volunteers and residents shall follow sanitary practices while working in the kitchen areas.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the residence's kitchen (during food preparation time if possible), as well as interview the administrator and staff to determine if everyone working in the kitchen areas follows sanitary practices.

Primary Benefit: Persons who practice good sanitary guidelines help to ensure that germs are not transmitted to others.

163c	2800.163(c) - Staff persons, volunteers and residents involved with the storage, preparation, serving and distributing of food shall be in good health.

Discussion: "In good health" means that the staff person has no communicable disease that can be communicated through the air or through physical contact that may likely occur during his or her food service activities.

Inspection Procedures: Inspectors will inspect the residence's kitchen (during food preparation time if possible), as well as interview the administrator and staff to determine if everyone involved with the storage, preparation, serving and distributing of food is in good health.

Primary Benefit: Persons who practice good sanitary guidelines (such as ensuring that (s)he is in good health) help to ensure that germs are not transmitted to others.

163d	2800.163(d) - Staff persons, volunteers and residents who have a discharging or infected wound, sore, lesion on hands, arms or any exposed portion of their body may not work in the kitchen areas in any capacity.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the residence's kitchen (during food preparation time if possible), as well as interview the administrator and staff to determine if anyone who has a discharging or infected wound, sore, lesion on hands, arms or any exposed portion of their body is not working in the kitchen areas in any capacity.

Primary Benefit: Persons who practice good sanitary guidelines (such as ensuring that (s)he is in good health) help to ensure that germs are not transmitted to others.

Withholding or Forcing of Food Prohibited	
164a	2800.164(a) - A residence may not withhold meals, beverages, snacks or desserts as punishment.

Discussion: Food and beverages may be withheld in accordance with prescribed medical or dental procedures.

Inspection Procedures: Inspectors will interview the administrator, staff, and/or residents to determine if the residence withholds meals, beverages, snacks or desserts as punishment.

Primary Benefit: It is not healthy for a resident to have meals, beverages, snacks or desserts withheld. Doing as such may jeopardize a resident's health.

164b	2800.164(b) - A resident may not be forced to eat food.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator, staff, and/or residents to determine if the residence forces residents to eat food.

Primary Benefit: A resident has the right to not eat; this is a matter of dignity and respect. In addition, forcing a resident to eat may cause choking.

164c	2800.164(c) - If a resident refuses to eat or drink continuously during a 24-hour period, the resident's primary care physician and the resident's designated person shall be immediately notified.
164d	2800.164(d) - If a resident has a cognitive impairment that affects the resident's ability to consume adequate amounts of food and water, a staff person shall encourage and remind the resident to eat and drink.

Discussion: Written documentation of refusal to eat or drink shall be kept. Notification of the physician and designated person shall be documented. Continued notification of the physician is required until the physician directs a plan of treatment.

Fasting based on religious practices does not require a report to the physician as long as this is documented in the resident's assessment and support plan.

Inspection Procedures: Inspectors will review resident records, as well as interview the administrator, staff, and/or residents to determine if the residence notifies the resident's primary care physician and the resident's designated person if a resident refuses to eat or drink continuously during a 24-hour period.

Primary Benefit: It is important for the resident's primary care physician and the resident's designated person to know about the resident's refusal to eat or drink continuously during a 24-hour period so that an alternate plan may be put into place.

TRANSPORTATION

Transportation	
171a	2800.171(a) - A residence shall be required to provide or arrange for transportation on a regular weekly basis that permits residents to schedule medical and social appointments within a reasonable local area.
171b1	2800.171(b)(1) – Whenever staff persons or volunteers of the residence provide transportation for the residents, all vehicle occupants shall be in an appropriate safety restraint at all times the vehicle is in motion.
171b2	2800.171(b)(2) - Whenever staff persons or volunteers of the residence provide transportation for the residents, the driver of a vehicle shall be 18 years of age or older and possess a valid driver's license.
171b3	2800.171(b)(3) - Whenever staff persons or volunteers of the residence provide transportation for the residents, the driver of the residence vehicle cannot be a resident.
171b4	2800.171(b)(4) - Whenever staff persons or volunteers of the residence provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).
171b5	2800.171(b)(5) - Whenever staff persons or volunteers of the residence provide transportation for the residents, the vehicle must have a first aid kit with the contents as specified in § 2800.96 (relating to first aid kit).
171b6	2800.171(b)(6) - Whenever staff persons or volunteers of the residence provide transportation for the residents, during vehicle operations, the driver may only use a hands-free cellular telephone.
171d	2800.171(d) - If a residence supplies its own vehicles for transporting residents to and from medical and social appointments, a minimum of one vehicle used for this purpose shall be accessible to resident wheelchair users and any other assistive equipment the resident may need. (1) The residence shall schedule a pick-up time to transport the resident to the medical or social appointment. The residence shall make every reasonable effort to pick-up the resident within 15 minutes before or after the scheduled pick-up time. (2) The resident may not be dropped off at the medical or social appointment more than 1 hour prior to the time of the appointment. (3) The residence shall make every reasonable effort to pick-up a resident from a medical appointment no later than 1 hour after the medical appointment. (4) The residence shall make every reasonable effort to pick-up a resident from a social appointment no later than 1 hour after the end of the social appointment.
171e	2800.171(e) - If a residence arranges for transportation for residents to and from medical and social appointments the following apply: (1) The residence shall schedule a pick-up time for the resident to be transported to the medical or social appointment. The residence shall make every reasonable effort for a resident to be picked-up within 15 minutes before or after the scheduled pick-up time. (2) The residence shall make every reasonable effort for a resident to not be dropped off at the medical or social appointment more than 1 hour prior to the time of the appointment. (3) The residence shall make every reasonable effort for a resident to be picked-up from the medical appointment no later than 1 hour after the medical appointment. (4) The residence shall make every reasonable effort for a resident to be picked-up from the social appointment no later than 1 hour after the end of the social appointment.

§ 2800.171 (continued)	
Discussion: Communities may establish a weekly transportation schedule and define "reasonable local area" in the resident-community contract. **Inspection Procedures:** Inspectors will review the drivers' licenses of staff and volunteers who transport residents to ensure they have a valid driver's license and they are at least 18 years of age. Inspectors will also interview staff persons and residents to determine if the residence is in compliance with the above requirements. **Primary Benefit:** Ensures that residents have access to safe, reliable transportation.	
171c	2800.171(c) - The residence shall maintain current copies of the following documentation for each of the residence's vehicles used to transport residents: (1) Vehicle registration. (2) Valid driver's license for vehicle operator. (3) Vehicle insurance. (4) Current inspection. (5) Commercial driver's license for vehicle operator if applicable.
Discussion: This requirement applies only to vehicles owned by the residence and not to personal vehicles belonging to staff persons or volunteers (in other words, if a staff person occasionally drives a resident in his/her personal vehicle, such as for an unexpected appointment or if the residence's vehicle is unavailable, the residence does not need copies of this information). However, if a staff person's vehicle is regularly used to provide transportation services to residents as part of the transportation services offered by the residence, this information must be maintained on file. **Inspection Procedures:** Inspectors will review documentation of the registration, operator's driver's licenses, insurance, current state inspection and, if applicable, operators' CDLs for each vehicle used to transport residents. **Primary Benefit:** Ensures that the residence's vehicles and vehicles of staff who regularly transport residents are in compliance with Pennsylvania traffic codes.	

MEDICATIONS

Self-Administration	
181b	2800.181(b) - If assistance includes helping the resident to remember the schedule for taking the medication, the resident shall be reminded of the prescribed schedule. Appropriate cueing shall be used to remind residents to take their medication.
181c	2800.181(c) – The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2800.227(e) (relating to development of the final support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.
181e	2800.181(e) - To be considered capable to self-administer medications, a resident shall: (1) Be able to recognize and distinguish his medication. (2) Know how much medication is to be taken. (3) Know when medication is to be taken.

Discussion: Self-Administration - A resident who desires to self-administer medications must be permitted to do so if (s)he is capable of self-administering medications. The ability to self-administer is determined through the initial assessment, medical evaluation, additional assessments and final support plan processes.

In order to be considered capable of self-administering medications a resident must:

- Be assessed by a physician, physician's assistant or certified registered nurse practitioner as being capable of self-administering medications and his/her need for medication reminders.
- Be able to recognize and distinguish his/her medications.
- Know how much medication is to be taken.
- Know when medication is to be taken, either at a specific time or based on daily activities (such as "after lunch" or "at bedtime").
- Be able to remove the medication from the container.
- Take or apply the medication.

Staff persons may perform the following tasks for a resident who meets the above criteria:

- Storage of the medication.
- Reminding the resident to take his or her medication at prescribed times.
- Bringing the medication to the resident.
- Opening the medication container.

Even if staff persons perform these tasks, the resident is still "self-administering" the medication.

A resident who does not need any assistance with self-administering medications may store the medications in his/her living unit. In accordance with § 2800, the medications must be kept locked to protect against contamination, spillage, misuse by other residents, and theft. If a resident has a private living unit, or if a resident shares a living unit with another resident who self-administers medication, locking the door when the living unit is empty is sufficient to meet the locking requirement. In all other cases, a locking drawer or lock-box is required.

Residents who self-administer medications must be assessed annually or after a significant change in status to ensure that they are able to continue self-administering medications.

Inspection Procedures: Inspectors will review the resident's medical evaluation results and assessment and support plan to determine if the resident has been assessed as being capable of self-administering medications.

Primary Benefit: Ensures that residents who wish to self-administer medications are able to do so safely.

181d	2800.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's living unit for self-administration. Medications stored in the resident's living unit shall be kept in a safe and secure location to protect against contamination, spillage and theft.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the room of a resident who self-administers medications to verify that the medications are safely stored. Inspectors may interview the residents who store their own medications to ensure they keep them locked.

Primary Benefit: Permits residents to self-administer medications while minimizing the risk of damage to the medications or misuse of the medications by others.

181f	2800.181(f) - The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Discussion: This regulation requires that residences keep an updated record of all of the medications that a resident who self-administers his/her medications is currently taking.

Inspection Procedures: Inspectors will review the records of residents who self-administer medications to determine if it includes a current list of all of the resident's medications.

Primary Benefit: Ensures that staff will be able to provide accurate information regarding a resident's medication in the event that the resident is incapacitated.

Medication Administration	
182a	2800.182(a) - A residence may provide medication administration services for a resident who is assessed to need medication administration services in accordance with § 2800.181 (relating to self-administration) and for a resident who chooses not to self-administer medications.

Discussion: This regulation permits residences to administer medications to residents who are unable or unwilling to self-administer medications. Residences may make the ability to self-administer medications a condition for residency in the residence's rules (see § 2800.228).

Inspection Procedures: Inspectors will interview staff of the residence to determine if the residence is in compliance with the regulation.

Primary Benefit: Permits residences to administer medications to residents.

182b	2800.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, RN, certified registered nurse practitioner, LPN or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the residence. (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the residence. (4) A staff person who has completed the medication administration training as specified in § 2800.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Discussion: Please see "Medication Administration" in "Regulatory Issues and Frequently-Occurring Situations" for information about who may administer medications. For information on § 2800.182(b)(4), please see § 2800.190(a).

Inspection Procedures: Inspectors will review the qualifications of staff persons who administer medications to verify that such staff persons are qualified to do so. Note: A violation of this regulation will be cited if someone other than the professionals listed administer medications.

Primary Benefit: Ensures that medication will be administered safely and in accordance with best practices by trained professionals.

182c	2800.182(c) - Medication administration includes the following activities, based on the needs of the resident: (1) Identify the correct resident. (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly. (3) Remove the medication from the original container. (4) Crush or split the medication as ordered by the prescriber. (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand. (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2800.182(b)(4). (7) Complete documentation in accordance with § 2800.187 (relating to medication records).

Discussion: Please see "Medication Administration" in "Regulatory Issues and Frequently-Occurring Situations" for more information.

Inspection Procedures: Inspectors will interview staff persons who administer medications and observe medication administration to verify that it is completed as required.

Primary Benefit: Ensures that medication is administered correctly and safely.

Storage and Disposal of Medications and Medical Supplies	
183a1	2800.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

Discussion: The original label for prescription medications must be the original pharmacy label (see § 2800.184(a)).

Inspection Procedures: Inspectors will inspect the medications to ensure they are kept in the original labeled containers, and that the medications are not removed more than two hours before administration.

Primary Benefit: Reduces the possibility of misplacing medications or administering the wrong medication to a resident.

183a2	2800.183(a)(2) - Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview staff persons who administer medications to determine if insulin injections, epinephrine injections and sterile liquids are administered immediately after removal from the container. Inspectors will inspect the medications to ensure none of the medications listed have been removed from the container and have not been administered.

Primary Benefit: Ensures resident safety by administering the medication immediately and not leaving the medication open to contamination or accidental use by or for another resident.

183b	2800.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the medications and syringes stored by the residence and stored by residents to determine if they are kept in an area or container that is locked. Inspectors may interview residents who store their own medications to ensure they keep them locked.

Primary Benefit: Medications and syringes will be safe from contamination, spillage or theft and residents who are unable to self-administer medications will be safe from harming themselves with the medications.

183c	2800.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked unless the resident has the capacity to store the medications in the resident's own refrigerator in the resident's living unit.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect any refrigerated medications to ensure they are kept in a locked refrigerator, a refrigerator that is in a locked room or a locked container inside a refrigerator.

Primary Benefit: Refrigerated medications will be safe from contamination, spillage, theft, or misuse of the medications by residents who cannot self-administer medications.

183d	2800.183(d) - Only current prescription, OTC medications, sample and CAM for individuals living in the residence may be kept in the residence.

Discussion: This regulation requires the disposal of medications that have been discontinued or prescribed for residents who no longer reside in the residence.

A residence may store medications and/or vaccines intended for staff members of the residence on the premises of the residence. However, medications and/or vaccines which are only intended for staff members of the residence should be stored separately from the residents' medications in a locked area that is inaccessible to residents.

Inspection Procedures: Inspectors will inspect the medications stored by the residence to determine if they are still prescribed for administration and administered to residents who still reside in the residence.

Primary Benefit: Ensures the residence does not keep medications that are for residents no longer living in the residence or that have been discontinued.

183e	2800.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Discussion: This does not apply to a resident who self-administers his/her medication and stores his/her medication in his/her living unit.

Some medications, such as insulin, often have instructions to be stored within a certain temperature range. The residence should pay special attention to the medication labels and manufacturer's instructions of medications to ensure they are stored properly.

Inspection Procedures: Inspectors will inspect the medications to determine if they are organized, stored in a clean area and stored in accordance with the manufacturer's instructions.

Primary Benefit: Ensures that medications will be stored in a manner that prevents damage or loss.

183f	2800.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the residence, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence.

Discussion: "No longer served at the residence" means "permanently relocated and no longer living in the residence".

Acceptable disposal methods include:

- Adding a small amount of water to a solid drug, or some absorbent material such as cat litter, sawdust or flour to liquid drugs to discourage any unintended use of the drug.
- Double seal the container in another container or heavy bag to prevent easy identification of the drug container or to prevent a glass container from breaking.
- Depositing discontinued or expired medications into an authorized collection receptacle located at the residence (an authorized retail pharmacy or a hospital/clinic with an on-site pharmacy may install, manage and maintain a collection receptacle at an assisted living residence, as per the DEA's Disposal Act of 2014).
- Any written disposal instructions by a pharmacist.

Inspection Procedures: Inspectors will interview staff to determine if the medications are destroyed in a safe manner. Inspectors may interview staff to determine if medications are given to the resident or designee when the resident permanently leaves the residence.

Primary Benefit: Ensures the residence properly destroys medications to prevent abuse.

Labeling of Medications	
184a	2800.184(a) - The original container for prescription medications must be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.

Discussion: This regulation applies as follows:

- For bottles – the label must appear on each bottle.
- For blister packs – the label must appear on the blister pack, not on each individual dose.
- For unit dose dispensers – the label must appear on the dispenser, not on each individual dose.
- For sample packs of medications – the prescribing physician should include documentation that contains the above information.
- For medication studies – Labels produced by the persons conducting the study that contain the information required by (1), (2), and (4).
- The date required under (3) is no longer recommended by the National Association of Boards of Pharmacy to be documented on the label due to Uniform Prescription Labeling. This date is no longer required.

Inspection Procedures: Inspectors will inspect the prescription medications to determine if each original container is labeled with the resident's name, name of medication, dosage, administration instructions and name and title of prescriber.

Primary Benefit: Reduces the possibility that medication will be administered to the wrong resident or improperly administered.

184b	2800.184(b) - If the OTC medications and CAM belong to the resident, they must be identified with the resident's name.

Discussion: Self-explanatory.

Residences may keep stock bottles of OTC medications for ad-hoc administration to residents, but residences are responsible for ensuring that residents may take OTC medications without causing allergic reactions or impacting prescription medications prescribed to the resident.

Inspection Procedures: Inspectors will inspect the OTC medications and CAM to determine if they are labeled with the resident's name.

Primary Benefit: It will be clear to the residence's staff persons as to whom the OTC medication or CAM belongs.

184c	2800.184(c) - Sample prescription medications must have written instructions from the prescriber that include the components specified in § 2800.184(a).

Discussion: For sample medications, separate written instructions by the prescriber must be kept with the sample medications (not necessarily a pharmacy label). Sample medications must be labeled with the medication name (must be the product label) and stored together with the prescriber's written instructions.

Inspection Procedures: Inspectors will inspect the sample prescription medications to determine if they have written instructions kept with them that include the following:

1. The resident's name.
2. The name of the medication.
3. The prescribed dosage and instructions for administration.
4. The name and title of the prescriber.

Primary Benefit: Ensures that all sample prescription medications will be properly labeled to avoid any confusion as to what the medication is, the dosage, how to administer the medication or to whom it belongs.

Accountability of Medication and Controlled Substances

185a	2800.185(a) - The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Discussion: Medical equipment should be regarded in the same manner as medications, as follows:

- Medical equipment should be stored in a safe and secure manner.
- Staff should be properly trained in the use of medical equipment.
- Medical equipment should be maintained and cleaned as per the manufacturer's instructions.
- Medical equipment should be accessible to the resident at all times, and should only be used by the particular resident for whom it is recommended.

Inspection Procedures: Inspectors will review the residence's procedures to determine if the residence has developed and implemented the required procedures.

Primary Benefit: Reduces the risk that medications and medical equipment will be misplaced, lost, or misused.

185b	2800.185(b) - At a minimum, the procedures in § 2800.185(a) must include: (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his living unit. (5) To the extent indicated in the resident's support plan, the residence shall obtain prescribed medication for residents and keep an adequate supply of resident medication on hand at all times.

Discussion: "Controlled substances" means any Schedule 2, 3, or 4 medication. The Department recommends that it be part of the residence's policy to call the police if there are missing medications and if there is suspicion of theft or other criminal activity. It is also recommended that all controlled substances be double-locked and counted each shift, with the count documented by 2 staff persons and a supervisor.

Inspection Procedures: Inspectors will review the residence's procedure to determine if all the requirements of this regulation are included.

Primary Benefit: Reduces the risk that medications and medical equipment will be misplaced, lost, or misused.

Prescription Medications

186a	2800.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Discussion: This regulation requires medications to be prescribed by someone legally permitted to do so. "Prescription orders shall be kept current" means that residences must follow the most current prescription orders for a resident (i.e. dosage changes, changes in administration times, etc.).

Inspection Procedures: Inspectors will review the orders for the prescription medications to determine if they are current and if they were prescribed in writing by an authorized prescriber.

Primary Benefit: Ensures that medications are prescribed by a person authorized to do so, and that residents receive medications in accordance with current orders.

186b	2800.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the prescription orders, medications and medication records to ensure residents are only receiving medications prescribed for them.

Primary Benefit: Ensures residents do not receive medications that were not prescribed for them.

186c	2800.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the residence receives written notice of the change.

Discussion: A written order by a prescriber is required to change or stop a medication. A change in a medication may be sent to the residence or a pharmacy by a prescriber through a facsimile or an email. This change must be documented on the medication administration record. The restriction relating to accepting oral orders applies only to a prescription medication.

Oral orders by a prescriber may only be received by a registered nurse (RN) or licensed practical nurse (LPN). If a RN or LPN takes an oral order from a prescriber the Department recommends the following:

- The change is immediately documented by the RN/LPN in the medication record.
- The RN/LPN communicates directly with all staff persons responsible for the administration of the medication.
- The RN/LPN follows-up with the physician to receive a written order from the physician within 48 hours.
- A label is placed on the medication reading "New Orders – See MAR" such that the original label is still visible.

Emergency Medication System Machines - It is permissible for residences to use emergency medication system machines. However, these machines are permitted if they are accessible to licensed nurses only. Licensed nurses (RNs or LPNs) must manage the ordering of the emergency doses. Direct care staff should work from a written order provided by the prescriber, or the information written onto the MAR from the nurse taking the verbal order.

Inspection Procedures: Inspectors will review the prescription orders, medications and medication records to ensure a written order is present as needed for any changes in medication and that the medication administration record (MAR) was updated when the residence received written notice of the change.

Primary Benefit: Ensures that changes in medication are made by a person authorized to do so, and that staff have the most current information available to avoid medication errors.

Medication Records	
187a	2800.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.
187b	2800.187(b) - The information in § 2800.187(a)(13) and § 2800.187(a)(14) shall be recorded at the time the medication is administered.

Discussion: The medication administration record is commonly referred to as the MAR. Proper MAR use is critical, as it:

- Creates a record of proper medication administration.
- Allows physicians and emergency personnel to know when a medication was last administered.
- Creates a system to account for medications, especially controlled substances.

What medications must be recorded on the MAR?

- Prescription medications.
- OTC medications.
- Vitamins.
- CAM.

What medications are not required to be recorded on the MAR?

- Nutritional supplements.
- Special diets.

Remember, residences are responsible for ensuring that residents may take OTC medications without causing allergic reactions or impacting prescription medications prescribed to the resident.

What administration information must be recorded on the MAR? If several pills are packaged together in one blister pack and administered together at the same time, information for each pill in the blister must be listed individually on the MAR; the reason for this relates to residents' right to refuse medications. If a person refuses to take a pill or if one or more of the pills in the blister is not administered, the residence must have a means of documenting the refusal.

The administration of a medication by a source outside of the residence (such as a monthly scheduled injection in a physician's office or medication administered while visiting family) **should not** be documented on the MAR for the residence. Only medication given by staff members of the residence are to be documented on the MAR. However, any documentation given to the resident as a result of receiving administration of a medication by a source outside of the residence (such as invoices, doctor's notes; etc.) should be kept in the resident's record for reference purposes.

Diagnoses must be included because the same medications may be used to treat different conditions.

§ 2800.187(a) and § 2800.187(b) (continued)
If there is a specific time of administration listed on the medications record, such as 8:00 AM and 8:00 PM, the actual clock time of each administration is not required to be recorded. The record can simply include staff initials. This means the medication was given within 60 minutes plus or minus the specified time. If the medication record does not list a clock time (such as am, pm, at breakfast, after lunch) the exact time of administration must be recorded. **Other information** - Pro re nata (PRN) means on an "as needed" basis. "Special precautions" include any specific administration instructions such as: causes drowsiness, take with food, do not take with certain types of other drugs, and so on. The medication record may include the staff person's initials (in lieu of the staff person's full name) if there is a master key showing each staff person's initials, his/her full printed name, and his/her signature/signature stamp, so the individual staff person can be linked to the specific MAR entry. **Electronic Signatures** - An electronic signature is permissible, as long as the computer system allows only the appropriate person to sign that a medication was administered to a resident. **Inspection Procedures:** Inspectors will review the medication record and the medications kept by the residence to ensure all residents who receive medication administration services have a complete MAR that is kept current. **Primary Benefit:** The residence's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.

187d	2800.187(d) - The residence shall follow the directions of the prescriber.

Discussion: This includes the direction of a prescribed treatment, such as the use of medical equipment or therapy.

Inspection Procedures: Inspectors will review the prescription orders, medications and medication records to ensure directions of the prescriber are followed.

Primary Benefit: Ensures that residents receive medications and treatments as ordered by a physician.

Medication Errors	
188b	2800.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.
188c	2800.188(c) - Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Discussion: Medication errors include the following:

- Failure to administer a medication.
- Administration of the wrong medication.
- Administration of the wrong amount of medication.
- Failure to administer a medication at the prescribed time.
- Administration to the wrong resident.
- Administration through the wrong route.

A medication *refusal* is not a medication *error*, but refusals must be reported in accordance with § 2800.187(c). Medication errors must be reported to the Department as well. See § 2800.16.

This applies to medication errors by residents who are self-administering if the medication error is known to the residence.

Inspection Procedures: Inspectors will review documentation of the reporting of medication errors in order to determine if they were reported immediately as required.

Primary Benefit: Ensures that medication errors are handled appropriately to avoid resident injury as a result of the error.

188d	2800.188(d) - There shall be a system in place to identify and document medication errors and the residence's pattern of error.

Discussion: The Department recommends that the residence have a written policy addressing this system. The residence's written policy can be as simple as describing the system itself and how the residence trains the staff to use the system. The residence's written policy should describe how the residence documents and identifies medication errors, and how they identify patterns of error. Having an established written policy provides a better guideline for following proper procedure and providing sufficient training of all staff working in the residence.

Inspection Procedures: Inspectors will review the written policy if the residence has established one. If not, inspectors will interview staff to determine if the residence has an operating system that identifies and documents medication errors and the residence's pattern of errors.

Primary Benefit: Allows the residence to identify and prevent chronic medication errors.

188e	2800.188(e) - There shall be documentation of the follow-up action that was taken to prevent future medication errors.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's documentation of any follow-up action taken to prevent medication errors.

Primary Benefit: Protects the residence by documenting steps to prevent medication errors.

Adverse Reaction	
189a	2800.189(a) - If a resident has a suspected adverse reaction to a medication, the residence shall immediately consult a physician or seek emergency medical treatment. The resident's designated person shall be notified, if applicable.
189b	2800.189(b) - The residence shall document adverse reactions, the prescriber's response and any action taken in the resident's record.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator to determine if any residents have been suspected of experiencing an adverse reaction to a medication. If any residents have been suspected of experiencing an adverse reaction to a medication, inspectors will interview the administrator to determine if a physician was immediately consulted or if emergency medical treatment was immediately sought and if the resident's designated person was notified, if applicable.

Primary Benefit: Ensures that residents will receive medical attention in the event of a medication-related emergency.

Medication Administration Training	
190a	2800.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Discussion: The Department's approved medications administration course is the Office of Developmental Program's "Train-the-Trainer" course. The course is designed such that once people complete the course offered by the Department, they can train other people to safely administer medications. People who attend the course are taught how to provide initial training and how to complete an "annual practicum."

A person who wishes to attend the Train-the-Trainer course may not attend the course until (s)he has successfully completed a medication administration training by an individual who has completed the Department-approved Train-the-Trainer course. After successful completion of the medication administration course, an individual is then permitted to attend the Train-the-Trainer course. In other words, a person must be trained by a trainer before (s)he can take the Train-the-Trainer course.

Trainers (those that took the Trainer-the-Trainer course) are required to monitor the trained (the people who they train) by observing the trained staff administer medications. The trainer must also review some MARs using a standard rubric. This constitutes the annual practicum. Trainers that administer medication as well as provide training are required to do the same thing as the students; this can be done by another trainer or by a practicum observer. Trainers are required to take a recertification class every three years.

In order to meet this requirement, as well as § 2800.190(b), a staff member who passed the medication administration course initially must complete the annual practicum as defined by the course every year. The medication administration course/test does not have to be completed every two years.

Licensed residences are eligible to send an employee to training. Persons who attend the Trainer-the-Trainer course must be an employee of an assisted living residence in Pennsylvania.

A non-medically licensed staff person is permitted to administer medications by nebulizer treatment or by insertion of suppositories following successful completion of the medication administration training in § 2800.190, as well as specific training conducted by a local clinician. A local clinician includes:

- A doctor.
- An RN.
- An LPN.
- A pharmacist who is familiar with the resident's needs.
- A licensed respiratory therapist.

§ 2800.190(a) (continued)
Training in the administration of suppositories and nebulizer treatments should be individualized for each resident; however, if the same administration technique is being taught, group training is acceptable. A direct care staff person who has successfully completed the educational and training requirements as defined in § 2800.190(a) and § 2800.190(b) may administer epinephrine or insulin injections only. This regulation strictly limits direct care staff to being able to administer these 2 kinds of injections only. A non-medically licensed staff person is permitted to administer liquid narcotics, following successful completion of the medication administration training in § 2800.190. The medication administration training teaches staff how to keep a log with a count of the medications for controlled substances. A residence is not required to have its own trainer. A residence may work with other assisted living residences or community residences for individuals with intellectual disabilities to secure a qualified trainer. **Inspection Procedures:** Inspectors will review the staff training records to determine if non-medically licensed staff persons who administer medications have complied with the above requirements. **Primary Benefit:** Staff persons will be trained in the proper procedures to safely and correctly administer medications to residents.

190b	2800.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Discussion: A Department-approved diabetes education program is one provided by an individual who is a certified diabetes instructor who has been trained by the National Certification Board for Diabetic Educators. The diabetic education program will include training on drawing up and administering insulin.

Certified Diabetes Educators can be found through the following sources:

- The Education Department of local hospitals.
- The American Association of Diabetes Educators.
- The American Diabetes Association (ADA).
- The Department of Health's local diabetes consultants.
- The Joslin Diabetes Center with West Penn Hospital (Western Region Only).

Nurse Practitioners with an Advanced Diabetes Management Certification are also permitted to provide the diabetes patient education program.

Inspection Procedures: Inspectors will review the training records for non-medically licensed staff persons who administer insulin injections to determine if they have successfully completed a Department-approved diabetes patient education program within the past 12 months AND the training required by § 2800.190(b).

Primary Benefit: Ensures that staff who administer insulin do so in a safe manner.

190c	2800.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Discussion: This regulation includes documentation of both § 2800.190(a) and (b).

Inspection Procedures: See § 2800.190(a) and (b).

Primary Benefit: Allows the residence to track medication and diabetes training to ensure all staff who administer medications and/or insulin have received the necessary training.

Resident Education

191	2800.191 - The residence shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Discussion: This right permits a resident to refuse medications if the resident believes an error as defined at § 2800.188(a) will occur.

"Resident education" means informing the resident of this right upon admission. Documentation of informing the resident of his/her right upon admission satisfies this requirement for documentation.

This resident right should be included in the list of rights provided to and explained to the resident and the resident's designated person upon admission. See § 2800.41.

The Department recommends that the residence include in the resident-community contract the resident's right to question or refuse a medication if the resident believes there may be a medication error.

Inspection Procedures: Inspectors will review documentation of resident education of their right to question or refuse a medication if (s)he believes there may be a medication error. Inspectors may also interview residents to verify compliance.

Primary Benefit: Protects residents' right to refuse medications that they believe will be erroneously administered.

SAFE MANAGEMENT TECHNIQUES

Safe Management Techniques	
201	2800.201 - The residence shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Discussion: "Positive interventions" are alternatives to punitive actions prohibited by Chapter 2800. If a residence chooses to serve residents with dangerous or problematic behaviors, it is strongly recommended that all staff at the residence receive training in safe management techniques.

Inspection Procedures: If the residence serves residents with dangerous or problematic behaviors, inspectors will interview the administrator and staff at the residence to ensure that these behaviors are managed appropriately.

Primary Benefit: Ensures that residents' behavioral needs are met in the least restrictive way possible.

Prohibitions	
202	2800.202- The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room or living unit from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a special care unit in accordance with § 2800.231 (relating to admission). (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

Discussion: Restraint use is expressly prohibited in assisted living residences. The safe management techniques described in § 2800.201 are alternatives to these practices.

Seclusion includes but is not limited to locking a resident in a room or area of the residence such as a closet or basement from which the resident is physically prevented from leaving.

Aversive conditioning includes but is not limited to:

- Misting or squirting a resident with water.
- Subjecting the resident to offensive smells.
- Subjecting the resident to loud noises.
- Withholding a resident's shoes or clothing to prevent elopement.

Pressure point techniques include but are not limited to applying pressure to a resident's limbs or head to cause pain.

Chemical restraints include but are not limited to the deliberate administration, with or without the resident's knowledge, of drugs or chemicals (prescribed or otherwise) to control a resident's behavior.

Mechanical restraints include but are not limited to:

- Reclining chairs from which the resident cannot exit independently.
- Lap belts that residents cannot remove independently.
- Blankets tucked so that the resident's movement is limited.
- Bedrails that prevent a resident from exiting the bed.
- Handcuffs.
- Anklets.
- Wristlets.
- Camisoles.
- A helmet with fasteners.
- Muffs and mitts with fasteners.
- Waist straps.
- Head straps.
- Papoose boards.
- Chest restraints.

Manual restraints include but are not limited to:

- Physically blocking a doorway to prevent resident egress.
- Holding a resident's hands to prevent movement.
- Placing of hands on a resident's shoulders to prevent the resident from standing.
- Employing any hold, such as a basket-hold, that restricts resident movement.

The following are not considered to be restraints:

- Special care units.
- Doors used for egress routes from rooms and from the building equipped with electronic card operated systems or other devices which prevent immediate egress of residents from the building, provided that the residence has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority for use of such devices.
- "Posy vests" or "lap belts" used to prevent injurious falls, if the fall risk is due to a physical lack of trunk support/core strength, and is considered a medical necessity by a physician. The need for such items must be documented in Section 4 of the Department's Documentation of Medical Evaluation form.
- Any device that a resident can operate independently and without assistance (such as a bedrail or reclining chair).

Inspection Procedures: Inspectors will review residents' records, interview staff, and observe residents during the course of the inspection. If prohibitions are identified, inspectors will direct the residence to immediately remove the restraint and add additional staff as needed to meet residents' needs. Inspectors may contact the regional office with any questions about restraint use.

Primary Benefit: Protects residents' rights to be free from restraints, treated with dignity and respect, and be served in the least-restrictive setting possible.

Bedside Rails	
203a	2800.203(a) - Bedside rails may not be used unless the resident can raise and lower the rails on his own. Bedside rails may not be used to keep a resident in bed. Use of any length rail longer than half the length of the bed is considered a restraint and is prohibited. Use of more than one rail on the same side of the bed is not permitted.
203b	2800.203(b) - Half-length rails are permitted only if the following conditions are met: (1) The resident's assessment or support plan, or both, addresses the medical symptoms necessitating the use of half-length rails and the health and safety protection necessary in order to safely use half-length rails. (2) The residence has attempted to use less restrictive alternatives. (3) The resident or legal representative consented to the use of half-length rails after the risk, benefits and alternatives were explained.

Discussion: Bed rails are devices that are positioned on a bed to assist individuals who may need additional support. **The potential benefits of using bed rails include:**

- Aiding in turning and repositioning within the bed.
- Aiding individuals to help pull themselves up while in bed.
- Providing a hand-hold for getting into or out of bed.
- Providing a feeling of comfort and security.
- Reducing the risk of individuals falling out of bed.
- Providing easy access to bed controls and assisted living items.

However, full and half-length bedrails have caused numerous deaths and injuries in adult care settings. **The potential risks of bed rails include:**

- Strangulation.
- Suffocation.
- More serious fall-related injuries if a resident "climbs" the rail.
- Increased agitation and anxiety, when used or perceived as a restraint.

The Department strongly recommends that bedrails not be used at any time for any purpose whatsoever; there are many alternative means to provide the same benefits as bedrails with minimal risk, including:

- Beds that can be raised or lowered to the floor.
- Position-wedges (specialized pillows for bed-positioning).
- Alternative assistive devices, such as enablers, grip handles, transfer handles, trapeze bars and halo safety rings.

Residences must be aware that even careful bedrail use can lead to death or serious injury. If a licensing representative observes a bedrail in use at a residence, the representative will:

1. Carefully review (and, if necessary, make copies of) the resident's medical evaluation, initial assessment, and additional assessments and final support plan.
2. Interview the resident and the direct care staff who serve the resident about bedrail use.
3. Request that the resident demonstrate use of the rail.
4. Ask the resident if (s)he was made aware of alternatives to the rail, and if (s)he consents to the rail's use.

The licensing representative will consider the collected data in total and determine whether use of the bedrail constitutes a violation of any regulation. Note that this process is not unique to bedrails – it is the same process a regulator uses for any potential hazard identified during the course of an inspection not specifically addressed by regulation.

In the event that a resident is injured or killed as a result of bedrail use, the Department will refer the matter to law enforcement in addition to conducting its own investigation of possible regulatory violations.

In summary, when considering bedrail use, residences should ask:

- Is this the only way to meet the resident's needs?
- Is this the best way to meet the resident's needs?
- Have we considered alternatives?
- Does the physician agree to the rail's use?
- Does the resident's assessment-support plan adequately address the rail's use?
- Does the resident understand and consent to the rail's use?
- Have we explored the worst possible consequences of bedrail use, and are we prepared to accept them?

Inspection Procedures: If bedrails are used, inspectors will verify that they meet the requirements of these regulations.

Primary Benefit: Protects residents from bedrail misuse.

SERVICES

Service Provision	
220a	2800.220(a) - *Services.* The residence shall provide assisted living services as specified in § 2800.220(b). The residence shall offer and provide the core service packages specified in § 2800.220(c). The residence shall provide or arrange for the provision of supplemental health care services as specified in § 2800.220(e). Other individuals or agencies may furnish services directly or under arrangements with the residence in accordance with a mutually agreed upon charge or fee between the residence, resident and other individual or agency. These other services shall be supplemental to the assisted living services provided by the residence and do not supplant them.
220b	2800.220(b) - *Assisted living services.* The residence shall, at a minimum, provide the following services: (1) Nutritious meals and snacks in accordance with §§ 2800.161 and 2800.162 (relating to nutritional adequacy; and meals). (2) Laundry services in accordance with § 2800.105 (relating to laundry). (3) A daily program of social and recreational activities in accordance with § 2800.221 (relating to activities program). (4) Assistance with performing ADLs and IADLs in accordance with §§ 2800.23 and 2800.24 (relating to activities; and personal hygiene). (5) Assistance with self-administration of medication or medication administration as indicated in the resident's assessment and support plan in accordance with §§ 2800.181 and 2800.182 (relating to self-administration; and medication administration). (6) Housekeeping services essential for the health, safety and comfort of the resident based upon the resident's needs and preferences. (7) Transportation in accordance with § 2800.171 (relating to transportation). (8) Financial management in accordance with § 2800.20 (relating to financial management). (9) 24-hour supervision, monitoring and emergency response. (10) Activities and socialization. (11) Basic cognitive support services as defined in § 2800.4 (relating to definitions).
220c	2800.220(c) - *Core service packages.* The residence shall, at a minimum, provide the following core service packages: (1) *Independent Core Package.* This core package shall be provided to residents who do not require assistance with ADLs. The services must include the following: (i) 24-hour supervision, monitoring and emergency response. (ii) Nutritious meals and snacks in accordance with §§ 2800.161 and 2800.162. (iii) Housekeeping services essential for the health, safety and comfort of the resident based upon the resident's needs and preferences. (iv) Laundry services in accordance with § 2800.105. (v) Assistance with unanticipated ADLs for a defined recovery period. (vi) A daily program of social and recreational activities in accordance with § 2800.221. (vii) Basic cognitive support services as defined in § 2800.4. (2) *Enhanced Core Package.* This core package shall be available to residents who require assistance with ADLs. The services must include the following: (i) The services provided in the basic core package under § 2800.220(c)(1)(i)—(vii). (ii) Assistance with ADLs and unanticipated ADLs for an undefined period of time. (iii) Transportation in accordance with § 2800.171. (iv) Assistance with self-administration of medication or medication administration as indicated in the resident's assessment and support plan in accordance with §§ 2800.181 and 2800.182.
220d	2800.220(d) - *Opt-out.* If a resident wishes not to have the residence provide a service under subsection § 2800.220(c)(1)(ii)—(iv), the resident-residence contract must state the following: (1) The service not being provided. (2) The corresponding fee schedule charge adjustment that takes into account the reduction in service.

220e	2800.220(e) - *Supplemental health care services.* The residence shall provide or arrange for the provision of supplemental health care services, including, but not limited to, the following: (1) Hospice services. (2) Occupational therapy. (3) Skilled nursing services. (4) Physical therapy. (5) Behavioral health services. (6) Home health services. (7) Escort service if indicated in the resident's support plan or requested by the resident to and from medical appointments. (8) Specialized cognitive support services as defined in § 2800.4.

Discussion: In order to be considered an "Assisted Living Residence", the residence must have the ability to provide all of the following services in accordance with applicable regulations:

- Nutritious meals and snacks.
- Laundry services.
- A daily program of social and recreational activities.
- Assistance with performing ADLs and IADLs.
- Assistance with self-administration of medication or medication administration.
- Housekeeping services essential for the health, safety and comfort of the resident.
- Transportation.
- Financial management, if provided by the residence.
- 24-hour supervision, monitoring and emergency response.
- Activities and socialization.
- Basic cognitive support services.

This does not mean that every resident must receive all of these services, only that the residence must be able to provide them. The written description of services required by § 2800.223(a) must include all of the above items.

To achieve compliance with § 2800.220(c), residences may do one or more of the following:

1. Develop the "Independent" and "Enhanced" packages as contemplated above, and price each accordingly.
2. Use existing service packages developed specifically for the residence, and identify one as "Independent" and another as "Enhanced," provided that the identified packages include all of the services contemplated at § 2800.220(1)(i)-(vii) and § 2800.220(2)(i)-(iv).
3. Develop a per-service "menu" of choices that allows residents to customize their care, provided the available services include all of the services set forth at § 2800.220(b).

The "Independent" service package does not need to be the minimum number of services a potential resident may purchase. A resident with no limitations with ADLs or IDLs may elect to receive services in a "concierge" fashion. For example, a resident who can do his/her own laundry but wants the residence to do his/her laundry for him/her may elect to receive laundry services only.

The services under subsection § 2800.220(c)(1)(ii)—(iv) are:

1. Nutritious meals and snacks in accordance with §§ 2800.161 and 2800.162.
2. Housekeeping services essential for the health, safety and comfort of the resident based upon the resident's needs and preferences.
3. Laundry services in accordance with § 2800.105.

Because these services are essential to a resident's health and well-being, and because Chapter 2800 does not guarantee a resident's right to opt-out of services, a community may decide to prohibit opting-out of services provided that potential residents are informed at admission that:

1. Opting-out of core services is permitted in assisted living residences, but
2. The community does not permit opting-out of core services on the grounds that they are essential to resident health and safety.

This notification must be included in the resident-community contract.

If a residence elects to permit opting-out of services, the terms of the agreement (including but not limited to how charges will be adjusted and how opting-out may occur) will be negotiated between the community and the resident.

Supplemental Health Care Services: Chapter 2800 defines "Supplemental Health Care Services" as "the provision by an assisted living residence of any type of health care service, either directly or through contractors, subcontractors, agents or designated providers, except for any service that is required by law to be provided by a health care facility under the Health Care Facilities Act (35 P. S. §§ 448.101—448.901)." As listed at § 2800.220(e), above, such services include but are not limited to:

- Hospice services.
- Occupational therapy.
- Skilled nursing services.
- Physical therapy.
- Behavioral health services.
- Home health services.
- Escort service if indicated in the resident's support plan or requested by the resident to and from medical appointments.
- "Specialized Cognitive Support Services" which include:
    - Nonpharmacological interventions.
    - Dining with dignity.
    - Routines and roles.
    - Close of day programming.
    - Pain management and person-centered care planning.
    - Implementation and management.

Communities are required to provide or arrange for supplemental health care services "in a manner protective of the health, safety and well-being of its residents utilizing employees, independent contractors or contractual arrangements with other health care facilities or practitioners licensed, registered or certified to the extent required by law to provide the service," and "may require residents to use providers of supplemental health care services approved or designated" by the community provided the requirement is "prominently displayed" in the resident-community contract. Additionally, supplemental health care services must be "packaged, contracted and priced separately from the resident-community contract." See 62 P.S. § 1057.3(a)(12), § 2800.42(y), and § 2800.25(l).

Personal care homes, on the other hand, are not authorized by statute or regulation to provide supplemental healthcare services. However, personal care homes must provide assistance to secure healthcare if a resident's health status declines in a manner prescribed by 55 Pa.Code § 2600.142(a)-(d) (relating to assistance with health care).

BHSL interprets all of the above to mean that assisted living residences may charge a separate fee for providing health care services, and may require residents to use specific health care providers. Personal care homes, on the other hand, may not do these things.

Inspection Procedures: Inspectors will verify that the residence offers "Independent" and "Enhanced" service packages, or a menu of services, that includes the services residences are required to provide. Inspectors will verify that the residence has the means to provide supplemental health care services.

Primary Benefit: Permits residents to customize their care while ensuring that basic needs are met.

Activities Program	
221a	2800.221(a) - The residence shall develop a program of daily activities designed to promote each resident's active involvement with other residents, the resident's family and the community and provide the necessary space and equipment for the activities in accordance with §§ 2800.98 and 2800.99 (relating to indoor activity space; and recreation space). The residence shall offer the opportunity for the residents' active participation in the development of the daily activities calendar.
221b	2800.221(b) - The program must be based upon individual and group interests and provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner and shall encourage active participation in the community at large.

Discussion: Activities may be planned and conducted at the residence (such as games or music performances), or may be off-site activities (such as shopping trips or sporting events). Since the activity program must promote involvement with other residents, family, and the community, it is recommended that different group activities are incorporated to accommodate residents' likes, dislikes, and interests.

Activities should be offered in accordance with § 2800.42(c). Examples of appropriate activities include but are not limited to:

- Gross motor activities, such as dancing, stretching, and other exercise.
- Self-care activities, such as personal hygiene.
- Social activities, such as games, music and holiday and seasonal celebrations.
- Crafts, such as sewing, decorations, and pictures.
- Sensory and memory enhancement activities, such as review of current events, movies, storytelling, picture albums, cooking, pet therapy, and reminiscing.
- Outdoor activities, as weather permits, such as walking, gardening, and field trips.

Inspection Procedures: Inspectors will review the content of the weekly activity calendar required by § 2800.221(c) and any other documents relating to the residence's activity program. Inspectors will verify that the activities promote each resident's active involvement with other residents, the resident's family, and the community. Inspectors will verify that activities are provided and are appropriate by interviewing the administrator and/or activities director and residents.

Primary Benefit: Increased physical and mental activity by the residents will improve overall health of the residents, reduce resident behavior problems, improve the quality of life for residents, and attract new residents to the residence.

221c	2800.221(c) – The week's daily activity calendar shall be posted in a conspicuous and public place in the residence. The residence shall provide verbal cueing and reminders of activities, their start times and locations within the residence.

Discussion: In order to be "current," the weekly activity calendar must include all activities and be revised if the planned activity changes.

Inspection Procedures: Inspectors will review the content of the week's daily activity calendar. If activities are scheduled to occur on the day of the inspection, inspectors will observe the activities to verify that they match the calendar. If no activities are scheduled on the day of the inspection, inspectors will interview staff and residents who participated in the last scheduled activity to verify that it matched the activity calendar.

Primary Benefit: Knowing when activities are offered will help residents decide which activities to participate in and allow them to plan their week accordingly.

Community Social Services	
222	2800.222 - Residents shall be encouraged and assisted in the access to and use of social services in the community which may benefit the resident, including a county mental health and mental retardation program, a drug and alcohol program, a senior citizens center, an area agency on aging or a home health care agency.

Discussion: It is recommended that residences be familiar with services offered in the community, both governmental and non-governmental. Residences are encouraged to keep contact information for these agencies on hand and to integrate community services into the residents' assessments (see § 2800.225(a)-(c)) and support plans (see § 2800.227(a)-(d)).

Inspection Procedures: Inspectors will interview the administrator and/or social services director. Inspectors will ask how the residence encourages access to and use of community services.

Primary Benefit: Integrating community services with the residence's operation can improve the quality of residents' lives and assist the residence in meeting residents' needs.

Description of Services	
223a	2800.223(a) - The residence shall have a current written description of services and activities that the residence provides including the following: (1) The scope and general description of the services and activities that the residence provides. (2) The criteria for admission and discharge. (3) Specific services that the residence does not provide, but will arrange or coordinate.

Discussion: Compliance with this regulation is critical to ensuring that residences serve only those residents whose needs can be met in the residence. Residences must be very careful about admitting residents who have dangerous behaviors, who need extensive medical care, or who have assisted living/supervision needs that require additional staffing. Once a resident is admitted to the residence, the resident may not be discharged except in accordance with § 2800.228.

"Scope and general description of the services and activities that the residence provides" means services the residence is able to offer to residents. Remember that the residence is obligated to provide these services, so service descriptions should be very specific.

"Criteria for admission and discharge" means the physical, social, and behavioral needs that the residence can and cannot meet. These criteria are among the most important standards a residence can develop, as residences who admit residents that cannot be safely served frequently struggle with regulatory compliance.

"Specific services that the residence does not provide, but will arrange or coordinate" means that a resident with specific needs may be served in a residence, but some of the needs will have to be met by outside sources such as local community services (see § 2800.222).

Additionally, pursuant to § 2800.220(b), in order for a residence to be considered an "Assisted Living Residence," the residence must have the ability to provide all of the following services in accordance with applicable regulations:

- Nutritious meals and snacks.
- Laundry services.
- A daily program of social and recreational activities.
- Assistance with performing ADLs and IADLs.
- Assistance with self-administration of medication or medication administration.
- Housekeeping services essential for the health, safety and comfort of the resident.
- Transportation.
- Financial management.
- 24-hour supervision, monitoring and emergency response.
- Activities and socialization.
- Basic cognitive support services.

As such, all of these services must be included in the residence's written description of services.

Inspection Procedures: Inspectors will obtain and review the description of services to ensure that 1) it exists and 2) the three elements required by the regulation are present.

Primary Benefit: A comprehensive, specific Description of Services protects residents from seeking admission to a residence that cannot meet their needs, and protects residences from admitting a resident who the residence cannot serve safely. It also clarifies exactly what the residence will and will not do which limits disputes about the residence's responsibilities in the event of discharge or denied admission.

223b	2800.223(b) - The residence shall develop written procedures for the delivery and management of services from admission to discharge.

Discussion: At first glance, this regulation appears to be very similar to other procedural requirements in Chapter 2800. What this regulation actually requires is a written process to describe how the residence functions. The process is operational, sequential, and specific to the residence in question. The good news is that most residences already have a process like this in place - it just is not in writing. To create the procedures, think about what happens from the moment a residence assesses a potential resident to the time the resident leaves the residence: a preadmission screening is completed, a resident-community contract is signed, resident rights are explained and protected, residents' funds are managed, assessments and support plans are completed, and discharge procedures are performed.

"Delivery and management" of these services simply means who will perform each step and when the person will perform it. Make sure that each step in the process is in accordance with applicable regulations.

Inspection Procedures: Inspectors will obtain and review the written procedures. Inspectors will verify that the following items are addressed: preadmission screening completion, resident-community contracts, fund management, assessments, support plans, and discharge procedures.

Primary Benefit: These procedures designate responsibility for specific tasks and specify exactly what those tasks require, ensuring that all of the processes required by regulation are completed and that each staff person is aware of what is expected of him or her.

Initial Assessment and Preliminary Support Plan	
224a1-3	2800.224(a) - *Initial assessment.* (1) The administrator, administrator designee, or LPN, under the supervision of an RN, or an RN shall complete the initial assessment. (2) An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply. (3) A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days after admission if one of the following conditions applies: (i) The resident is being admitted directly to the residence from an acute care hospital. (ii) The resident is being admitted to escape from an abusive situation. (iii) The resident has no alternative living arrangement.
224a5	2800.224(a)(5) - The written initial assessment must, at a minimum include the following: (i) The individual's need for assistance with ADLs and IADLs. (ii) The mobility needs of the individual. (iii) The ability of the individual to self-administer medication. (iv) The individual's medical history, medical conditions, and current medical status and how they impact or interact with the individual's service needs. (v) The individual's need for supplemental health care services. (vi) The individual's need for special diet or meal requirements. (vii) The individual's ability to safely operate key-locking devices. (viii) The individual's ability to evacuate from the residence.
224b	2800.224(b) - An initial assessment will not be required to commence supplemental health care services to a resident of a residence under any of the following circumstances: (1) If the resident was not receiving the services at the time of the resident's admission. (2) To transfer a resident from a portion of a residence that does not provide supplemental health care services to a portion of the residence that provides such service. (3) To transfer a resident from a personal care home to a residence licensed by the same operator.
224c	2800.224(c) – *Preliminary support plan.* (1) An individual requiring services shall have a written preliminary support plan developed within 30 days prior to admission to the residence unless one of the conditions contained in paragraph (2) applies. (2) A resident requiring services shall have a written preliminary support plan developed within 15 days after admission if one of the following conditions applies: (i) The resident is being admitted directly to the residence from an acute care hospital. (ii) The resident is being admitted to escape from an abusive situation. (iii) Any other situation where the resident has no alternative living arrangement. (3) The written preliminary support plan must document the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the individual, or referrals for the individual to outside services if the individual's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The preliminary support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the individual. (4) The preliminary support plan shall be documented on the Department's support plan form. (5) A residence may use its own support plan form it if includes the same information as the Department's support plan form. An LPN, under the supervision of an RN, or an RN shall review and approve the preliminary support plan. (6) An individual's preliminary support plan must document the ability of the individual to self-administer medications or the need for medication reminders or medication administration and the ability of the resident to safely operate key-locking devices. (7) An individual shall be encouraged to participate in the development of the preliminary support plan. An individual may include a designated person or family member in making decisions about services. (8) Individuals who participate in the development of the preliminary support plan shall sign and date the preliminary support plan. (9) If an individual or designated person is unable or chooses not to sign the preliminary support plan, a notation of inability or refusal to sign shall be documented. (10)The residence shall give a copy of the preliminary support plan to the resident and the resident's designated person.

Discussion: The Department's required form for all assessments and support plans is the Assessment and Support Plan (ASP) form. The Department allows a 15-day grace period following admission for completion of the initial ASP for all residents, not just those who meet the exception criteria at § 2800.224(c)(2).

Each assessment (preliminary or annual) should be the basis for each support plan (initial and final). Rather than think of the ASP as two separate halves, communities should consider how a person's needs lead directly to a plan to meet those needs. The ASPs designed to ensure that the plan to meet residents' needs (the support plan) is based on the community's assessment of those needs (the assessment).

Accidental Omissions: Occasionally, communities may accidentally omit an element from a mandatory section. For example, an otherwise-complete plan may be missing the "person responsible" for a single need. In these cases, the Department will consider the circumstances surrounding the omission and may take steps to verify that a person is actually responsible and aware of their responsibilities. If omission is determined to be truly accidental, technical assistance will be provided and no violation will be recorded. However, repeated accidental omissions on a single ASP or one accidental omission on a series of ASPs may result in a violation of § 2800.251(c) on the grounds that standardized forms are not being properly used. If the Department is unable to verify that a person is actually responsible and aware of their responsibilities, a violation relating to ASP content may result.

Signatures: Signature requirements are a frequent source of frustration in human services licensing. It is important to remember that the primary benefits of signature requirements are to allow residents and their formal/informal supports the opportunity to participate in care-plan development, and to record whether or not such participation occurred. The presence of the actual signature is far less important than the opportunity to participate and maintaining a record of participation.

Please see "The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices" in "Regulatory Issues and Frequently-Occurring Situations" for more information.

See Also: § 2800.22 (relating to application and admission), § 2800.227 (relating to the development of the final support plan).

Inspection Procedures: Inspectors will review resident records, as well as interview the administrator, staff, and/or residents of the residence to determine if the residence is in compliance with the applicable regulations.

Primary Benefit: Ensures that each resident's needs are met, and that accountability for meeting those needs is firmly established, prior to or shortly after admission to the community.

Additional Assessments and Mobility Criteria	
225a	2800.225(a) - The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.
225b	2800.225(b) - The assessment must, at a minimum include the following: (1) The resident's need for assistance with ADLs and IADLs. (2) The mobility needs of the resident. (3) The ability of the resident to self-administer medication. (4) The resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs. (5) The resident's need for supplemental health care services. (6) The resident's need for special diet or meal requirements. (7) The resident's ability to safely operate key-locking devices.
226a	2800.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.
226b	2800.226(b) - If a resident is determined to have mobility needs as part of the resident's initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.
226c	2800.226(c) - The administrator or the administrator designee shall notify the Department within 30 days after a resident with mobility needs is admitted to the residence and compile a monthly list of when a resident develops mobility needs.

Discussion: The Department's required form for all assessments and support plans is the Assessment and Support Plan (ASP) form. The Department allows a 15-day grace period following admission for completion of the initial ASP for all residents, not just those who meet the exception criteria at § 2800.224(c)(2).

Each assessment (preliminary or annual) should be the basis for each support plan (initial and final). Rather than think of the ASP as two separate halves, communities should consider how a person's needs lead directly to a plan to meet those needs. The ASPs designed to ensure that the plan to meet residents' needs (the support plan) is based on the community's assessment of those needs (the assessment).

To be in compliance with § 2800.226(c) written notice to the Department is not required; however, the residence must maintain a current list of residents with mobility needs in compliance with the definitions in the regulations, for onsite review by the Department at any time or to mail to the Department upon request.

"Significant Change" - A "significant change" includes the following situations:

- The resident has been diagnosed with having a previously-undiagnosed disease or disorder that changes the resident's care needs.
  Example: A resident develops diabetes that require new medications.
- An existing disease or disorder changes such that the resident's medical care needs are affected.
  Example: A resident's arthritis worsens such that (s)he develops mobility needs.
- The resident suffers an injury that changes his/her care needs.
  Example: A resident breaks a hip after an injurious fall and requires physical therapy.
- A health situation occurs that will have any impact on the resident's current care needs.
  Example: A resident elects to have his/her shoulder replaced.
- A resident's behaviors or cognitive functioning status change such that the resident's care needs are affected.
  Example: A resident begins to exhibit wandering behavior.

The following are examples of when a new ASP is not required, but the existing ASP should be amended:

- The resident's social and recreational needs change unrelated to a change in physical, psychological, or cognitive functioning.
- The responsible party or frequency of need changes.

Accidental Omissions: Occasionally, communities may accidentally omit an element from a mandatory section. For example, an otherwise-complete plan may be missing the "person responsible" for a single need. In these cases, the Department will consider the circumstances surrounding the omission and may take steps to verify that a person is actually responsible and aware of their responsibilities. If omission is determined to be truly accidental, technical assistance will be provided and no violation will be recorded. However, repeated accidental omissions on a single ASP or one accidental omission on a series of ASPs may result in a violation of § 2800.251(c) on the grounds that standardized forms are not being properly used. If the Department is unable to verify that a person is actually responsible and aware of their responsibilities, a violation relating to ASP content may result.

Signatures: Signature requirements are a frequent source of frustration in human services licensing. It is important to remember that the primary benefits of signature requirements are to allow residents and their formal/informal supports the opportunity to participate in care-plan development, and to record whether or not such participation occurred. The presence of the actual signature is far less important than the opportunity to participate and maintaining a record of participation.

Inspection Procedures: Inspectors will review resident records to determine if the residence is in compliance with the regulation.

Primary Benefit: Allows residences to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

Development of the Final Support Plan	
227b	2800.227(b) - A residence may use its own support plan form if it includes the same information as the Department's support plan form. An LPN, under the supervision of an RN, shall review and approve the final support plan.
227c	2800.227(c) - The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.
227d	2800.227(d) - Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.
227e	2800.227(e) - The resident's final support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration and the ability of the resident to safely operate key-locking devices. Strategies that promote interactive communication on the part of and between direct care staff and individual residents shall also be included in the final support plan.
227f	2800.227(f) - A resident shall be encouraged to participate in the development and implementation of the final support plan. A resident may include a designated person or family member in making decisions about services.
227g	2800.227(g) - Individuals who participate in the development of the final support plan shall sign and date the support plan.
227h	2800.227(h) - If a resident or designated person is unable or chooses not to sign the final support plan, a notation of inability or refusal to sign shall be documented.
227i	2800.227(i) - The final support plan shall be accessible by direct care staff persons at all times.
227j	2800.227(j) - A resident or a designated person has a right to request the review and modification of his support plan.
227k	2800.227(k) - The residence shall give a copy of the final support plan to the resident and the resident's designated person. The final support plan shall be attached to or incorporated into and serve as part of the resident-residence contract.

Discussion: See § 2800.224.

Inspection Procedures: See § 2800.224.

Primary Benefit: See § 2800.224.

Transfer and Discharge	
228a	2800.228(a) - The facility shall ensure that a transfer or discharge is safe and orderly and that the transfer or discharge is appropriate to meet the resident's needs. This includes ensuring that a resident is transferred or discharged with all his medications, durable medical equipment and personal property. The residence shall permit the resident to participate in the decision relating to the relocation.

Discussion: It is strongly recommended that residences specify what type of assistance will be provided in both the resident-community contract (see § 2800.25(c)(9)) and in the residence's written criteria for admission and discharge (see § 2800.223(a)). In the absence of a written description of the degree of assistance a residence will provide, the Department encourages the following, at a minimum:

- Contacting local human services agencies, if applicable.
- Identifying and contacting three other assisted living residences or other appropriate residential settings of the resident's choosing and inquiring about vacancies for the resident.
- Transportation to the prospective residences at no cost to the resident.

Inspection Procedures: Inspectors will obtain and review the residence's written description of what assistance is provided, if one exists. Inspectors will review the record of at least one resident that has requested and received assistance in relocating to verify that the residence acted in accordance with its procedures or, in the absence of written procedures, with the requirements above.

Primary Benefit: Providing relocation assistance to a resident helps to ensure that the resident's needs will be met in a safe and appropriate environment, especially if the resident is unable to advocate for him/herself or is incapable of finding a new residence.

228b	2800.228(b) - If the residence initiates a transfer or discharge of a resident, or if the legal entity chooses to close the residence, the residence shall provide a 30-day advance written notice to the resident, the resident's family or designated person and the referral agent citing the reasons for the transfer or discharge. This shall be stipulated in the resident-residence contract. (1) The 30-day advance written notice must be written in language in which the resident understands, or performed in American Sign Language or presented orally in a language the resident understands if the resident does not speak standard English. The notice must include the following: (i) The specific reason for the transfer or discharge. (ii) The effective date of the transfer or discharge. (iii) The location to which the resident will be transferred or discharged. (iv) An explanation of the measures the resident or the resident's designated person can take if they disagree with the residence decision to transfer or discharge which includes the name, mailing address, and telephone number of the State and local long-term care ombudsman. (v) The resident's transfer or discharge rights, as applicable.

Discussion: To request the Department's certification that a delay in discharge or transfer would jeopardize the health, safety, or well-being of the resident or others in the residence, please contact the Department.

It is recommended that voluntarily closing residences provide the residents with a 60-day advance written notice. See § 2800.228(c).

Inspection Procedures: Inspectors will review a sample of discharged residents' records to verify that 30-day notices were provided and referenced a reason for discharge permitted by § 2800.228(h).

Primary Benefit: Issuing a 30-day notice allows a resident time to identify and relocate to a new residence. It also allows the residence sufficient time to render relocation assistance as required by § 2800.228(a). The ability to discharge a resident without a 30-day notice under specific circumstances protects other residents from harm.

228c	2800.228(c) - A residence shall give the Department written notice of its intent to close the residence, at least 60 days prior to the anticipated date of closing.

Discussion: Notice of intent to close a residence should initially be provided by telephone. Residences should contact the regional office in which the residence is located, inform the region of their intent to close, and obtain a copy of the Department's voluntary closure form if desired. Written notice must be provided, either by mail, facsimile, or email.

Inspection Procedures: Inspectors will review the residence's written notice and verify that the scheduled closure date is at least 60 days into the future.

Primary Benefit: The Department is required to offer relocation assistance to the residents of a residence that is closing. Advance notice of closure allows the Department to contact local human services agencies and plan for a safe, orderly relocation.

228d	2800.228(d) - A residence may not require a resident to leave the residence prior to 30 days following the resident's receipt of a written notice from the residence regarding the intended closure of the residence, except when the Department determines that removal of the resident at an earlier time is necessary for the protection of the health, safety and well-being of the resident.

Discussion: The Department will determine that a resident must be moved before the 30-day notice period expires only in exceptional circumstances. To request the Department's assistance in determining whether a resident must relocate prior to the expiration of the 30-day notice period, please contact the Operator Support Hotline.

Inspection Procedures: Inspectors will review a sample of discharged residents' records to verify that residents who left the residence prior to the expiration of the 30-day notice period did so of their own choosing/agreement or at the determination of the Department.

Primary Benefit: Issuing a 30-day notice allows a resident time to identify and relocate to a new residence. Requiring a resident to leave the residence prior to the expiration of the 30-day period limits the amount of time that residents have to make an informed choice.

228e	2800.228(e) - The date and reason for the transfer or discharge, and the destination of the resident, if known, shall be recorded in the resident record and tracked in a transfer and discharge tracking chart that the residence shall maintain and make available to the Department.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review a sample of discharged residents' records and verify that the required information is present.

Primary Benefit: It is occasionally necessary for a residence, the Department, another regulatory oversight agency, or law enforcement personnel to locate residents who have been discharged or transferred.

228h	2800.228(h) - The only grounds for transfer or discharge of a resident from a residence are for the following conditions: (1) If a resident is a danger to himself or others and the behavior cannot be managed through interventions, services planning or informed consent agreements. (2) If the legal entity chooses to voluntarily close the residence, or a portion of the residence. (3) If a residence determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the residence under § 2800.229 (relating to excludable conditions; exceptions) or within the scope of licensure for a residence. In that case, the residence shall notify the resident and the resident's designated person. The residence shall provide justification for the residence's determination that the needs of the resident cannot be met. In the event that there is no disagreement related to the transfer or discharge, a plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department. (4) If meeting the resident's needs would require a fundamental alteration in the residence's program or building site, or would create an undue financial or programmatic burden on the residence. (5) If the resident has failed to pay after reasonable documented efforts by the residence to obtain payment. (6) If closure of the residence is initiated by the Department. (7) Documented, repeated violation of the residence rules. (8) A court has ordered the transfer or discharge.

Discussion: Residents may only be discharged for one or more of the reasons listed above. Discharge for any other reason is a regulatory violation, and the residence will likely be required to readmit a resident who was discharged on unacceptable grounds.

(1) If the resident is a danger to him/herself or others such that the residence cannot care for him/her for the 30-day notice period, written certification by a physician or the Department that a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the residence is required in accordance with § 2800.228(b).
(2) It is recommended that residents receive 60 days' notice in the event of voluntary closure.
(3) If a resident's functional level has advanced or declined such that the residence cannot care for him/her for the 30-day notice period, written certification by a physician or the Department that a delay in discharge or transfer would jeopardize the health, safety, or well-being of the resident or others in the residence is required in accordance with § 2800.228(b).
(4) Self-explanatory.
(5) "Reasonable documented efforts by the residence to obtain payment" means no less than two attempts to obtain payment in full.
(6) Self-explanatory.
(7) "Documented, repeated violation" means no less than two documented violations.
(8) Self-explanatory.

Inspection Procedures: Inspectors will review a sample of discharged residents' records to verify that 30-day notices were provided and referenced a reason for discharge permitted by this regulation.

Primary Benefit: Limiting the allowable grounds for discharge protects residents from retaliatory discharge as well as their right to remain in the residence (see § 2800.42(u)). Building flexibility into the allowable grounds for discharge allows residences to discharge residents who pose a threat to other residents, whose needs cannot be met by the residence, or who do not pay for services.

Excludable Conditions; Exceptions	
229a	2800.229(a) – *Excludable conditions*. Except as provided in § 2800.229(b), a residence may not admit, retain or serve an individual with any of the following conditions or health care needs: (1) Ventilator dependency. (2) Stage III and IV decubiti and vascular ulcers that are not in a healing stage. (3) Continuous intravenous fluids. (4) Reportable infectious diseases, such as tuberculosis, in a communicable state that requires isolation of the individual or requires special precautions by a caretaker to prevent transmission of the disease unless the Department of Health directs that isolation be established within the residence. (5) Nasogastric tubes. (6) Physical restraints. (7) Continuous skilled nursing care 24 hours a day.
229b	2800.229(b) – *Exception*. The residence may submit a written request to the Department on a form provided by the Department for an exception related to any of the conditions or health care needs listed in § 2800.229(a) or § 2800.229(e) to allow the residence to admit, retain or serve an individual with one of those conditions or health care needs, unless a determination is unnecessary as set forth in § 2800.229(e).
229c	2800.229(c) – *Submission, review and determination of an exception request*. (1) The administrator of the residence shall submit the exception request. The exception request must be signed and affirmed by an individual listed in subsection (d) and accompanied by a support plan which includes the residence accommodations for treating the excludable condition requiring the exception request. Proposed accommodations must conform with the provisions contained within the resident-residence contract. (2) The Department will review the exception request in consultation with a certified registered nurse practitioner or a physician, with experience caring for the elderly and disabled in long-term living settings. (3) The Department will respond to the exception request in writing within 5 business days of receipt. (4) The Department may approve the exception request if the following conditions are met: (i) The exception request is desired by the resident or applicant. (ii) The resident or applicant will benefit from the approval of the exception request. (iii) The residence demonstrates to the Department's satisfaction that the residence has the staff, skills and expertise necessary to care for the resident's needs related to the excludable condition. (iv) The residence demonstrates to the Department's satisfaction that any necessary supplemental health care provider has the staff, skills and expertise necessary to care for the resident's needs related to the excludable condition. (v) The residence provides a written alternate care plan that ensures the availability of staff with the skills and expertise necessary to care for the resident's needs related to the excludable condition in the event the supplemental health care provider is unavailable.
229d	2800.229(d) – *Certification providers*. The following persons may certify that an individual with an excludable condition may not be admitted or retained in a residence: (1) The administrator acting in consultation with supplemental health care providers. (2) The individual's physician or certified registered nurse practitioner. (3) The medical director of the residence.

229e	2800.229(e) – *Departmental exceptions*. A residence may admit, retain or serve an individual for whom a determination is made by the Department, upon the written request of the residence, that the individual's specific health care needs can be met by a provider of assisted living services or within a residence, including an individual requiring: (1) Gastric tubes, except that a determination will not be required if the individual is capable of self-care of the gastric tube or a licensed health care professional or other qualified individual cares for the gastric tube. (2) Tracheostomy, except that a determination will not be required if the individual is independently capable of self-care of the tracheostomy. (3) Skilled nursing care 24 hours a day, except that a determination will not be required if the skilled nursing care is provided on a temporary or intermittent basis. (4) A sliding scale insulin administration, except that a determination will not be required if the individual is capable of self-administration or a licensed health care professional or other qualified individual administers the insulin. (5) Intermittent intravenous therapy, except that a determination will not be required if a licensed health care professional manages the therapy. (6) Insertions, sterile irrigation and replacement of a catheter, except that a determination will not be required for routine maintenance of a urinary catheter, if the individual is capable of self-administration or a licensed health care professional administers the catheter. (7) Oxygen, except that a determination will not be required if the individual is capable of self-administration or a licensed health care professional or other qualified individual administers the oxygen. (8) Inhalation therapy, except that a determination will not be required if the individual is capable of self-administration or a licensed health care professional or other qualified individual administers the therapy. (9) Other types of supplemental health care services that the administrator, acting in consultation with supplemental health care providers, determines can be provided in a safe and effective manner by the residence. (10) For purposes of § 2800.229(1), (4), (7) and (8), a ''qualified individual'' means an individual who has been determined by a certification provider listed under § 2800.229(d) to be capable of care or administration under § 2800.229(1), (4), (7) and (8).
229f	2800.229(f) – *Request for exception by resident*. Nothing herein prevents an individual seeking admission to a residence or a resident from requesting that the residence apply for an exception from the Department for a condition listed in this section for which an exception must be granted by the Department. The residence's determination on whether or not to seek such an exception shall be documented on a form supplied by the Department.

Discussion: Communities must use the Department's Request to Admit a Resident with an Excludable Condition (RAREC) form to request to admit a resident that is otherwise precluded from residing in an assisted living residence.

For the purposes of applying this regulation, "proposed accommodations must conform with the provisions contained within the resident-community contract" means that the resident-community contract must specify the terms and service cost if the request is approved by the Department.

The Department will review the exception request in consultation with a certified registered nurse practitioner or a physician, with experience caring for the elderly and disabled in long-term living settings when necessary. The Department will respond to the exception request in writing within 5 business days of receipt, unless the situation requires additional consultation with medical professionals. The Department will render decisions on exception requests on a case-by-case basis and will generally not grant community-wide exceptions.

Communities may serve individuals with the following conditions without submitting a RAREC form:

- Sliding scale insulin administration.
- Oxygen.
- Inhalation therapy.
- Nebulizers.

Inspection Procedures: Inspectors will verify that the residence is not serving persons with excludable or exceptional conditions unless the Department has approved the residence to do so. Inspectors will verify that the residence is complying with any Department-mandated conditions for serving a resident with an excludable or exceptional condition.

Primary Benefit: Ensures that a community serves only those individuals whose needs can be safely met by the community.

SPECIAL CARE UNITS

Admission	
231b	2800.231(b) – *Medical evaluation*. A resident or potential resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. (1) Documentation for a special care unit for residents with Alzheimer's disease or dementia must include the resident's diagnosis of Alzheimer's disease or dementia and the need for the resident to be served in a special care unit. (2) Documentation for a special care unit for INRBI must include the resident's or potential resident's diagnosis of brain injury and need for residential services to be provided in a special care unit for INRBI. The evaluation must include visual function, hearing, swallowing, mobility and hand function.

Discussion: Evaluation results must be documented on the Department's Documentation of Medical Evaluation (DME) form. Special care units is addressed in section 4 of the DME. For information about medical evaluations and DME use, please see § 2800.141(a).

Inspection Procedures: Inspectors will review DMEs to verify that the date recorded in the "Date Resident Evaluated" section of the DME is within the allowable timeframes. If post-evaluation edits were made to the DME, inspectors will verify the credentials of the person who made the edits, that the person who completed the evaluation was contacted, and that the contact was properly documented. If necessary, inspectors will verify with the physician, physician's assistant or certified registered nurse practitioner that the resident received an in-person evaluation on the date recorded.

Primary Benefit: Accurate medical information helps residences decide whether a resident's needs can be met at the residence, helps the residence develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

231c1	2800.231(c)(1) – *Preadmission screening; Special care unit for residents with Alzheimer's disease or dementia*. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Discussion: A geriatric assessment team is a group of multidisciplinary specialists in the care of adults who are older that conducts a multi-dimensional evaluation of a resident and assists in developing a support plan by working with the resident's physician, designated person and family to coordinate the resident's care.

It is recommended but not required that a geriatric assessment team be composed of a medical professional such as a nurse, social worker, physical/occupational therapist, dietician, mental illness professional, and a person trained in gerontology. A geriatric assessment team may be composed entirely of staff from the residence. The "cognitive preadmission screening" is included on the Department's Preadmission Screening Form.

Inspection Procedures: Inspectors will review the residents' preadmission screening documents to verify that a cognitive screening has occurred.

Primary Benefit: It is important that a person find a residence that can provide the services (s)he needs; completing a written cognitive preadmission screening in collaboration with a physician or a geriatric assessment team prior to admission to the special care unit helps both the resident and residence establish what kinds of services the resident needs.

231c2	2800.231(c)(2) – *Preadmission screening; Special care unit for INRBI*. A written CPB preadmission screening completed in collaboration with a physician, neuropsychologist or cognitive, physical, behavioral assessment team and documented on the Department's CPB preadmission screening form shall be completed for each resident or potential resident within 72 hours prior to admission to a special care unit for INRBI.

Discussion: A cognitive, physical, behavioral specialist with brain injury experience shall assist in developing a rehabilitation and support plan by working with the resident's physician, neuropsychologist and, when appropriate, the resident's designated person or the resident's family, or both to develop the resident's rehabilitation and support plan. This plan must include a high level of nursing and behavioral supervision, medication management, occupational therapy, cognitive therapy, behavioral therapy, vocational services, support for social reentry, and a personalized treatment plan.

Inspection Procedures: Inspectors will review the residents' preadmission screening documents to verify that a preadmission screening completed in collaboration with a physician, neuropsychologist or cognitive, physical, behavioral assessment team has occurred.

Primary Benefit: It is important that a person find a residence that can provide the services (s)he needs; completing a written cognitive preadmission screening in collaboration with a physician or a geriatric assessment team prior to admission to the special care unit helps both the resident and residence establish what kinds of services the resident needs.

231d	2800.231(d) – *Resident admission to special care unit*. Each resident record must have documentation that the resident or potential resident and, when appropriate, the resident's designated person or the resident's family have agreed to the resident's admission or transfer to the special care unit.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's resident records and, if necessary and possible, conduct interviews with residents and their designated persons.

Primary Benefit: Ensures that residents and their designated persons have chosen a secured care setting.

231e1	2800.231(e)(1) – *Additional assessments*. In addition to the requirements in § 2800.225 (relating to additional assessments), residents of a special care unit for Alzheimer's disease or dementia shall also be assessed quarterly for the continuing need for the special care unit for Alzheimer's disease or dementia.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's resident records and, if necessary and possible, conduct interviews with residents and their designated persons.

Primary Benefit: A person with dementia has rapidly changing mental health and physical health needs. An updated assessment can identify the resident's changing needs, and help the residence to become aware of the services which a resident may need as his/her needs change. In rare cases (such as dementia due to head trauma), the resident's condition may have improved such that (s)he can live in a less-restrictive environment.

231e2	2800.231(e)(2) – *Additional assessments*. In addition to the requirements in § 2800.225, residents of a special care unit for INRBI shall also be assessed at least semiannually or more frequently as necessary to assure the continuing need for residence in the special care unit for INRBI.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's resident records and, if necessary and possible, conduct interviews with residents and their designated persons.

Primary Benefit: A person with dementia has rapidly changing mental health and physical health needs. An updated assessment can identify the resident's changing needs, and help the residence to become aware of the services which a resident may need as his/her needs change. In rare cases (such as dementia due to head trauma), the resident's condition may have improved such that (s)he can live in a less-restrictive environment.

231f	2800.231(f) – *Additional resident in special care unit*. A spouse, friend or family member who does not have a primary diagnosis of Alzheimer's disease or dementia or brain injury may reside in the special care unit if desired by the resident or his designated person. (1) The spouse, friend or family member shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department within 60 days prior to admission to the residence or 15 days after admission to the residence. (2) The spouse, friend or family member shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the special care unit.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's resident records to determine if the residence is in compliance with the regulation.

Primary Benefit: A person with dementia has rapidly changing mental health and physical health needs. An updated assessment can identify the resident's changing needs, and help the residence to become aware of the services which a resident may need as his/her needs change. In rare cases (such as dementia due to head trauma), the resident's condition may have improved such that (s)he can live in a less-restrictive environment.

231g	2800.231(g) – *Disclosure of services*. The resident-residence contract specified in § 2800.25 (relating to resident-residence contract) must also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's resident-community contract to determine if a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees is present.

Primary Benefit: Having the resident-community contract contain the above required information helps to ensure that residents are aware of the cost of all specific services, have knowledge of the payment information, as well as the services to be provided for payment. It also helps to ensure that residents are aware of the procedures that will be taken if the residence can no longer meet the resident's level of care needs.

231h	2800.231(h) – *Alzheimer's disease or dementia*. When the residence holds itself out to the public as providing services or housing for individuals with Alzheimer's disease or dementia, the residence shall disclose to individuals and provide materials that include the following: (1) The residence's written statement of its philosophy and mission which reflects the needs of individuals with Alzheimer's disease or dementia. (2) A description of the residence's physical environment and design features to support the functioning of individuals with Alzheimer's disease or dementia. (3) A description of the frequency and types of individual and group activities designed specifically to meet the needs of individuals with Alzheimer's disease or dementia. (4) A description of the security measures provided by the residence. (5) A description of the training provided to staff regarding provision of care to individuals with Alzheimer's disease or dementia. (6) A description of availability of family support programs and family involvement. (7) The process used for assessment and establishment of a plan of services for the individual, including methods by which the plan of services will remain responsive to changes in the individual's condition.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's materials in accordance with this regulation.

Primary Benefit: Having the materials contain the above required information helps to ensure that residents are aware of the services to be provided for the resident.

231i	2800.231(i) – *Special care unit for INRBI*. When an assisted living residence holds itself out to the public as a special care unit for INRBI, the residence shall disclose and provide materials to individuals and, when appropriate, the individual's designated person or the individual's family, or both, that include the following information: (1) The residence's written statement of its philosophy and mission which reflects the needs of individuals with brain injury for intense neurobehavioral rehabilitation and support. (2) A description of the residence's physical environment and design features that support and promote the functioning and rehabilitation of individuals who need INRBI. (3) A description of the types of individual and group activities that have been designed specifically to meet the requirements of the rehabilitation and support plans of specific residents with brain injury. (4) A description of the security measures provided by the residence. (5) A description of the credentials and experience required and the training provided to staff regarding the provision of rehabilitation and support for individuals who require INRBI. (6) A description of availability of family support programs, family education programs, and family involvement. (7) The process used for assessment and establishment of a plan of services for the resident, including methods by which the plan of services will remain responsive to progress in the resident's recovery.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's materials in accordance with this regulation.

Primary Benefit: Having the materials contain the above required information helps to ensure that residents are aware of the services to be provided for the resident.

231j	2800.231(j) – *Residents who wander*. The residence shall identify measures to address individuals with Alzheimer's disease or dementia or with INRBI who have tendencies to wander.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's policies to determine if the residence has established measures to address individuals with Alzheimer's disease or dementia or with INRBI who have tendencies to wander.

Primary Benefit: Ensures that residences have established plans in place to address individuals with Alzheimer's disease or dementia or with INRBI who have tendencies to wander. Having plans in place may help potential problematic situations with residents who wander.

231k	2800.231(k) – *Individuals with INRBI*. The residence with a special care unit for INRBI shall identify measures to address individuals who require INRBI who have problems that may actually impede rehabilitation such as: (1) Anger. (2) Self-control. (3) Aggression toward others. (4) Self-injury. (5) Deficient judgment and problem solving due to cognitive deficits. (6) Frequent agitation. (7) Prolonged confusional state. (8) Seizure disorders and related behavioral problems. (9) Significant memory and learning problems. (10) Disruption of sleep and wake cycles. (11) Problems with attention. (12) Filtering and focusing. (13) Emergence of mental health problems or exacerbation of preexisting mental health issues. (14) Emergence of substance abuse problems or exacerbation of preexisting substance abuse issues. (15) Other cognitive and behavioral problems which have or would prevent successful completion of traditional rehabilitation programs.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's policies to determine if the residence has established measures to address individuals who require INRBI who have problems that may actually impede rehabilitation.

Primary Benefit: Ensures that residences have established plans in place to address individuals who require INRBI who have problems that may actually impede rehabilitation. This could assist the residence in providing more effective care for the resident.

231l	2800.231(l) – *Professionals caring for individuals requiring INRBI*. The residence with a special care unit for INRBI shall identify at a minimum the following professionals with expertise in providing care for individuals requiring INRBI. (1) Onsite behavioral specialist. (2) Onsite cognitive rehabilitation therapist. (3) A consulting physiatrist; a consulting neuro-psychologist. (4) A consulting neuropsychiatrist or psychiatrist for prescribing and monitoring the psychiatric medications that may be needed for residents with behavioral health issues.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's list of professional staff who participate in the planning of the care of the residents.

Primary Benefit: Having established professionals participate in the planning of the care of the residents helps to ensure that residents receive care which is specific to his/her needs.

Environmental Protection

232a	2800.232(a) - The residence shall provide exercise space, both indoor and outdoor.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's physical site to determine if the residence is in compliance with the regulation.

Primary Benefit: Exercise space provided both indoors as well as outdoors helps residents to achieve better physical and cognitive health in a secure environment.

232b	2800.232(b) - No more than two residents may occupy a living unit regardless of its size. A living unit must meet the requirement in § 2800.101 (relating to resident living units), as applicable.

Discussion: Kitchen facilities may not be included in a living unit located in a special care unit for INRBI.

The absence of a kitchen in special care units will be compliant if supported by the resident's Rehabilitation and Support Plan.

Inspection Procedures: Inspectors will review the residence's physical site to determine if the residence is in compliance with the regulation.

Primary Benefit: Reduces agitation and decreases the chances of injury due to aggressive behaviors in residents with dementia.

232c	2800.232(c) - The residence shall provide space for dining, group and individual activities and visits.

Discussion: Since the residence is providing specialized care to residents residing in the secured unit, this space must be located within the secure unit and used exclusively by the residents of the secure unit.

The residence must provide sufficient space in the activity space for residents to conduct activities; if the residence has multiple activity spaces that together accommodate all residents of the special care unit, this is acceptable.

An outdoor activity space, such as an enclosed courtyard, may be shared by residents of a residence's special care unit, and skilled nursing. However, it is recommended but not required, that assisted living residence staff accompany residents of the special care unit into the courtyard to provide supervision and prevent wandering/elopement through the skilled nursing area.

Inspection Procedures: Inspectors will review the residence's physical site to determine if the residence is in compliance with the regulation.

Primary Benefit: Having space for dining, group and individual activities and visits provides stimulation and socialization that may help to slow physical and cognitive deterioration.

232d	2800.232(d) - The residence shall provide a full description of the measures implemented to enhance environmental awareness, minimize environmental stimulation and maximize independence of the residents in public and private spaces based on the needs of the individuals being served.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the residence's physical site, review resident records, as well as interview the administrator and/or staff to determine if the residence is in compliance with the regulation.

Primary Benefit: Resident functioning may improve when the environment minimizes distractions that can frighten or confuse residents, while maximizing environmental factors that promote awareness and independence.

232e	2800.232(e) - The residence with a special care unit for INRBI shall identify the process used to assure conformity of the individual resident's living unit to the ongoing rehabilitation recommendations of the neuropsychologist and the cognitive physical, emotional behavioral assessment team as expressed in the current rehabilitation and support plan.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the residence's physical site, review resident records, as well as interview the administrator and/or staff to determine if the residence is in compliance with the regulation.

Primary Benefit: Resident functioning may improve when the environment minimizes distractions that can frighten or confuse residents, while maximizing environmental factors that promote awareness and independence.

Doors, Locks and Alarms	
233a	2800.233(a) - Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Discussion: In order to obtain approval for the use of a device or system that prevents the immediate egress of residents, such as electronic card locks or electromagnetic locks, a residence must present the Department with written documentation that the Department of Labor and Industry, the Department of Health or the appropriate local building authority has **inspected and approved** the specific device or system in use by the residence. This documentation must specify that the locking system will automatically and immediately release when the fire alarm system is activated. Such inspection and approval must be obtained even if the inspection agency indicates in writing that no such inspection is required under the Pennsylvania Construction Code Act (UCC).

Key-locking devices may not be used on any door that serves as an egress route in an assisted living residence, even if a variance is obtained. See § 2800.123.

Inspection Procedures: Inspectors will inspect the residence's physical site, as well as review the residence's records to determine if the residence is in compliance with the regulation.

Primary Benefit: Having approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system ensures that the locking system has met the appropriate standards established by those agencies.

233b	2800.233(b) - A residence shall have a statement from the manufacturer, specific to that residence, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs: (1) Upon a signal from an activated fire alarm system, heat or smoke detector. (2) Power failure to the residence. (3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

Discussion: The statement must specifically include all three elements. If a manufacturer is no longer in business, a statement from a lock service company or an architect who has inspected the lock is acceptable in place of the manufacturer's statement.

Inspection Procedures: Inspectors will inspect the residence's physical site, as well as review the residence's records to determine if the residence is in compliance with the regulation.

Primary Benefit: Having a statement from the manufacturer attesting to the information above helps to ensure that the residence's locking system will not prevent egress in the event of an emergency.

233c	2800.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Discussion: If a resident who has an identified need to be in a special care unit is able to follow the written directions and obtain immediate egress from the residence, the residence may disguise the directions in a manner that permits staff persons and visitors to obtain immediate egress in an emergency.

Inspection Procedures: Inspectors will inspect the residence's physical site to determine if directions for electronic cards systems or other devices that prevent immediate egress are posted.

Primary Benefit: Posting the directions for the operation of key-locking devices, electronic cards systems or other devices that prevent immediate egress help to ensure that persons in the special care unit who do not have an identified need to be in a special care unit can exit the special care unit on their own and at will.

233d	2800.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Discussion: This regulation applies to any doors that open into unsecured areas, such as a parking lot or unenclosed backyard. Residences are reminded that courtyards and other secured outdoor areas may be unsafe at night and during bad weather, and that the residence is responsible for providing adequate supervision of residents with dementia when in these areas. However, doors to these areas do not need to be locked with an electronic or magnetic system.

A raised balcony that is off the ground floor and has no means of egress from the balcony is not required to have an electronic or magnetic locking system.

Inspection Procedures: Inspectors will inspect the residence's physical site to determine if doors that open onto unenclosed areas such as parking lots, or other potentially unsafe areas, are locked by an electronic or magnetic system.

Primary Benefit: Doors that open onto areas such as parking lots, or other potentially unsafe areas, which are not locked by an electronic or magnetic system can present a dangerous situation to residents who cannot make decisions about their own safety.

233e	2800.233(e) - Fire alarm systems must be interconnected to the local fire department, when available, or a 24-hour monitoring service approved by the local fire department.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will inspect the residence's physical site, as well as review the residence's records to determine if the residence's fire alarm system is interconnected to the local fire department, where available, or a 24-hour monitoring service approved by the local fire department.

Primary Benefit: Fire alarm systems which are interconnected to the local fire department, when available, or a 24-hour monitoring service approved by the local fire department help to ensure that the appropriate authorities are contacted and can quickly respond to an emergency situation.

Resident Care	
234e	2800.234(e) – *Resident involvement in development of support plan*. The resident, the resident's designated person or the resident's family shall be involved in the development and the revisions of the support plan and if applicable, the rehabilitation plan.

Discussion: Self-explanatory. See § 2800.227(f).

Inspection Procedures: Inspectors will review the resident records, as well as interview the administrator, staff, and/or residents of the residence to determine if a resident and/or the resident's designated person participated in the development and implementation of his/her support plan.

Primary Benefit: Having a resident and/or designated person participate in the development and implementation of the support plan helps to provide crucial detailed information about the specific resident which can assist the residence in developing a specific plan as to how it will meet the needs of the resident identified in the assessment.

Discharge	
235a	2800.235(a) - If the residence initiates a discharge or transfer of a resident, or the legal entity chooses to close the residence, the administrator shall give a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This requirement shall be stipulated in the resident-residence contract signed prior to admission to the special care unit.

Discussion: Self-explanatory. See § 2800.228(b).

Inspection Procedures: Inspectors will review a sample of discharged residents' records and verify that 30-day notices were provided and referenced a reason for discharge permitted by § 2800.228(h).

Primary Benefit: Issuing a 30-day notice allows a resident time to identify and relocate to a new residence. It also allows the residence sufficient time to render relocation assistance as required by § 2800.228(a). The ability to discharge a resident without a 30-day notice under specific circumstances protects other residents from harm.

235b	2800.235(b) - If a resident of a special care unit for INRBI, or when appropriate, the resident's designated person or the resident's family, request discharge to another facility, another assisted living residence or an independent living arrangement, transition services shall be provided by the special care unit.

Discussion: Self-explanatory. See § 2800.228(b).

Inspection Procedures: Inspectors will review a sample of discharged residents' records and verify that 30-day notices were provided and referenced a reason for discharge permitted by § 2800.228(h).

Primary Benefit: Issuing a 30-day notice allows a resident time to identify and relocate to a new residence. It also allows the residence sufficient time to render relocation assistance as required by § 2800.228(a). The ability to discharge a resident without a 30-day notice under specific circumstances protects other residents from harm.

Training	
236a	2800.236(a) - Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Discussion: All 8 additional hours must be structured training related to dementia care and services; the 8 additional hours may not be on-the-job training.

Inspection Procedures: Inspectors will review staff records to determine if each direct care staff person working in the residence's special care unit obtained 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training in § 2800.65.

Primary Benefit: Having direct care staff members who are specially trained in dementia care and services helps to provide an understanding of the needs of people with dementia and how symptoms might affect them. Staff members are trained to recognize body language, verbal and non-verbal cues to establish the resident's need as well as employ other specialized training in dealing with residents of the special care unit. This may help persons with dementia show greater improvement in behavior and emotion, as they are interacting with staff members who have been specially trained to deal with their diagnosis.

236b	2800.236(b) - The training for each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia at a minimum must include the following topics: (1) An overview of Alzheimer's disease and related dementias. (2) Managing challenging behaviors. (3) Effective communications. (4) Assistance with ADLs. (5) Creating a safe environment.

Discussion: All 8 additional hours must be structured training related to dementia care and services; the 8 additional hours may not be on-the-job training.

Inspection Procedures: Inspectors will review staff records to determine if each direct care staff person working in the residence's special care unit obtained 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training in § 2800.65.

Primary Benefit: Having direct care staff members who are specially trained in dementia care and services helps to provide an understanding of the needs of people with dementia and how symptoms might affect them. Staff members are trained to recognize body language, verbal and non-verbal cues to establish the resident's need as well as employ other specialized training in dealing with residents of the special care unit. This may help persons with dementia show greater improvement in behavior and emotion, as they are interacting with staff members who have been specially trained to deal with their diagnosis.

236c	2800.236(c) - Each direct care staff person working in a special care unit for INRBI shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to brain injury, in addition to the 16 hours of annual training specified in § 2800.65 and any continuing education required for professional licensing.

Discussion: All 8 additional hours must be structured training related to dementia care and services; the 8 additional hours may not be on-the-job training.

Inspection Procedures: Inspectors will review staff records to determine if each direct care staff person working in the residence's special care unit obtained 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training in § 2800.65.

Primary Benefit: Having direct care staff members who are specially trained in dementia care and services helps to provide an understanding of the needs of people with dementia and how symptoms might affect them. Staff members are trained to recognize body language, verbal and non-verbal cues to establish the resident's need as well as employ other specialized training in dealing with residents of the special care unit. This may help persons with dementia show greater improvement in behavior and emotion, as they are interacting with staff members who have been specially trained to deal with their diagnosis.

236d	2800.236(d) - The training for each direct care staff person working in a special care unit for INRBI in addition to § 2800.236(b)(3), (4) and (5), must at a minimum include the following topics: (1) An overview of brain injury including the common cognitive, physical and behavioral effects. (2) Understanding and managing challenging behaviors which follow from the cognitive, physical and behavioral effects of brain injury. (3) Tailoring activities and interactions to provide individualized rehabilitation and support in accordance with the resident's rehabilitation and support plan. (4) Coaching and cueing, interactive problem solving, promoting the initiation of self-soothing activities, and timing the fading of supports.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review staff records to determine if each direct care staff person working in the residence's special care unit obtained 8 hours of annual training related to the topics as defined in the regulation, in addition to the 16 hours of annual training in § 2800.65.

Primary Benefit: Having direct care staff members who are specially trained in dementia care and services helps to provide an understanding of the needs of people with dementia and how symptoms might affect them. Staff members are trained to recognize body language, verbal and non-verbal cues to establish the resident's need as well as employ other specialized training in dealing with residents of the special care unit. This may help persons with dementia show greater improvement in behavior and emotion, as they are interacting with staff members who have been specially trained to deal with their diagnosis.

Program	
237a	2800.237(a) - The following types of activities shall be offered at least weekly to residents of a special care unit for residents with Alzheimer's disease or dementia: (1) Gross motor activities, such as dancing, stretching and other exercise. (2) Self-care activities, such as personal hygiene. (3) Social activities, such as games, music and holiday and seasonal celebrations. (4) Crafts, such as sewing, decorations and pictures. (5) Sensory and memory enhancement activities, such as review of current events, movies, story telling, picture albums, cooking, pet therapy and reminiscing. (6) Outdoor activities, as weather permits, such as walking, gardening and field trips.

Discussion: Self-explanatory. See § 2800.221(b).

Inspection Procedures: Inspectors will review the content of the weekly activity calendar required by § 2800.221(c) and any other documents relating to the residence's activity program. Inspectors will verify that the activities promote each resident's active involvement with other residents, the resident's family and the community. Inspectors will also interview the administrator, staff, and/or residents of the residence to determine if the activities provided are appropriate.

Primary Benefit: Increased physical and mental activity by the residents will improve overall health of the residents, reduce resident behavior problems, improve the quality of life for residents, and attract new residents to the residence. Appropriate and diverse activities will be more attractive to residents and will encourage greater participation.

237b	2800.237(b) - Resident participation for residents of a special care unit for residents with Alzheimer's disease or dementia in general activity programming shall: (1) Be voluntary. (2) Respect the resident's age and cognitive abilities. (3) Support the retention of the resident's abilities.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator, staff, and/or residents of the residence to determine if the activities provided are appropriate.

Primary Benefit: A resident should be treated with dignity and respect, and not be forced to participate in an activity which is not appropriate for the resident's age and/or cognitive abilities, or an activity which (s)he does not wish to participate.

237c	2800.237(c) - The rehabilitation and support plans of the residents in a special care unit for INRBI will determine the types and frequency of the individual and group activities to be offered.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator, staff, and/or residents of the residence to determine if the activities provided are appropriate.

Primary Benefit: A resident should be treated with dignity and respect, and not be forced to participate in an activity which is not appropriate for the resident's age and/or cognitive abilities, or an activity which (s)he does not wish to participate.

Staffing	
238	2800.238 - Each resident in a special care unit shall be considered to be a resident with mobility needs under § 2800.57(c) (relating to direct care staffing).

Discussion: For purposes of staffing, all residents in special care units require staffing in accordance with § 2800.57(c) (at least 2 hours of assisted living services for each resident per day). If an assessment indicates no mobility needs, it does not override the application of staffing in accordance with § 2800.57(c) (at least 2 hours of assisted living services for each resident per day). See "Direct Care and Professional Staffing" in "Regulatory Issues and Frequently-Occurring Situations" for more information.

Inspection Procedures: Inspectors will inspect the residence's physical site, review the residence's resident records, as well as interview the administrator, staff, and/or residents to determine if the residence is in compliance with the regulation.

Primary Benefit: Persons in a special care unit are likely to need additional assistance with ADLs and such. Having residents of a special care unit receive at least 2 hours of assisted living services for each resident per day ensures that staff has the appropriate time needed to assist residents in meeting their established services needed.

Application to Department	
239a	2800.239(a) - The legal entity shall submit an application to the Department at least 60 days prior to the following: (1) Opening a special care unit. (2) Adding a special care unit to an existing residence. (3) Increasing the maximum capacity in an existing unit. (4) Changing the locking system, exit doors or floor plan of an existing unit.

Discussion: The residence may not operate the special care unit unless and until the Department issues a revised license indicating approval to operate the special care unit and the capacity for the secured unit. The Department's approval of the unit and the capacity of the unit will be indicated on the line on the license labeled "Restrictions." The license expiration date shall be the same as the current license expiration date.

Inspection Procedures: Inspectors will review the residence's records to determine if the residence is in compliance with the regulation.

Primary Benefit: It is important that the residence go through the proper procedure in order to obtain a license to operate a special care unit. The procedure helps both the residence and the Department ensure that the residence is able to provide special care unit services to residents in a manner which is in compliance with the regulations.

RESIDENT RECORDS

Resident Records

251a	2800.251(a) - A separate record shall be kept for each resident.

Discussion: This regulation does not preclude the use of joint contracts between spouses, but each person named in such contracts must have his and her own record containing the contents required by § 2800.252.
Electronic documents are acceptable instead of paper copies if all of the following conditions are met:

- Documents stored are in PDF format or some other permanent storage to prevent alteration of the document.
- Printed copies of electronic records are promptly available to licensing staff.
- Documents that existed originally in paper form are scanned to make an electronic record and the original paper record shall be available for one licensing cycle.
- Electronic database is reasonably secure and accessible by password.

Inspection Procedures: Inspectors will review the residence's resident records to determine that there is a separate record kept for each resident.

Primary Benefit: Separate records for each resident ensures that services and care for each resident is resident-specific and easily accessible.

251b	2800.251(b) - The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Discussion: The entries referred to in this regulation include all of the items at § 2800.252, progress or nursing notes, and any other written documentation relating to a resident. "Permanent" means that entries are not erased or covered with correction fluid/tape. A line should be drawn through errors or changes such that the original entry is still legible.

Staff initials are permitted if there is a key that includes the full name, title, and signature of the staff person.

Inspection Procedures: Inspectors will review the residence's resident records to determine if all entries made are permanent, legible, dated and signed by the staff person making the entry.

Primary Benefit: Making entries in a resident's record that are permanent, legible, dated, and signed by the staff person making the entry helps to ensure that information stored in the resident record is detailed, accurate, and unaltered.

251c	2800.251(c) - The residence shall use standardized forms to record information in the resident's record.

Discussion: The term "standardized forms" refers to any form required by Chapter 2800 that must be contained in a resident's record as required by § 2800.252.

Inspection Procedures: Inspectors will review the residence's resident records to determine if the residence is using standardized forms to record information.

Primary Benefit: Using standardized forms ensures that the information needed to provide adequate medical care is captured by the residence.

251d	2800.251(d) - Separate resident records shall be kept on the premises where the resident lives.

Discussion: This regulation requires that resident records containing the elements required by § 2800.252, progress or nursing notes, and any other written documentation relating to a resident are stored in the residence. Other records, such as financial documents or personnel files, may be kept at another location provided the residence can provide immediate access to such records (see § 2800.5(a)(1)-(4)).

Inspection Procedures: Inspectors will review the location of the residence's resident records to ensure that they are maintained onsite.

Primary Benefit: Keeping records at the residence allows staff to have immediate access to a resident's record if needed for emergencies or to meet care needs, and allows residents and designated persons to see the record.

251e	2800.251(e) - Resident records shall be made available to the resident and the resident's designated person during normal working hours. Resident records shall be made available upon request to the resident and the resident's designated person.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will interview the administrator and staff to determine if resident records are made available to the resident and the resident's designated person during normal working hours.

Primary Benefit: Making resident records available to the resident and the resident's designated person during normal working hours ensures that residents and their designated persons can conveniently access the resident's record.

Content of Resident Records	
252	2800.252 - Each resident's record must include the following information: (1) Name, gender, admission date, birth date, and Social Security number. (2) Race, height, weight at time of admission, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) A language, speech, hearing or vision need which requires accommodation or awareness of during oral or written communication. (5) The name, address, telephone number, and relationship of a designated person to be contacted in case of an emergency. (6) The name, address, and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary restrictions. (10) A record of incident reports for the individual resident. (11) A list of allergies. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The initial assessment, the preliminary support plan and the most current version of the annual assessment. (14) A final support plan. (15) Applicable court order, if any. (16) The resident's medical insurance information. (17) The date of entrance into the residence, relocations and discharges, including the transfer of the resident to other residences owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the residence, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2800.41 (relating to notification of rights and complaint procedures). (25) A copy of the resident-residence contract. (26) A termination notice, if any. (27) A record relating to any exception request under § 2800.229 (relating to excludable conditions; exceptions). (28) Ongoing resident progress notes.

Discussion: "Resident Progress Notes" mean any documentation relating to the resident's care, not including Department forms.

Inspection Procedures: Inspectors will review the residence's resident records to determine if the required documentation is present.

Primary Benefit: Having a complete record for each resident gives the residence the best possible picture of who the resident is, what the resident's history is, and what services or needs the resident may have.

Record Retention and Disposal	
253a	2800.253(a) - The resident's entire record shall be maintained for a minimum of 3 years following the resident's death, discharge from the residence or until any audit or litigation is resolved.

Discussion: Beyond the specifications of § 2800.252, Chapter 2800 does not set a minimum time for retention of the individual documents within the record of a resident who continues to reside at the residence. It is recommended but not required that a residence keep individual resident documents (such as preadmission assessment, resident medical evaluation form, assessment, support plan; etc.) for three years or until any audit or litigation is resolved.

Inspection Procedures: Inspectors will review the residence's resident records to determine if the residence is maintaining resident records for a minimum of three years (or until any audit or litigation is resolved) after a resident is discharged.

Primary Benefit: A resident's record may be requested and/or needed by an individual or organization relating to the resident's discharge, an audit, or litigation.

253b	2800.253(b) - Records shall be destroyed in a manner that protects confidentiality.

Discussion: Acceptable destruction methods include but are not limited to shredding and incineration.

Inspection Procedures: Inspectors will interview the administrator and/or staff members as to determine if the residence destroys records in a manner that protects confidentiality.

Primary Benefit: Destroying records in a manner that protects confidentiality protects the security and privacy of a resident's health information.

253c	2800.253(c) - The residence shall keep a log of resident records destroyed on or after January 18, 2011. This log must include the resident's name, record number, birth date, admission date and discharge date.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's log of resident records destroyed to verify that the required information is logged.

Primary Benefit: Keeping a log of resident records which have been destroyed assists the residence regarding accountability of the residence's resident records.

253d	2800.253(d) - Records required under this chapter that are not part of the resident records shall be kept for a minimum of 3 years or until any audit or litigation is resolved.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's records to determine if the residence is in compliance with the regulation.

Primary Benefit: A record may be requested and/or needed by an individual or organization relating to an audit or litigation.

Record Access and Security

254a	2800.254(a) - Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the location where the resident records are kept to determine if the records are being maintained in a confidential manner, and prevent unauthorized access.

Primary Benefit: Maintaining resident records in a confidential manner while also preventing unauthorized access helps to protect the security and privacy of a resident's health information.

254b	2800.254(b) - Each residence shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Discussion: Self-explanatory.

Inspection Procedures: Inspectors will review the residence's record security policy to determine if the policy addresses record accessibility, security, storage, authorized use, and release, and who is responsible for the records.

Primary Benefit: Having a policy established regarding the maintenance of resident records helps to ensure that the record keeping process is efficient and consistent. The policy also establishes who is ultimately responsible for the records.

254c	2800.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator, the administrator's designee, or the nurse involves in assessment and support plan development and upon request, to the Department or representatives of the area agency on aging.

Discussion: The residence's enclosed area may be a file cabinet that is kept locked.

Inspection Procedures: Inspectors will review the location of the residence's resident records to determine if the resident records are secured and are accessible at all times to the appropriate persons as per the regulation.

Primary Benefit: Storing resident records in a secure manner while also providing the resident records to individuals with authorized access helps to protect the security and privacy of a resident's health information, as well as provide necessary information to those persons who oversee the care of a resident.

PART II:

Regulatory Issues and Frequently Occurring Situations

PART II: TABLE OF CONTENTS

To learn more about a particular topic, please review the applicable regulations.

TOPIC	PAGE
Abuse and Abuse Reporting	198
Adult Toileting Chairs	200
Admitting and Serving Residents with Dangerous Behaviors	200
Certificates of Occupancy and Maximum Capacity	201
Clean Indoor Air Act	203
Criminal Background Checks and the Older Adults Protective Services Act (OAPSA)	204
Direct Care Staff and Professional Staffing	210
Educational Requirements	213
Financial Management and Records	216
Fire Drills and Evacuation	217
Home Grown Produce and Canning	220
Medication Administration	221
Plans of Correction: Developing, Implementing, and Verifying Compliance	223
The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices	226
Public Water Systems	235
Residence Rules	236
Waivers	237

Abuse and Abuse Reporting

Abuse allegations are very serious and require residences to perform several critical actions.
For the purposes of complying with Chapter 2800, abuse includes:

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

It's important to remember that the residence must respond to allegations of abuse as though the allegation were true, even if the report seems far-fetched or unlikely. Many residences have been cited for regulatory noncompliance for failure to take appropriate action in response to an abuse report even if the abuse did not occur.
Upon receiving a report of abuse, residences must:

1. Immediately report suspected abuse of a resident served in the residence in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101 – 10225.5102) and 6 Pa. Code §§ 15.21 – 15.27. The "Abuse Reporting Flowchart" on the following page illustrates these requirements.
2. If the report involves a staff person, the residence must immediately suspend the staff person involved in the alleged abuse ("suspend" means restrict access to the residence, residents, and records) or place the staff person on a plan of supervision that is developed in conjunction with the Department.
3. Report the abuse allegation to the Department in accordance with § 2800.16, including the plan to supervise or suspend the alleged perpetrator. If the plan is not acceptable, the Department will notify the residence.
4. Immediately report the allegation of abuse to the resident and the resident's designated person.
5. Begin an internal investigation of the abuse as required by the procedures at § 2800.41, unless otherwise directed by the Department.

In the event that abuse is reported, the residence should send a supervision plan for approval as well as the residence's plan to investigate the situation along with the reportable incident form. If the Department does not approve the supervision plan, the residence will be contacted and directed to modify the plan. Upon conclusion of the residence's investigation, the residence should send a final report that describes the investigation methods and findings. Following review of the final report, the Department will inform the residence whether the supervision plan may be lifted.

Suspected Resident Abuse Reporting and Investigation

Administrators or employees who have reasonable cause to suspect that a resident *(any age)* might be a victim of abuse must comply with the requirements listed below.

If there is an allegation of abuse involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident. The residence is required to obtain approval for the plan of supervision from Bureau of Human Services Licensing (BHSL) and the local Area Agency on Aging. The supervision plan or suspension must be in place until both BHSL and the residence conclude the investigation.

Abuse

Any abuse that is ***not*** serious physical, bodily injury, sexual abuse, or suspicious death. This includes sexual harassment.

- Call local Area Agency on Aging
- Complete Act 13 form and send to AAA within 48 hours
- Immediately notify the resident and the resident's designated person
- Complete the Reportable Incident and Condition Form – Fax, email or hand-deliver to BHSL within 24 hours
- Residence must conduct an internal investigation
- Submit the final report to Bureau of Human Services Licensing immediately following conclusion of the investigation

Serious Abuse

Serious physical, serious bodily injury, sexual abuse, suspicious death.

- Call local Police
- Send written report to police within 48 hours
- Call PA Department of Aging and make oral report – (717) 265-7887
- Call local Area Agency on Aging Immediately
- Complete Act 13 form and send to AAA within 48 hours
- Immediately notify the resident and the resident's designated person
- Complete the Reportable Incident and Condition Form – Fax, email or hand-deliver to BHSL within 24 hours
- Residence must conduct an internal investigation
- Submit the final report to Bureau of Human Services Licensing immediately following conclusion of the investigation

Adult Toileting Chairs

An adult toileting chair, sometimes called a "bedside commode" or (inappropriately) a "potty chair" may be used if it is requested by and in the best interests of the resident. It is recommended that the need for and appropriate use of such toileting chairs be documented by a physician and specified in the resident's assessment and support plan. If adult toileting chairs are used, they should be emptied and sanitized after each use to maintain sanitary conditions. A toileting chair that contains human waste will be cited as a violation of § 2800.85(a). A Toileting chair used in a single room with a closed door is best to maintain resident privacy, but curtains or dividers in a shared living unit are appropriate in some cases. Adult toileting chairs may not be counted in the residence's toilet ratio.

Cross-Reference of Applicable Regulations:

§ 2800.85(a) - Sanitation
§ 2800.42(s) – Resident Rights
§ 2800.102(e) - Bathrooms
§ 2800.225-227 – Assessment and Support Plan

Admitting and Serving Residents with Dangerous Behaviors

Before admitting any resident, a residence should do as much as possible to determine if the resident has a history of problematic or dangerous behavior.

Examples of problematic or dangerous behaviors include, but are not limited to: criminal conviction for assault or sex offenses, a history of fire-starting or destructive behavior, repeated refusal to follow the residence rules in other assisted living residences, suicide attempts, or a history of abusive behavior towards other residents.

If a residence chooses to provide services to a person with problematic or dangerous behaviors, the residence is responsible to provide protection to the resident and all other residents in the residence.

The initial assessment must include the residence's efforts to identify the resident's behavior. The assessment and support plan must address the at-risk behavior(s) and the plan to provide adequate protection. For example, a person who has certain high risk behaviors may require 1:1 supervision at all times. Methods for meeting the needs depend on the resident's known behaviors, the vulnerabilities of the rest of the population and the physical set-up of the residence. Steps to ensure safety could include regular counseling and treatment for the offender; heavy supervision (such as 1:1); assignment to a single room or a room with very capable, non-vulnerable roommates; assignment to a room near the nurses' station or staff work areas; special training for staff to anticipate and respond to antecedent behaviors; or other steps specific to the danger. It may be necessary to reflect protection measures for other residents on their support plans as well as the support plan of the resident with dangerous behaviors.

It is recommended but not required, that a residence notify all other residents and their designated persons, prior to the admission of a sexually violent predator to provide both knowledge of potential risk and choice of housing to the other residents.

Cross-Reference of Applicable Regulations:

§ 2800.42(b) – Abuse / Neglect
§ 2800.223(a) – Description of Services
§ 2800.223(b) – Admission/Discharge Procedures
§ 2800.224 – Initial Assessment/Preliminary Support Plan
§ 2800.225 – Assessment
§ 2800.227 – Support plan

Certificates of Occupancy and Maximum Capacity

Many assisted living residence stakeholders are familiar with the term "certificate of occupancy," but few are acquainted with the history, meaning, and application of the term to assisted living residences. This narrative provides an overview of certificates of occupancy and maximum capacity in assisted living residences.

A certificate of occupancy is a document verifying that a building is in compliance with building codes and other laws and is safe for human occupation. The certificate of occupancy includes a code that describes how the building was constructed. A building's construction determines what the building may be used for. For example, restaurants, movie theaters, and shops are usually rated as "assembly" type construction, meaning that people can assemble there but not live there. Prisons and nursing facilities are rated as "institutional" type construction, because the occupants are unable to leave the premises due to infirmary or incarceration.

Each assisted living residence must have a certificate of occupancy (note: Chapter 2800 uses the term "fire safety approval" instead of "certificate of occupancy," but for licensing purposes the terms are equivalent). Assisted living residences by definition provide services for a period exceeding 24 hours - in other words, because people sleep in them – and because the residents are able to come and go from the residences, the residences' occupancy types must be "residential."

The current set of building code regulations in Pennsylvania is the Uniform Construction Code, or UCC. The UCC adopts the standards set forth in the International Building Code, or IBC. The IBC is a set of building codes meant to improve consistent, safe building standards throughout the world. The UCC has been in effect since 2004. Prior to 2004, assisted living residences were issued fire safety approvals through regulations adopted under the Fire and Panic Act of 1927. Many assisted living residences hold certificates of occupancy issued under the Fire and Panic Act. Note that, under this act, Pennsylvania's class 1 cities (Philadelphia, Scranton, and Pittsburgh) produced and followed different versions of the occupancy codes set forth in the regulations, and as such may have codes that apply only in those cities.

On rare occasions, assisted living residences are housed in buildings built before 1927. These buildings are known as "pre-code." Information about the occupancy types of these buildings must be obtained from the local building authority and must be addressed on a case-by-case basis.

Acceptable "residential" certificates of occupancy for buildings constructed after 2004 include:

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

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

C-1	C-3	SPCH	If residence is located in Philadelphia, Scranton, and Pittsburgh – contact the Department's Operator Support Hotline or the Department's Regional Office
C-2	LPCH	C2/LP	

For buildings constructed before 1927: contact the Department's Operator Support Hotline.

Serving Persons with Excludable Conditions: If a residence seeks to admit and serve a person with an excludable condition pursuant to § 2800.229, the residence must meet one of the following criteria:

- A C-1 or I-2 certificate of occupancy, OR
- Documentation from a fire protection engineer, Commonwealth-certified fire protection instructor, college instructor in fire science, or county or Commonwealth fire school that the residence is in compliance with Chapter 32 of the NFPA 101 Life-Safety Code (relating to new residential board and care occupancies), OR
- Documentation from a fire protection engineer, Commonwealth-certified fire protection instructor, college instructor in fire science, or county or Commonwealth fire school that the residence is in compliance with NFPA 101-A Life-Safety Code pursuant to Chapter 6 (relating to evacuation capability determination for board and care occupants) and Chapter 7 (relating to fire safety evaluation for board and care occupancies) of NFPA 101-A.

Certificates of Occupancy and Maximum Capacity (continued)

Maximum Capacity - Each assisted living residence's maximum capacity (also known as licensed capacity) is listed on the residence's license to operate. The maximum capacity is determined by residence's square footage, showers, sinks, toilets, and the administrator's level of formal education. Occasionally, the residence's certificate of occupancy will dictate the maximum number of persons who can be served in the residence based on the building's construction; for example, residences classified as R-4 may not serve more than 16 persons, and residences classified as SPCH may not serve more than 8 persons. "Maximum capacity" and "Certificate of Occupancy capacity" are not the same things! The former is determined by the Department by compliance with licensing measurements, the latter is determined by the building authority based on the residence's construction. Since both are legal limitations on the number of persons who may be served, residences must always consider the lower of the two capacities the total number of residents who may be served in the residence.

Regulatory Requirements that Exceed Building Codes - Residences 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.

Cross-Reference of Applicable Regulations:

§ 2800.13 – Maximum Capacity
§ 2800.14 – Certificates of Occupancy/Fire Safety Approval

Clean Indoor Air Act

Effective September 11, 2008, the Clean Indoor Air Act went into effect in Pennsylvania. Under the Clean Indoor Air Act, a person may not smoke in a public place. An assisted living residence is considered a "public place" under the law. However, smoking is permissible if a person smokes in a separate enclosed room, or designated smoking area.

The Clean Indoor Air Act requires public places, including assisted living residences, to post signs where smoking is regulated by this act. "Smoking" or "No Smoking" signs or the international "No Smoking" symbol shall be posted in each assisted living residence. The residence should display a sign at each entrance to the residence specifying whether the residence allows smoking or not. If the residence does not allow smoking, the residence's sign should state, "This is a No Smoking Facility." If the residence allows smoking in designated smoking areas, the residence's sign should state, "Smoking is Permitted in Designated Smoking Areas Only." A "Smoking Permitted" sign shall be prominently posted at every entrance where a designated smoking area has been established.

If the building is a multi-purpose building (such as a building that has independent living or skilled nursing as well as an assisted living residence), signs must be posted at each entrance to the assisted living residence part of the building. The residence should display a sign at each entrance to the assisted living residence specifying whether the residence allows smoking or not. If the residence does not allow smoking, the residence's sign should read, "This is a No Smoking Facility." If the residence allows smoking in designated smoking areas, the residence's sign should state, "Smoking is Permitted in Designated Smoking Areas Only." A "Smoking Permitted" sign shall be prominently posted at every entrance where a designated smoking area has been established.

Independent apartments which are intermingled with assisted living residence apartments are also subject to the indoor smoking ban, as the building is being used to provide food or health care-related services. Independent residents smoking without fire safety precautions pose a significant risk to the assisted living residence residents living in the same building. Unregulated smoking creates a fire hazard for anyone living in the building, and is not permitted under our regulations.

Residences are <u>not</u> required to post "Smoking Permitted" signs at <u>outdoor</u> designated smoking areas (such as gazebos or picnic tables; etc.). The Clean Indoor Air Act addresses signage that is required to be posted at the entrance(s) to the residence and <u>indoor</u> designated smoking areas (such as enclosed smoking rooms). For instance, if the residence's designated smoking area is an enclosed smoking room inside the facility, then the residence would be required by the Act to post a "Smoking Permitted" sign at the entrance to the indoor designated smoking area. The Clean Indoor Air Act does not address outdoor spaces.

It is a violation of the Clean Indoor Air Act to fail to post a smoking sign, permit smoking in a public place where smoking is prohibited, or smoke in a public place where smoking is prohibited. Violations of the Clean Indoor Air Act are reported to Pennsylvania's Department of Health, and may be subject to a financial penalty by the Department of Health.

Cross-Reference of Applicable Regulations:

§ 2800.18 – Applicable Health and Safety Laws
§ 2800.25 – Resident-Community Contract/Residence Rules
§ 2800.144 – Use of Tobacco

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA)

The Older Adult Protective Services Act (OAPSA) was passed in 1987 to protect Pennsylvanians age 60 and older who may lack the capacity to protect themselves and who are at imminent risk of abandonment, abuse, exploitation, or neglect. In 1996, an amendment to OAPSA was passed requiring a criminal history check for all employees and administrators of a facility. Facilities are defined by the Act to include: Domiciliary Care Homes, Home Health Care Agencies, Long Term Care Nursing Facilities, Adult Daily Living Centers, and Personal Care Homes. Additionally, § 2800.51 - 52 require criminal history checks and hiring policies in accordance with OAPSA (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).

What kind of Criminal Background Check does OAPSA require? All employees, including administrators, hired after July 1, 1998 require a Pennsylvania State Police Criminal Background Check ("PSP check") in accordance with 6 Pa.Code Chapter 15. PSP checks must be completed on the Pennsylvania State Police Request for Criminal Background Check form (SPF-164) or done through the Pennsylvania State Police's "E-Patch" online system.

Employees who do not currently reside in Pennsylvania or who have not held permanent residency in Pennsylvania for the two consecutive years prior to beginning employment also need a report of federal criminal history record information from the Federal Bureau of Investigation ("FBI check"). "Permanent residency" means the person's address and primary residence was in the Commonwealth of Pennsylvania. For example, a college student who attends school in California but does not change his/her residency to that state would not need an FBI check, but a college student who attends school in California and becomes a resident of that state would need an FBI check. FBI checks are obtained through the Pennsylvania Department of Aging.

Who Needs a Criminal Background Check?

All employees hired after July 1, 1998, including:

- Administrators and operators who have direct contact with residents.
- An owner/operator (including a board member or partner) who has even occasional, direct, unsupervised contact with residents.
- Direct care staff.
- Ancillary staff (such as housekeeping or kitchen staff).
- A contracted employee (such as an individual hired to perform construction work, cable installation, or grounds keeping services) who has any type of direct contact with a resident OR unsupervised access to residents personal living quarters without direct oversight by other employed staff.
- Staff who receive compensation other than money (such as room and board).
- Residents who perform work on behalf of the residence.
- Employees of a home health care agency or a hospice agency assigned by the agency to provide care in an assisted living residence (with qualifications - see "Outside Agencies" below).

Persons who do not need criminal background checks include:

- Employees of the residence on July 1, 1998, who were employed by the residence for a continuous period of at least 1 year prior to July 1, 1998.
- Employees who have obtained the necessary checks at one residence who then transfer to another residence that is established or supervised, or both, by the same operator.
- Employees who are employed by a new residence solely through a transfer of ownership of that residence.
- An owner/operator (including a board member or partner) who is never on-site at the residence.
- A contracted employee who has no direct contact with residents or unsupervised access to the residents' personal living quarters.
- Volunteers.
- Private caregivers hired by a resident or resident's family that are not employed by a hospice or home health agency.
- Family members.
- Residents.

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA) (continued)

Prohibitive Offenses - OAPSA specifies a list of crimes and types/grades of those crimes that would prohibit an applicant from being hired at the residence. These crimes are called "prohibitive offenses." Employees convicted of such crimes are called "prohibitive hires" and may not be employed in an assisted living residence after July 1, 1998. Remember, in Pennsylvania, "convicted" means "sentenced." An employee who is charged with a prohibitive offense is not a prohibitive hire until convicted of the crime. A list of OAPSA-prohibitive offenses appears at the end of this document.

1. **The "Nixon Decision"** - On December 30, 2003, the Supreme Court of Pennsylvania ruled in Nixon v. Commonwealth, 839 A.2d 277 (Pa. 2003), that the criminal background check provisions in OAPSA are unconstitutional in regard to some applicants for employment. The Pennsylvania Department of Aging has issued guidance to facilities covered by OAPSA. According the policy, residences are to: Obtain a PSP check and/or FBI check showing the prohibitive offense. Determine the date of the conviction and release from incarceration, if any. If the prohibitive offense occurred less than five years ago, the employee may not be hired. If the prohibitive offense occurred more than five years ago, continue to #2.
2. Interview the applicant and obtain information from the applicant about the circumstances surrounding the prohibitive offense.
3. Obtain evidence of the applicant's minimum five-year aggregate work history in care-dependent human services, without incident, from either the date of conviction or release from incarceration, whichever is later. Evidence must include third-party documentation, such as pay stubs or W-2 forms.
4. Contact any/all past employers of the applicant and obtain written verification of incident-free employment and to conduct a character reference check.
5. Retain the above information in a confidential file available for review by the Department at any time.

The Hiring Process - When hiring a new employee, the residence must determine if the applicant has held permanent residency in a state other than Pennsylvania within the past two years and request the appropriate criminal background checks from the Pennsylvania State Police and FBI on or before the first day of work.

Criminal background checks obtained within 1 year prior to the date of hire are acceptable.

If desired, a residence may employ a person on a provisional basis pending receipt of the criminal background checks. Employees may be provisionally retained for 30 days pending receipt of a PSP check, and for 90 days pending receipt of an FBI check. The 30 or 90-day clock starts on the applicant's employment date, defined as the first day of work according to the residence's payroll record. The following requirements must be met for all provisionally-hired employees:

- The applicant shall have applied for a criminal history report and provided the residence with a copy of the completed request forms.
- The residence shall have no knowledge about the applicant that would disqualify the applicant from employment.
- The applicant shall swear or affirm in writing that the applicant is not disqualified from employment under the act.
- The provisionally employed applicant shall receive an orientation which provides information on policies, procedures and laws that address standards of proper care and recognition and reporting of abuse or neglect, or both, of recipients. This may be the training required by § 2800.65(e).
- The residence shall regularly supervise the applicant carrying out assigned duties. The results of the observations shall be documented in the employee's personnel file.

The criminal background checks will almost always be returned within the 30- or 90-day periods. If criminal history checks are delayed due to the inability of state police or FBI to provide a timely response, the residence should contact the Department's Operator Support Hotline.

Interpreting Check Results - There are five possible background check results. Each result requires a different action:

1. No Record – The employee has no criminal record and may be hired.
2. Record Attached (no prohibitive offenses) – The employee has a criminal record, but does not have prohibitive offenses. The employee may be hired.
3. Record Attached (with prohibitive offenses) – The employee has a criminal record with one or more convictions for prohibitive offenses. The employee may not be hired unless the provisions of the Nixon decision can be applied.
4. "Disposition under Review" or "Disposition Unreported" – The employee has a criminal record, but the charges, the type/grade and/or outcome of the charges are not listed.
    - If the charges are listed and one or more of them are prohibitive offenses regardless of grade or type, the employee may not be hired unless the provisions of the Nixon decision can be applied.
    - If the charges are listed and none of the charges are prohibitive, the employee may be hired.
    - If the charges are listed and the offenses may be prohibitive depending on the type/grade, the employee may complete the remainder of the provisional hiring period until evidence showing the type/grade is obtained. If the information is not obtained at the end of the 30- or 90-day periods, the employee must be suspended or terminated.
    - If the charges are not listed, the employee may complete the remainder of the provisional hiring period until evidence showing the type/grade is obtained. If the information is not obtained at the end of the 30- or 90-day periods, the employee must be suspended or terminated.
    - Information about missing charges or types/grades of offenses can be obtained from the municipality in which the person was charged.
5. "Adjudicated Delinquent" – An adjudication of delinquency is not a criminal conviction. If the residence is not sure whether the background check shows a criminal conviction or an adjudication of delinquency, it should instruct the applicant to obtain additional documentation about the offense.

Residences should contact the Department's regional office or the Operator Support Hotline with questions about interpreting a criminal background check.

Outside Agencies - § 2800.52 requires that hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations. 6 Pa.Code Chapter 15 requires the following:

§ 15.142. Employee requirements.
(b) Employees at facilities that supply, arrange for, or refer their employees to provide care in other facilities shall provide a criminal history report to the facility that supplies, arranges for, or refers them and to the facility at which they provide care. The exemptions of this section are applicable to these employees. (Example: Employees of a home health care staffing agency assigned by the agency to provide care in a long-term care nursing facility must provide a criminal history report to the staffing agency and to the long-term care nursing facility.) The staffing agency shall be responsible for notifying the employee of criminal history report requirements.

§ 15.143 Facility Responsibilities
(e) Facilities shall maintain employment records which include copies of completed request forms for criminal history reports, State Police criminal history records and Department letters of determination regarding Federal criminal history records.

These regulations require:

- That employees **working in a paid capacity** that were hired by the outside agency after July 1, 1998 **in an assisted living residence that have unsupervised access to residents** of a contract agency **must have a criminal background check completed and kept on file with the assisted living residence. Such employees include:**
- **Home health care agencies**
- **Hospice agencies**
- **Any service provider who is not employed by a federal, state, or local agency**

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA) (continued)

Residences are not required to obtain these checks from the Pennsylvania State Police or FBI – that is the responsibility of the employing agency. Residences are required pursuant to 6 Pa.Code Ch. 15 to obtain a copy of the check and make it available for review by Department staff. It is recommended that residences establish a policy wherein all outside agency staff are required to present a copy of their criminal history background checks on their first day of providing services in the residence.

Employee Conviction During Employment - If an assisted living residence employee is convicted of an OAPSA prohibited offense while employed and is separated from employment (that is, because the employee is serving time in a correctional facility), the residence is under no obligation to hire the employee again upon his or her release. Even if a residence desired to hire a person convicted of a prohibitive offense, a new check would need to be completed upon the employee's requested return to the residence. The check will then indicate an OAPSA prohibited offense, and the employee may not be rehired.

If an assisted living residence employee is convicted of an OAPSA prohibited offense while employed and is not separated from employment (does not serve time in a correctional facility), the residence is not required by OAPSA to terminate the person's employment.

Additionally, pursuant to conditions for license denial, nonrenewal or revocation under 55 Pa.Code Ch. 20.71(b)(1)-(2), the Department may deny, refuse to renew or revoke a certificate compliance if a legal entity, owner, operator or staff person has:

- Been convicted of a felony.
- Been convicted of a crime involving child abuse, child neglect, moral turpitude or physical violence.

For questions, residences may contact the Department's Operator Support Hotline.

Frequently Asked Questions Raised by Assisted Living Residences:

Q: Where should the staff records containing criminal history checks be kept? Should these be available to the Department during inspections? May a legal entity keep the staff records at their main office?
A: Staff records may be kept at a central legal entity location (not necessarily at the residence); records must however be readily available to BHSL staff upon inspection. BHSL staff are not required to travel to the main office or another location to review the files; the administrator will need to transport records to the residence upon any inspection by BHSL (including unannounced). If there is a great distance between the residence and the main office, duplicate records are recommended, but not required.

Q: Must the assisted living residence ask all applicants to verify or sign an affidavit as to whether they lived outside of Pennsylvania within the past two years?
A: According to 6 Pa.Code § 15.141(b), a facility may require an applicant to furnish proof of residency by requesting any of the following documents: a valid driver's license, housing records, utility records, tax records, and employment records. However, it is up to each assisted living residence if they wish to require this of applicants or not. The residence should have a policy established regarding applicants and the hiring process.

Q: If the owner's parents who reside in the assisted living residence (but are not considered residents) have nurse aides, physical therapists, and occupational therapists who provide services to them in the residence, is a copy of these providers' criminal background checks needed?
A: A contracted employee (e.g. nurses aids, physical therapists, and occupational therapists) is only exempt if (s)he has NO direct contact with the residents at all, AND NO unsupervised access to residents' personal living quarters. If a contracted employee (e.g. nurses aids, physical therapists, and occupational therapists) has any type of direct contact with a resident OR unsupervised access to residents personal living quarters without direct oversight by other employed staff, background checks are required for the contract staff. This includes incidental, occasional contact as well. Therefore, in the above case, if the aide/therapist might have access to any resident without the physical presence of a staff person, then a copy of the background checks must be kept by the assisted living residence.

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA) (continued)

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 = **PROHIBITED OFFENSE** Two misdemeanor convictions for CC3921 = **PROHIBITED OFFENSE** One misdemeanor conviction for CC3924 in 1999 AND one misdemeanor conviction for CC3931 in 2004 = **PROHIBITED OFFENSE** One misdemeanor conviction for CC3932 = **NOT A PROHIBITED OFFENSE**
CC3921	Theft By Unlawful Taking	
CC3922	Theft By Deception	
CC3923	Theft By Extortion	
CC3924	Theft By Property Lost	
CC3925	Receiving Stolen Property	
CC3926	Theft of Services	
CC3927	Theft By Failure to Deposit	
CC3928	Unauthorized Use of a Motor Vehicle	
CC3929	Retail Theft	
CC3929.1	Library Theft	
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	
CC3929.3	Organized Retail Theft	
CC3930	Theft of Trade Secrets	
CC3931	Theft of Unpublished Dramas or Musicals	
CC3932	Theft of Leased Properties	
CC3933	Unlawful Use of a Computer	
CC3934	Theft From a Motor Vehicle	

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA) (continued)
Prohibitive Offenses in OAPSA

Crime Code	Description of Prohibitive Offence	Type/Grade
CC5902B	Promoting Prostitution	Felony
CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35 (i), (ii), (iii)	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
CS13Axx*	Any other CS13A-- conviction appearing on a PA rap sheet	Felony

Cross-Reference of Applicable Regulations:

§ 2800.51, 52 – Criminal History Checks

Calculating Direct-Care Staff Hours: § 2800.57(b)-(c) - Calculating the required number of staffing hours in an assisted living residence may seem challenging, because there is no staff-to-resident ratio.

To determine the required number of staffing hours, perform the following steps:

1. Establish the observation period. The observation period is the 24-hour day or group of days where staffing will be measured.

Example: January 1, 2012 to January 5, 2012

2. Determine the number of residents served in the residence during each day of the observation period. The "number of residents served" means the number of residents who were present in the residence for all or part of the day, and excludes individuals who were hospitalized or staying elsewhere.

Example:
January 1 = 20 residents
January 2 = 21 residents
January 3 = 20 residents
January 4 = 23 residents
January 5 = 22 residents

3. Determine the number of residents with mobility needs served in the residence during each day of the observation period. This number is a subset, or small group, of the total number of residents served in the residence.

Example:
January 1 = 1 resident
January 2 = 2 residents
January 3 = 1 resident
January 4 = 2 residents
January 5 = 2 residents

4. Add the numbers in steps 2 and 3 together. Even though the numbers in steps 2 and 3 represent people, they also represent required hours: every resident "gets" one hour each day and residents with mobility needs "get" an extra hour.

Example:
January 1 = 21 hours
January 2 = 23 hours
January 3 = 21 hours
January 4 = 25 hours
January 5 = 24 hours

To determine the number of staffing hours that were actually provided during the observation period, perform the steps on the following page:

1. Determine the number direct-care staff persons and the hours they worked during each day of the observation period. Include only those individuals who meet the requirements of direct-care staff.

Example:

Date	Staff Person A	Staff Person B	Staff Person C
January 1	7 hours	7.5 hours	5 hours
January 2	6 hours	7.5 hours	3 hours
January 3	7.5 hours	7.5 hours	7 hours
January 4	6 hours	7.5 hours	8 hours
January 5	0 hours	7.5 hours	4 hours

2. Determine the total number of direct-care staff hours per day. The total number of direct care staff hours per day is obtained by adding all of the direct care staff persons' hours together*.

Example:

Date	Staff Person A	Staff Person B	Staff Person C	Total Hours
January 1	7 hours	7.5 hours	5 hours	19.5 hours
January 2	6 hours	7.5 hours	3 hours	16.5 hours
January 3	7.5 hours	7.5 hours	7 hours	22 hours
January 4	6 hours	7.5 hours	8 hours	21.5 hours
January 5	0 hours	7.5 hours	4 hours	11.5 hours

***** If direct care staff persons are responsible for performing ancillary tasks as part of their regular duties, then the cumulative time spent performing or allotted for those duties should be subtracted from the available direct care hours. For example, Staff Person C may work a 7.5-hour shift, but if the staff person spends 2.5 hours of each day doing laundry and washing dishes, the staff person cannot provide direct-care services during those hours.

To determine if the residence supplied sufficient direct-care staff hours during the observation period, compare the required number of hours with the number of hours actually provided:

Example:

Date	Required Hours	Actual Hours	Difference	Compliant?
January 1	21 hours	19.5 hours	-1.5 hours	NO
January 2	23 hours	16.5 hours	-6.5 hours	NO
January 3	21 hours	22 hours	1 hours	YES
January 4	25 hours	21.5 hours	-3.5 hours	NO
January 5	24 hours	11.5 hours	-12.5 hours	NO

Calculating Direct-Care Staff Hours: § 2800.57(d) - Seventy-five percent of a residence's direct-care staffing hours must be provided between the hours of 7:00 AM and 11:00 PM ("waking hours") each day. To determine if 75% the residence's direct-care staff hours were provided during waking hours, perform the following steps:

1. Obtain the actual staffing hours provided during the observation period (see above).

Example:

Date	Actual Hours
January 1	19.5 hours
January 2	16.5 hours
January 3	22 hours
January 4	21.5 hours
January 5	11.5 hours

2. Determine the number of hours provided between 7:00 AM and 11:00 PM during each day of the observation period.

Example:

Date	Actual Hours	Hours Provided Between 7:00 AM and 11:00 PM
January 1	19.5 hours	15 hours
January 2	16.5 hours	8 hours
January 3	22 hours	16 hours
January 4	21.5 hours	15 hours
January 5	11.5 hours	11.5 hours

3. Calculate the percentage of hours provided during waking hours. The percentage is obtained by dividing the hours provided between 7:00 AM and 11:00 PM (the smaller number) by the total "actual hours"(the larger number) and multiplying the result by 100%.

Example:

Date	Actual Hours	Hours Provided Between 7:00 AM and 11:00 PM	Percentage of Hours Provided During "Waking Hours"	Compliant?
January 1	19.5 hours	15 hours	77%	YES
January 2	16.5 hours	8 hours	48%	NO
January 3	22 hours	16 hours	73%	NO
January 4	21.5 hours	15 hours	70%	NO
January 5	11.5 hours	11.5 hours	100%	YES

Educational Requirements

Chapter 2800 specifies minimum educational requirements as a condition of employment in an assisted living residence. The table below shows the acceptable types of formal education for each position.

Formal Education	Position				
	Volunteer who **Does Not** Provide Assistance with Activities of Daily Living (ADLs)	Ancillary Staff Person	Volunteer who **Does** Provide Assistance with Activities of Daily Living (ADLs)	Direct-Care Staff Person	Administrator, Residence with Nine or More Residents
No Formal Education	Yes	Yes	No	No	No
Non-U.S. Secondary School Education	Yes	Yes	Waiver Required	Waiver Required	No
Commonwealth Secondary School Diploma (GED)	Yes	Yes	Yes	Yes	No
High School Diploma, U.S.	Yes	Yes	Yes	Yes	No
High School Diploma, U.S. Territory	Yes	Yes	Yes	Yes	No
60 or More College Credits/Credit Hours or Associate's Degree – Human Services Field	Yes	Yes	Yes	Yes	Yes, with 1 year of direct care or administrative experience within the past 10 years
60 or More College Credits/Credit Hours or Associate's Degree – Non-Human Services Field	Yes	Yes	Yes	Yes	Yes, with 2 years of direct care or administrative experience within the past 10 years
Bachelors, Masters, or PhD	Yes	Yes	Yes	Yes	Yes
Non-U.S. College Credits or Degree	Yes	Yes	Waiver Required	Waiver Required	Waiver Required
PA Registered Nurse (RN) License	Yes	Yes	Yes	Yes	Yes
PA Licensed Practical Nurse (LPN) License	Yes	Yes	Yes	Yes	Yes, with 1 year of direct care or administrative experience within the past 10 years
PA Nursing Residence Administrator's (NHA) License	Yes	Yes	Yes	Yes	Yes, with 1 year of direct care or administrative experience within the past 10 years

Educational Requirements (continued)

Documentation of Formal Education - The table below shows the types of documentation the Department will accept for each type of education.

Formal Education	Acceptable Documentation
No Formal Education	Not applicable
Non-U.S. Secondary School Education	Waiver Required – see "Non-U.S. Education" below
Commonwealth Secondary School Diploma (GED)	• Diploma issued by the Pennsylvania Department of Education OR Department of Education in other state OR • Home-school diploma, if issued by a diploma-granting organization authorized by the Pennsylvania Department of Education OR Department of Education in other state OR • A signed, written and notarized affidavit from the individual attesting to receipt of a high school or secondary school diploma OR • A copy of a diploma or license that requires a secondary school education as a prerequisite (such as an associate's degree or registered nurse's license)
High School Diploma, U.S.	
High School Diploma, U.S. Territory	
60 or More College Credits/Credit Hours	An official transcript from an accredited U.S. college or university listing 60 or more completed college credits in any field. For a college or university to be considered "accredited" it must be recognized by the U.S. Department of Education
Associate's Degree	Diploma issued by an accredited U.S. college or university For a college or university to be considered "accredited" it must be recognized by the US Department of Education
Bachelors, Masters, or Ph.D.	
Non-U.S. College Credits or Degree	Waiver Required – see "Non-U.S. Education" below
Registered Nurse (RN) License	Current license issued by the Pennsylvania Department of State
Licensed Practical Nurse (LPN) License	
Nursing Home Administrator's (NHA) License	

Educational Requirements (continued)

Work Experience - An individual's resume or curriculum vitae will serve as documentation of "work experience."

High School Diplomas Issued On-Line or Via Correspondence – Diplomas of this type will be accepted if the residence can demonstrate that they are accepted or certified by the United States Department of Education or the Pennsylvania Department of Education.

Non-U.S. Education - Diplomas from non-U.S. educational institutions will be considered through the waiver process (see § 2800.19). Waiver submissions must include supplemental documentation that the non-U.S. educational program is equivalent to or exceeds U.S. educational requirements; for a non-U.S. educational program to qualify, it must include math and English at a minimum. Documentation in a language other than English must be translated by certified translation service prior to submission to the Department. Waiver requests should contain any one of the following supplemental documents:

1. An individual may complete the English Literacy portion of the GED.

2. An individual may complete the Test for Basic Adult Level of Education (TABE) or the Comprehensive Adult Student Assessment System (CASAS). A grade level equivalency of 12.9 on the TABE or CASAS is needed in order to be recognized as a literacy alternative to a US diploma; the documentation will indicate that the individual has "completed adult secondary education".

3. An individual may seek literacy testing through a careerlink or job placement service center.

4. A three-year transcript from an accredited educational institution which lists the specific courses taken to earn the diploma or degree (including dates of completion).

5. Documentation from World Education Services substantiating the individual's educational assessment level.

Residences are encouraged to contact the Operator Support Hotline with questions if they do not understand what documentation needs to be sent in with the waiver request, or if they need additional information about this requirement.

Provisional Hiring - A staff person who requires secondary education and who was educated in the United States may be provisionally hired for 30 days in order to allow time to locate documentation of formal education. A staff person with a non-U.S. education may not provide assistance with ADLs unless and until the Department issues a waiver as described above.

If there is documentation that a person has enrolled in and will receive his or her GED diploma within 6 months after hire, the person may be hired upon the condition that he or she will complete the GED within the next 6 months; this includes individuals who received a non-U.S. secondary education who elect to obtain a GED.

Financial Management and Records

A residence may choose to provide assistance with financial management. Specification of whether or not the residence provides assistance with financial management should be in the residence's Description of Services (see § 2800.223). If assistance with financial management is offered by the residence, each resident will have the choice to manage his or her own personal finances or to have the residence provide assistance, unless the resident has a guardian or is cognitively unable to manage his or her own finances. A residence is not required to offer assistance with financial management.

If a residence chooses to assist residents with financial management it is important that the service be provided accurately and according to the regulations to ensure the proper use of the resident's funds.

Financial management is defined in § 2800.4 as follows:

(i) An assisted living service provided whenever the administrator serves as representative payee or as a guardian or power of attorney assigned prior to December 21, 1988, for a resident, or when a resident requests and receives assistance in budgeting and spending of the personal needs allowance. (Note – § 2800.20(b)(7) prohibits the residence from being power of attorney or guardian of a resident or a resident's estate.)

(ii) The term does not include solely storing funds in a safe place as a convenience for a resident.

Each of the following constitutes assistance with financial management:

- An employee of the residence is the resident's representative payee. The residence is the resident's representative payee if the residence receives, cashes/deposits, and distributes the monthly SSI checks including the resident's spending allowance, all at once or over time.
- The residence holds funds for a resident, excluding merely storing funds for the resident for convenience.
- Assisting the resident with budgeting and/or spending his or her funds.

If the residence assists the resident with any of the above, then § 2800.20(b)(1) through (10) apply, and the residence must:

- Keep a record of financial transactions with the resident including the dates, amounts of deposits, amounts of withdrawals and the current balance. This includes deposits and withdrawals of any amount and purchases made by the provider on behalf of the resident. Receipts must be kept for the purchases. A model record of financial transactions is available on the Department's website.
- Disburse the funds within 24 hours of the resident request, during normal business hours.
- Obtain a written receipt from the resident for cash disbursements at the time of disbursement. The resident should initial or sign a completed receipt including the name of the resident, the amount of the disbursement and the date of the disbursement. A model cash disbursement record is available on the Department's website.
- Use the resident's funds and property only for the resident's benefit.
- Keep resident funds separate from residence funds.
- Offer assistance in opening an interest-bearing account to a resident if the residence has been holding more than $200.00 for more than 2 months for the resident.
- Abstain from being assigned power of attorney or guardianship of a resident or a resident's estate unless the staff person is a mother, father, stepparent, child, stepchild, sibling, or grandchild of a resident.
- Give the resident and designated person an itemized account of financial transactions made on the resident's behalf on a quarterly basis, a copy of which must be kept in the resident's record. A model quarterly financial summary is available on the Department's website.
- Provide the resident the opportunity to review his or her financial record upon request during normal business hours.
- Specify in the resident's contract the financial arrangements if assistance with financial management is provided. This means the residence must list any fees associated with providing this service in the contract as per § 2800.25(c)(2) and § 2800.25(c)(11).
- Specify in the resident's assessment and support plan all needs associated with assistance with financial management and how they will be met by the residence.

Cross-Reference of Applicable Regulations:

§ 2800.20(a) – Resident's choice to manage personal finances
§ 2800.20(b)(1)-(10) – Financial management
§ 2800.25(c) – Contract requirements
§ 2800.223(a) – Description of Services
§ 2800.225 – Assessment
§ 2800.227 – Support plan

Fire Drills and Evacuation

Conducting fire drills in assisted living residences is very important. If drills are not practiced regularly and accurately, injuries and fatalities may result if an actual fire occurs. There are four key points to remember about fire drills:

1. It's very important that residents and staff treat every alarm as if it was a real fire, because it *may well be real*. Assuming that an alarm is sounding because of a drill or malfunction can be a deadly mistake. It is for this reason that fire drills must be unannounced. If people know in advance that a drill will be held, they will:
    - Be prepared to take action, when in a real fire they would not be ready to act.
    - Evacuate more slowly than they would in the event of a real fire.
    - Be tempted to ignore the alarm, which they would certainly not do in a real fire.

2. It is critical that residences know the maximum amount of time that staff and residents have to evacuate. Each residence will have a different maximum evacuation time based on its design, construction, staffing, and operation.
    - Some residences are constructed to be extremely fireproof – they have special walls and ceilings and fire suppression systems. Fire will spread quickly in other residences because of how the residence is designed.
    - Some residences have many staff that can help residents evacuate, while others have few staff on duty on certain shifts.
    - If residents do not evacuate within the maximum evacuation time, they could be injured or killed in a real fire.
    - Neither assisted living residence operators nor agents of the Department are qualified to determine the maximum evacuation time (in fact, residences are prohibited from doing so by regulation). For this reason, a fire-safety expert must establish the maximum evacuation time.

3. A fire can start at any time of the day or night. As a result, residences 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 residence's ability to safely evacuate residents – and offers the peace of mind that comes with knowing that the residence has taken every possible step to protect residents' lives.

4. No two fires are alike. Fires can start in living units, attics, kitchens, basements, or outside the residence. When practicing evacuation during fire drills, residences must vary the location of the fire and the exit routes used to ensure that staff and residents are prepared to respond to different fire scenarios.

Scheduling the Drill - In order to be "unannounced," fire drills must be held without any notice to the residents or to staff persons, other than the staff person responsible for setting off the alarm/detector and recording the results and the administrator. The Department recommends that the administrator develop a schedule of monthly drills for the training year to help ensure the drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Only the person(s) responsible for setting off the alarm/detector and recording the results should be informed of the drill; the drill is no longer "unannounced" if staff responsible for evacuating residents know that a drill will occur or is occurring. If the residence is equipped with an alarm that is connected to the local fire department or 24-hour monitoring service, remember to put the system on "test" or otherwise inform first responders that a drill will be held.

Conducting the Drill / Evacuation - Simply put, a drill is conducted by placing a "simulated fire" somewhere in the residence, sounding the alarm, and evacuating residents. However, the way residents evacuate depends on the maximum evacuation time, the location of the simulated fire, and whether fire-safe areas exist in the residence. Remember that all residents must participate in each fire drill, meaning that all residents must respond to the alarm and evacuate outside the building or to the nearest fire safe area within the maximum evacuation time.
The different types of evacuation processes are described below:

1. Complete External Evacuation – There are no fire-safe areas in the residence. All residents evacuate outside of the building to a designated meeting place during each drill.
2. Partial External Evacuation – There are some fire-safe areas in the residence, but not enough to accommodate all residents. Some residents evacuate outside of the building to a designated meeting place during each drill, and some evacuate to fire-safe areas.
3. Complete Internal Evacuation – There are fire-safe areas in the residence sufficient to accommodate all residents.
4. All residents evacuate to fire-safe areas during each drill, although evacuation outside is possible.

Fire Drills and Evacuation (continued)

For information relating to conditions under which a resident receiving hospice services may elect to forego evacuation during a fire drill, please see the regulation at § 2800.29.

During partial or complete internal evacuations, some residents may already be in fire-safe areas. For example, if a single-story residence has three wings, and each wing is a fire-safe area, staff and residents in the two wings where the "simulated fire" is not occurring are already in fire-safe areas. However, this does not mean that the staff and residents in these areas do not need to take action. Staff should immediately assure that the fire safe area is sealed/secured (all doors closed) and then alert residents to be awake and ready to evacuate from the fire safe area if necessary should the fire spread or should fire officials recommend evacuation. This must include residents moving to the designated meeting place within the fire safe area (see § 2800.132(h)).

Residences occasionally inquire about "shelter in place" evacuations, which in the context of assisted living residences mean allowing residents to remain in their living units during fire drills or actual fires. While there is nothing in the regulations that expressly forbids this practice, the regulatory requirement that all residents participate in a fire drill make such a practice operationally impractical (if not impossible). To begin with, a fire-safety expert would need to designate the entire building and all living units as fire-safe areas, which few fire-safety experts are willing to do. Secondly, in the event of an emergency that necessitated evacuation of the building, there would be no way to communicate to residents to leave their rooms and evacuate the building. Thirdly, accounting for each resident by name during a drill or actual emergency is critical to ensure complete participation; while a staff person could check each room to ensure that residents are present and prepared to evacuate, it is improbable that such a check could be completed in the maximum evacuation time specified by a fire-safety expert. Finally, § 2800.132(h) requires that all residents evacuate to a designated meeting place "within each fire-safe area" during each drill, indicating the regulatory intent for residents to congregate in a single place– which is impossible if each resident is in his/her own living unit. However, the Department will evaluate all evacuation plans on a case-by-case basis, and will accept any evacuation plan that complies with all applicable regulations.

Accounting for residents after they arrive at the designated meeting places is essential. There have been multiple documented instances of resident deaths and injuries due to wandering from the residence following successful evacuation to the outside. Communication between internal fire-safe areas is required so that all residents can be accounted for. For example, imagine a residence serving 40 residents that is equipped with 3 fire safe areas. If the fire alarm sounds, the 40 residents will evacuate to one of the three areas. Without a communication system, there is no way to verify that all residents have successfully evacuated.

Timing the Drill - The fire drill time begins when the alarm is sounded, and ends when the last resident enters the fire safe area(s) or exits the outside door. The best way to record this is by using two stopwatches, as follows:

1. When the alarm sounds, start both stopwatches.
2. When you believe that all residents have exited the building or arrived in a fire-safe area, stop one of the stopwatches.
3. Check the residence to ensure that all residents have evacuated. If you discover that one or more residents have not evacuated, assist the resident(s) out of the building or to a fire-safe area. Once all of the residents have been evacuated, stop the second stopwatch.

If when checking the residence you discover that all residents have evacuated, the time recorded by the first stopwatch is the official fire drill time. If, on the other hand, you discover that one or more residents did not evacuate, the time recorded by the second stopwatch is the official fire drill time. In the latter case, it is recommended that both times be recorded on the fire drill log (see § 2800.132(c)) to demonstrate that most residents were able to evacuate in time, since the scope of the problem is related to developing an acceptable plan of correction.

Recording Drill Data - § 2800.132(c) requires that specific information about fire drills be recorded, as follows:

- Date. This means the month, day and year in which the fire drill was conducted.
- Time. This means the time of day, including designation of AM / PM or 24-Hour time format.
- The amount of time it took for evacuation. See "Timing the Drill" above.
- The exit route used. This means all exit routes used except for the route that is "blocked" by the simulated fire.
- The number of residents in the residence at the time of the drill. This means the number of residents physically present in the residence at the time of the drill, not the total census. For example, if 100 residents "live" at the residence, but three are in the hospital at the time of the drill, the number of residents in the residence at the time of the drill is 97.
- The number of residents evacuated.

Fire Drills and Evacuation (continued)

- The number of staff persons participating.
- Problems encountered. This can include residents who refused to evacuate, a staff person who failed to accurately perform his/her duties, or any other events that impacted the evacuation. Problems should be recorded in detail, as awareness of problems will allow the residence to remedy them.
- Whether the fire alarm or smoke detector was operative.

When a Resident Refuses to Evacuate - Residents occasionally refuse to evacuate during fire drills. This may be due to personal choice, mental illness, a behavioral disorder, or some other reason. Residences are often frustrated by residents who refuse to evacuate. There are several steps a residence can take to ensure resident cooperation and remain in regulatory compliance:

1. Explain the importance of fire drills during the admission process. Remind both residents and their designated persons that drills are not meant to be a nuisance – they are meant to save lives.
2. Make participation in fire drills part of the residence's rules.
3. Determine why the resident isn't evacuating. In some cases, a treatable condition such as a previously-unidentified hearing ailment or Arsonphobia (fear of fire) may be the cause of the refusal.

Consider discharge for chronic refusal. Posing a danger to oneself and repeated, documented violation of the residence's rules are grounds for discharge pursuant to § 2800.25(c)(1) and § 2800.25(c)(7). Refusal to evacuate during a fire poses a threat to oneself, and documentation of refusal to evacuate during more than one drill is sufficient documentation of rule violation. While no one wants to discharge an otherwise-cooperative resident, continued noncompliance with this regulation may lead to licensing enforcement action.

Home Grown Produce and Canning

Assisted living residences may have a garden and use the residence grown produce in the residence's cooking. This is an excellent way to incorporate more fresh fruits and vegetables into a resident's diet. Home grown produce is fresher and in many cases healthier than food bought at a grocery store or through a food delivery service. Residents may also participate in the gardening as an activity, as long as they are not required or forced to work in the garden. However, in order to use residence-grown produce in the residence's cooking, the residence should practice effective sanitation methods in removing any pesticides or bacteria on the produce before human consumption.

The United States Food and Drug Administration advises that all fruits and vegetables, including those that are organically grown, could benefit from a thorough washing to reduce soil, surface microbes and some pesticides. According to both the United States Food and Drug Administration (FDA) and the United States Department of Agriculture (USDA) the following steps will limit the amount of residues and bacteria on your produce:

- To help remove exterior bacteria, rinse all produce under running tap water. Don't fill your sink with water and let produce soak there.
- Produce such as melons, cucumbers, winter squash, citrus fruit and potatoes should be scrubbed with a brush. Potatoes and melons have grooves, which mean your hands can't rub off all the dirt; then when you cut into them, any dirt from the outside is transferred to the inside.
- Bananas need to be rinsed off as well. Imagine how many hands touch the fruit before it gets to your mouth. Your hands could transfer the bacteria on the unwashed peel to the inside flesh.
- Experts at the FDA recommend removing the outer layer of leafy vegetables like lettuce and cabbage before thoroughly rinsing the leaves in water. They recommend rinsing until you can't see any visible dirt. Lettuce can be spun dry in a vegetable dryer. If you are saving your lettuce and cabbage for later consumption, dry off the leaves before refrigerating them to prevent the growth of bacteria.
- Bunched fruit like blueberries or grapes need to be rinsed under running water in a colander. A spray nozzle is easiest to use here.
- Use hot, soapy water to clean your utensils and cutting boards after preparing each food item. Some consumers are using mild detergents and soap to clean their produce. Consumers should not wash fruits and vegetables with detergent or soap. These products are not approved or labeled by the FDA for use on foods. You could ingest residues from soap or detergent absorbed on the produce. Neither the USDA nor FDA recommends washing fruits and vegetables in anything but cold, drinkable water.
- When preparing fruits and vegetables, cut away any damaged or bruised areas because bacteria that cause illness can thrive in those places. Immediately refrigerate any fresh-cut items such as salad or fruit for best quality and food safety.

Canning is a method of preserving food by placing it in airtight, vacuum-sealed containers and destroying microorganisms through heat- processing at 250° F (121° C). It is acceptable for canned foods to be used in a residence. If a residence cans its own food, it is recommended that the residence follow the FDA's guidelines for canning. Canning can help foods last longer, but if it is not done properly, the food could cause illness.

- As per the FDA, food should be washed and prepared before packing it in a sterile (free of microorganisms) tin-coated steel can or glass jar. To prevent food spoilage and kill any pathogenic organisms, the container is then subjected to high heat - at least 250° F (121° C) - for a certain amount of time. Cooking times vary depending on the food.
- Use a pressure cooker to heat low-acid foods, such as red meats, seafood, poultry, milk, and all fresh vegetables, except for most tomatoes. (Tomatoes are usually considered an acidic food, but some are now known to have pH values slightly above 4.6.) Low-acid foods (with pH values higher than 4.6) are not acidic enough to prevent the growth of the bacterium which causes botulism.
- Acidic foods can be safely processed in a boiling-water canner because the combination of 212° F (100° C) heat and acidity will inactivate bacteria and spores. Some examples of high-acid foods include: all fruits (except figs), most tomatoes, jams, jellies, marmalades, fruit butters, and fermented and pickled (treated with brine or vinegar solution to inhibit the growth of microorganisms) vegetables, such as pickles and sauerkraut. Acidic foods (with a pH of 4.6 or lower) contain enough acidity to destroy bacteria more rapidly when heated.
- ALWAYS label canned items with the name of the food and the date it was canned.
- Store canned food in a cool, clean, and dry place.
- Don't use food from cans with dents, bulges, leaks, or rust spots.
- Canned or bottled food can stay fit to eat for up to 2 years, but for best quality, use canned food within a year.

Cross-Reference of Applicable Regulations:

§ 2800.103(c), § 2800.103(g) – Food Service

Medication Administration

Medication administration activities in an assisted living residence generally fall into three categories:

1. Medications that are self-administered by a resident with no assistance from staff.
2. Medications that are self-administered by a resident with some assistance from staff.
3. Medications that are administered by staff to residents.

Self-Administration - A resident who desires to self-administer medications must be permitted to do so if (s)he is capable of self-administering medications. The ability to self-administer is determined through the initial assessment, medical evaluation, additional assessments and final support plan processes.

In order to be considered capable of self-administering medications a resident must:

- Be assessed by a physician, physician's assistant or certified registered nurse practitioner as being capable of self-administering medications and his/her need for medication reminders.
- Be able to recognize and distinguish his/her medications.
- Know how much medication is to be taken.
- Know when medication is to be taken, either at a specific time or based on daily activities (such as "after lunch" or "at bedtime").
- Be able to remove the medication from the container.
- Take or apply the medication.

Staff persons may perform the following tasks for a resident who meets the above criteria:

- Storage of the medication.
- Reminding the resident to take his or her medication at prescribed times.
- Bringing the medication to the resident.
- Opening the medication container.

Even if staff persons perform these tasks, the resident is still "self-administering" the medication.

A resident who does not need any assistance with self-administering medications may store the medications in his/her living unit. In accordance with § 2800, the medications must be kept locked to protect against contamination, spillage, misuse by other residents, and theft. If a resident has a private living unit, or if a resident shares a living unit with another resident who self-administers medication, locking the door when the living unit is empty is sufficient to meet the locking requirement. In all other cases, a locking drawer or lock-box is required.

A resident may be able to self-administer some medications but not others; this will be specified on the Documentation of Medical Evaluation form and the Assessment-Support Plan.

Residents who self-administer medications must be assessed annually or after a significant change in status to ensure that they are able to continue self-administering medications.

Administration by the Residence - Medications may only be administered to residents by a:

- Physician.
- Licensed dentist.
- Licensed physician's assistant.
- Registered nurse.
- Certified registered nurse practitioner.
- Licensed practical nurse.
- Licensed paramedic.
- Graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the residence.
- Student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the residence.
- Staff person who has completed the Department's medication training course (may not administer IVs or injections other than insulin and epinephrine).

Medication Administration (continued)

Medication administration is performed in the following order:

1. The staff person identifies that (s)he is about to administer medication to the correct resident.
2. The staff person measures the resident's vital signs, if ordered to do so by the prescriber.
3. The staff person removes the medication from its original container .
4. The staff person crushes, splits, or otherwise prepares the medication as ordered by the prescriber .
5. The staff person places the medication in a cup, container, or into the resident's hand or other route, as indicated by the prescriber .
6. The staff person documents that the medication has been administered.

When administering medications, staff **may:**

- Remove all of the medications prescribed for administration to one resident from their containers, place all of the medications in a cup, hand the cup to the resident, observe the resident ingest the medications, and then document administration of the medication.
- Remove medications from their containers 2 hours before the scheduled administration time, place the medications in a cup labeled with the resident's name, and lock the cup in a secure place prior to administration.

Staff **may not**:

- Remove the medications from their containers, put all of the medications into a cup, and carry the cup to a resident who is not present in the medication administration area or near the medication cart.
- Document the administration of a medication prior to giving the medication to a resident.
- Neglect to observe a resident ingest his medications.
- Fill multiple cups with multiple residents' medications, place the cups on a tray, leave the medication area, disburse the medications, and then return to the medication area to log the medications as administered.
- Remove medications from their containers more than 2 hours before the scheduled administration time.
- Remove medications from an original container and place them into another container for purposes of a day activity or a vacation (based on the needs of the resident, options to consider for vacations or time away from the residence include using individually-labeled unit dose packs with complete pharmacy labels on each dose), asking the pharmacist to prepare a properly-labeled container for the time away from the residence, or releasing the entire prescription container to the resident or his/her designated person.

Plans of Correction: Developing, Implementing, and Verifying Compliance

In order for the Department to issue any license, residences must submit or agree to an acceptable plan of correction (POC). But what makes a plan of correction acceptable? Each inspection, violation report, and POC is unique. The specific details of a violation of any individual regulation differ from residence to residence and from inspection to inspection.

As a result, there is no single POC that can be universally applied to all situations. Nevertheless, developing an acceptable POC always includes the following steps:

1. **Review the benefit(s) of the regulation** - Compliance with a regulation is difficult if not impossible unless the residence understands why the regulation was written in the first place. In some cases, the reason for the regulation is obvious – everyone knows why flammable materials shouldn't be stored next to heat sources – while in other cases the reason for the regulation may not be as clear (for example, very few people know that the reason residents must have a lamp at their bedsides is to prevent falls when rising from bed in the middle of the night). This guide includes each regulation's "primary benefit" to help users understand the benefits of the regulation. Residences may also contact the Department's Hotline with questions about the meaning of a regulation.

2. **Review the violation of the regulation** - If the residence is writing a plan of correction, then that means the residence received a violation report. Before writing a plan of correction, residences should carefully review the Department's findings for Frequency, Seriousness, Potential of Recurrence, and Repeat Status.
   - **Frequency** means the number of actual events that led to the issuance of a violation. Were 50 medical evaluations past-due, or only one? Was the diagnosis or purpose of a medication missing from every Medication Administration Record, or only a small percentage? More events are typically indicative of the need for a detailed, targeted POC and a period of time to pass with no additional events of violation to ensure that the planned correction was successful.
   - **Seriousness** means the seriousness of the violation. For example, a residence may be in violation of § 2800.95 because a chair in a resident's living unit had worn, threadbare fabric (less serious), or because a shower of sparks issued from a light switch when the switch was activated (more serious). The greater the severity of the violation, the more steps the residence must take to demonstrate full compliance.
   - **Potential for recurrence** means the likelihood that the circumstances resulting in a violation will occur. For example, if a residence is missing a grab bar in a single toilet area and subsequently installs the bar (and checks every other toilet area to ensure that bars are present), then the potential for recurrence of that violation is low. Conversely, a residence with a medication violation that administers multiple medications to numerous residents several times per day presents a high potential for recurrence. POC detail and length of time required to demonstrate compliance increase as the potential for recurrence increases.
   - **Repeat status** means whether a violation of the same regulation was previously found. Repeated violations will require more detailed POCs and may require more time to elapse before full compliance can be determined.

3. **Fix the immediate problem** - The violation report will always cite a specific problem, such as a broken chair or water that is too hot. The first step towards compliance is fixing exactly what the Department found. Unfortunately, many residences stop there, which prevents the Department from accepting the plan.

4. **Determine the root cause of the violation** - If the Department found that the water in a bathroom area was too hot, the residence will of course adjust the settings on the hot water heater - *but residences must determine how the settings were too high in the first place to prevent the problem from happening again.* This process is called a "root cause analysis." Was the water too hot because the maintenance person does not know the maximum allowable temperature, or because a repairperson accidentally changed the setting while performing routine maintenance? The importance of this step cannot be understated.

5. Prevent future occurrences - Once residences understand what caused the problem, they can develop a long-term plan that includes changing practice, teaching, and ongoing monitoring.

- **Changing practice** means developing a new way to do business without violating a regulation. If the water was too hot because the water heater was malfunctioning and the heater was replaced to fix the immediate problem, the new hot water heater needs to be regularly checked to ensure that it is functioning properly in order for the residence to avoid future violations.
- **Teaching** means making sure that everyone involved with regulatory compliance is aware of their roles and responsibilities, especially if the residence's business practice has changed. Teaching will primarily involve staff, but residents may need to be instructed about changes as well. For example, if residents were observed smoking near a common entrance to the residence, residents of the residence who smoke will need to be reminded or otherwise encouraged to smoke in the designated smoking area.
- **Ongoing monitoring** means verifying that the residence is in compliance with both the regulation and the new business practice created to maintain compliance. Ongoing monitoring may need to be completed for a limited period of time or for the duration of the residence's operation depending on the specific violation.

6. Designate responsibility and specific target dates for correction - It's critical that a specific person or persons be accountable for compliance. A general promise that water temperature will be monitored will not be effective – someone must be responsible for doing the monitoring, and must be rewarded or reprimanded based on the quality of his/her job performance. Moreover, specific dates by which correction tasks will be completed are required in order to effectively monitor plan completion and, ultimately, determine full compliance.

7. Get help! Remember, residences are not without technical assistance resources when developing a plan of correction. Residences may contact their regional licensing offices or call the Department's Operator Support Hotline for help in developing a POC. The most successful residences are those that ask for help.

Can residences dispute a finding on the Violation Report? Residences may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, residences must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings. Remember, the Department may not issue any kind of license without a plan of correction. Some residences have expressed concern that the Department will use the plan provided as evidence that the violation existed – in other words, that providing a plan is an "admission of guilt." The Department cannot do this, since the law requires you to produce a plan.

The verification process - At the end of the inspection cycle, the Department reviews the degree of POC compliance the residence has achieved for each violation. This review determines in large part what kind of license the Department will issue – a regular license, a provisional license, or no license at all. There are four possible degrees of POC compliance status identified during the Department's review:

1. **Fully Implemented** - The residence has completed the POC steps in their entirety. This does not necessarily mean that all "ongoing monitoring" has been completed – indeed, permanent monitoring by definition cannot be "complete." Instead, this means that a monitoring plan has been established and tested such that full compliance is probable.
2. **Partially Implemented, Adequate Progress** - The residence has not completed all of the POC steps, but has done enough to demonstrate that eventual achievement of full compliance is probable.
3. **Partially Implemented, Inadequate Progress** - The residence has completed some of the POC steps, but has not done enough to demonstrate that eventual achievement of full compliance is probable.
4. **Not Implemented** - The residence has not completed any of the POC steps.

Clearly, it is in the residence's best interest to fully or adequately implement the POC, because failure to implement or adequately implement a POC is evidence of continued noncompliance, and by law, the Department must issue a provisional license if a residence is not in complete compliance with all regulations!

Plans of Correction: Developing, Implementing, and Verifying Compliance (continued)

When a residence submits a POC, the residence should assume that the POC is acceptable and begin implementing the plan. Meanwhile, each POC is reviewed by the Department to determine if it is acceptable. If the plan is significantly unacceptable for one or more regulations, the Department will contact the residence by phone or letter to inform the residence of the unacceptable plan. "Significantly unacceptable" means that the plan is fundamentally flawed; in some cases, the Department will partially amend a POC without contacting the residence. In these cases, compliance, or noncompliance with the amendments are not used in the final licensing decision.

When a violation report is transmitted to the residence, the residence is informed by the letter accompanying the report to submit evidence of compliance with the plan along with the POC. The more evidence a residence submits, the easier it will be to determine compliance and issue a license. Examples of evidence include:

- **Documentation produced by the residence.** This evidence type includes new written policies, sign-in sheets showing attendance at staff trainings, residents' assessments and support plans, maintenance logs, and any other internal documents.
- **Documentation produced by an external source.** This evidence type is extremely reliable, as it is generated by impartial third parties. Examples include bills and invoices for equipment, materials, or labor; written statements or letters from professionals who participated in the plan's implementation (such as fire-safety experts or outside training sources); and documents confirming future appointments (such as medical appointments or on-site repair work).
- **Photographic and video evidence.** Pictures and videos are good sources of evidence that the residence has made repairs or improvements to the physical site and grounds.

Some kinds of evidence are not useful to demonstrate compliance. Evidence that is not useful includes:

- **Statements of support from residents, family members, or public officials.** While feedback from the community is valuable to the residence, it does not serve as evidence of regulatory compliance.
- **Promises to comply.** Written statements from the administrator where a promise is made to comply with the regulation is not factual evidence.
- **The plan of correction alone.** Some residences believe that submitting a plan to correct violations is sufficient to demonstrate compliance. This is not the case. Following the plan leads to compliance, so evidence of following the plan is required.

It is strongly recommended that residences contact the Department's regional office where the residence is located after submitting a plan of correction to verify that the plan was received, to verify that the plan was acceptable, and to ask what information is needed to demonstrate full or adequate compliance with the plan.

In summary, when managing plans of correction, residences should:

- Develop a strong plan of correction using the steps above.
- Submit solid evidence of both immediate and long-term compliance.

Use the Department's technical assistance resources to aid in the development and implementation of POCs.

The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices

Violations relating to proper completion and integration of the preadmission screening, medical evaluation, and assessment-support plan process are extremely common. It's very important to remember that these requirements allow residences to:

1. Make sure a resident can be served prior to admission.
2. Make sure the residence is familiar with all of a resident's needs, both at admission and throughout the resident's stay at the residence.
3. Create a plan to meet a resident's needs that changes as resident's physical, medical, behavioral and social needs change.
4. Make sure that 1, 2, and 3 correspond to physicians' findings and determination.

The primary benefits of the regulations relating to preadmission screenings, medical evaluations, and assessment-support plans are NOT making sure that forms are completed. The forms are merely a tool to guide residences in creating safe, practical plans to meet residents' needs.

The Medical Evaluation and Preadmission Screening

Obtaining an accurate medical evaluation and completing a comprehensive preadmission screening are two of the most important aspects of successful assisted living residence operation. When making a decision about whether or not to admit a resident, it is important that residences have accurate information about a resident's true physical, psychological, and behavioral needs. Remember: it is much easier to deny admission to a resident that a residence cannot safely serve than it is to discharge a current resident for the same reason.

Using the Documentation of Medical Evaluation Form (DME) – Frequently Asked Questions Raised by Assisted Living Residences

Q: Do the Physician Orders or the Medication Administration Record have to be attached to the DME?

A: 55 Pa.Code § 2800.141(a)(2) sets forth what must be included as part of a resident's medical evaluation. These include:

- A general physical examination by a physician, physician's assistant or nurse practitioner.
- Medical diagnosis including physical or mental disabilities of the resident, if any.
- Medical information pertinent to diagnosis and treatment in case of an emergency.
- Special health or dietary needs of the resident.
- Allergies.
- Immunization history.
- Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- Body positioning and movement stimulation for residents, if appropriate.
- Health status.
- Mobility assessment, updated annually or at the Department's request.
- An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest x-ray.
- Information about a resident's day-to-day assisted living service needs.

The DME is designed such that all of the above requirements are documented. Any documents that are attached to the DME to reflect the resident's needs at the time of the evaluation (including the MAR or other physician documentation) are considered to be part of the evaluation. Updated MARs and orders produced after the medical evaluation are not required to be attached to the DME.

Q: We are struggling to understand the differences between "Date Resident Evaluated" and "Date Form Completed." May the dates be the same, or must they be different? How much time is allowed to elapse between the date the evaluation is completed and the date the form is completed?

A: There are three events involved in the medical evaluation process:

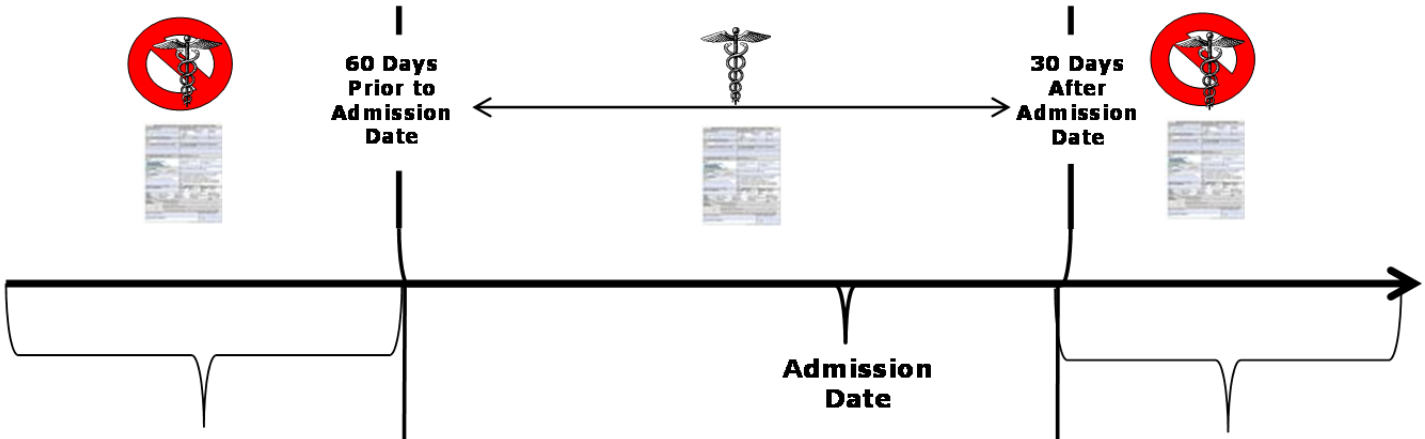
1. The resident receives an in-person medical examination by a medical professional
2. The completion of the DME to document the findings of the in-person medical examination, and
3. The medical professional's verification that the information on the DME is accurate and resulted from an in-person examination.

These events could all happen on the same date, on two different dates, or on three different dates. For example, consider the following situations:

- A resident has a medical examination on July 1, 2012, at which time the medical professional both completes and signs the DME. In this case, every event takes place on the same date.
- A resident has a medical evaluation scheduled for July 1, 2012. On June 28, 2012, the residence completes everything on the DME except the "Medical Professional Information" section. During the July 1, 2012 examination, the medical professional signs the DME. In this case, events take place on two different dates.
- A resident has a medical examination on July 1, 2012 where a DME is not completed. On July 6, 2012, the residence completes everything on the DME except the "Medical Professional Information" section and faxes the DME to the medical professional. On July 8, 2012, the medical professional signs the DME and faxes it back to the residence. In this case, each event takes place on a different date.

The medical examination that is documented on the DME must occur within a given timeframe, but there is no requirement for the DME form to be completed within a given timeframe. The timelines on the following pages illustrate examination and DME requirements.

The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices (continued)



More than 60 Days Prior to Admission Date

In-person medical examination = **NOT ACCEPTABLE**

Completion of all or a portion of the DME prior to a future medical examination to be completed within the allowable timeframes, except for the "Medical Professional Information" section = **ACCEPTABLE**

In-person medical examination = **ACCEPTABLE**

Completion of all or a portion of the DME prior to a future medical examination to be completed within the allowable timeframes, except for the "Medical Professional Information" section, and presenting it for signature during the examination = **ACCEPTABLE**

Completion of all or a portion of the DME after a medical examination completed within the allowable timeframes, except for the "Medical Professional Information" section, and presenting it for signature in person, by facsimile, via traditional mail, or via electronic mail = **ACCEPTABLE**

Correcting inaccurate or omitted information on a signed DME after a medical examination completed within the allowable timeframes, IF a registered nurse (RN) or licensed practical nurse (LPN) contacts the person who performed the evaluation, AND receives permission from that person to correct the DME, AND documents the date, time, and person spoken to on the DME next to the correction = **ACCEPTABLE**

More than 30 Days After Admission Date

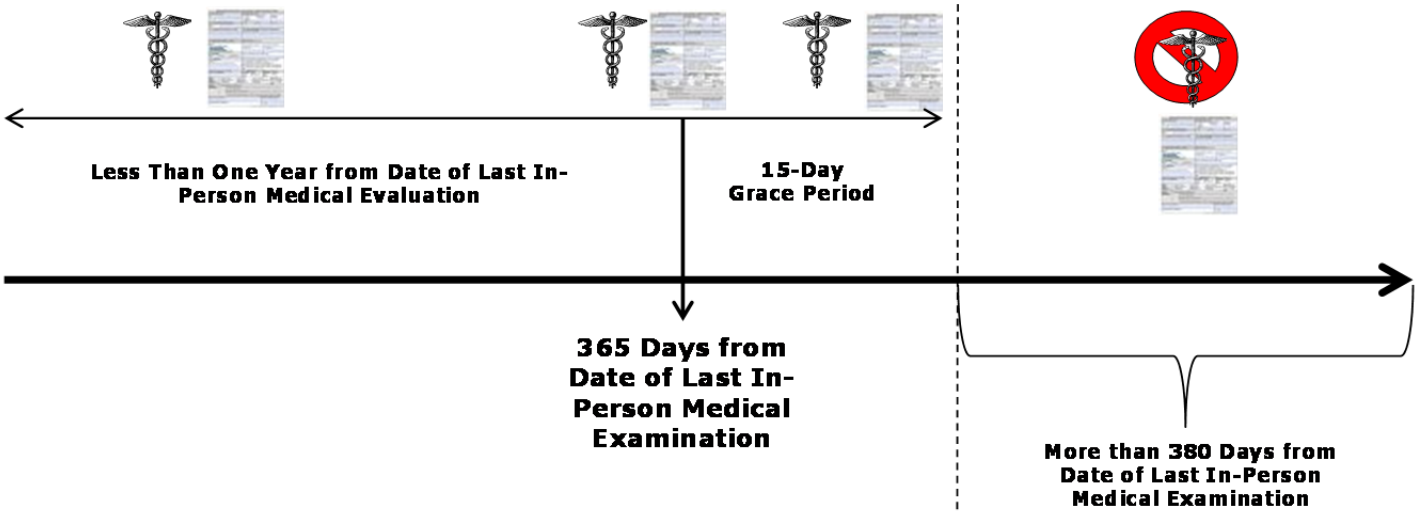
In-person medical examination = **NOT ACCEPTABLE**

Completion of all or a portion of the DME after a medical examination completed within the allowable timeframes, except for the "Medical Professional Information" section, and presenting it for signature in person, by facsimile, via traditional mail, or via electronic mail = **ACCEPTABLE**

Correcting inaccurate or omitted information on a signed DME after a medical examination completed within the allowable timeframes, IF a registered nurse (RN) or licensed practical nurse (LPN) contacts the person who performed the evaluation, AND receives permission from that person to correct the DME, AND documents the date, time, and person spoken to on the DME next to the correction = **ACCEPTABLE**

Timeline 1: Initial Medical Examination and DME Completion Timeline

The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices (continued)



In-person medical examination = **ACCEPTABLE**

Completion of all or a portion of the DME prior to a future medical examination to be completed within the allowable timeframes, except for the "Medical Professional Information" section, and presenting it for signature during the examination = **ACCEPTABLE**

Completion of all or a portion of the DME after a medical examination completed within the allowable timeframes, except for the "Medical Professional Information" section, and presenting it for signature in person, by facsimile, via traditional mail, or via electronic mail = **ACCEPTABLE**

Correcting inaccurate or omitted information on a signed DME after a medical examination completed within the allowable timeframes, IF a registered nurse (RN) or licensed practical nurse (LPN) contacts the person who performed the evaluation, AND receives permission from that person to correct the DME, AND documents the date, time, and person spoken to on the DME next to the correction = **ACCEPTABLE**

Timeline 2: Annual Medical Examination and DME Completion Timeline

In-person medical examination = **NOT ACCEPTABLE**

Completion of all or a portion of the DME after a medical examination completed within the allowable timeframes, except for the "Medical Professional Information" section, and presenting it for signature in person, by facsimile, via traditional mail, or via electronic mail = **ACCEPTABLE**

Correcting inaccurate or omitted information on a signed DME after a medical examination completed within the allowable timeframes, IF a registered nurse (RN) or licensed practical nurse (LPN) contacts the person who performed the evaluation, AND receives permission from that person to correct the DME, AND documents the date, time, and person spoken to on the DME next to the correction = **ACCEPTABLE**

Q: Can additional information be attached to DME? For example, may I attach a Medication Administration Record instead of using the DME Addendum?

A: Residences may attach any supporting documents to the DME as desired.

Q: Does documentation attached to the DME need to be signed by the medical professional who completed the medical examination?

A: No. The "Medical Professional Information" section of the DME reads, in part, "The information on this form, the addendum sheet, and any attached list of medications was generated based on my evaluation." As such, attached documents do not need to be signed by the medical professional.

The Assessment - Support Plan (ASP)

A comprehensive assessment of residents' needs and plans of care based on that assessment are essential to successful assisted living residence operation. This is true whether the residence is using the ASP or its own versions of assessments and support plans. Remember, § 2800.225(a) and § 2800.227(b) allow residences to use their own assessment and support plan forms if they "include the same information" as the Department's forms. A residence may use its own forms without prior approval by the Department if the information labeled "mandatory" above is contained in the forms. The residence's form(s) do not need to look like the ASP, but the residence must be able to demonstrate to the Department during inspections how its forms "crosswalk" with the ASP, that is, where inspectors can find the ASP information on the residence's forms. If a residence wishes to use an assessment or support plan process that contains information that differs from that which appears on the ASP, the residence should contact the Operator Support Hotline for information on how to receive Departmental approval to capture differing information.

ASP Completion – One Document, Two Deadlines?

The ASP combines the assisted living residence assessment and support plan into a single document. This may be confusing at first because of the different regulatory timeframes for assessments and support plans.

Rather than think of the ASP as two separate halves, residences should consider how a person's needs lead directly to a plan to meet those needs. The ASP is designed to ensure that the plan to meet residents' needs (the support plan) is based on the residence's assessment of those needs (the assessment). The following example illustrates the basis for separate timeframes in the regulation: a comprehensive initial assessment and the foundation of a support plan should be easily completed in 15 days, and the final support plan should be easily completed in another 15 days.

Resident Joe Smith is admitted to an assisted living residence on January 1, 2012. Staff person Jane Doe begins the ASP process on January 3, 2012. Ms. Doe finds that Mr. Smith needs assistance with drinking such that he cannot lift a full glass of fluid to his mouth, so she documents Mr. Smith's degree of assistance with drinking on the assessment portion of the ASP as "C – Some Physical Assistance." As a best practice, Ms. Doe would then move to the support plan portion and write "Mr. Smith needs help lifting his glass to his mouth." Ms. Doe may even be able to create a plan to meet Mr. Smith's need right then and there – for example, the plan may be "staff will offer drinking assistance to Mr. Smith by lifting his glass." The remaining sections of the plan – frequency and responsibility – would then fall into place (i.e., "at mealtimes" and "direct care staff person on duty"). In this instance, the "Drinking" element of the ASP would be complete well before the maximum time allowed by Chapter 2800 for completion of either the assessment or the support plan.

On the other hand, Ms. Doe may need to collect more information or consult with another person before creating a plan; Mr. Smith may be physically able to use an assistive device to drink without help from staff, but does not have the funds to purchase such a device. Ms. Doe may need to search for less expensive assistive devices, or ask Mr. Smith's designated person if (s)he will purchase the device. This process may take 20 days. In this instance, the "Drinking" element of the assessment portion of Mr. Smith's ASP was completed within 15 days of admission, and the support plan portion was finalized within 30 days of admission.

As this example illustrates, the ASP works best when residences use it holistically, not by going down the left side by day 15 and then moving to the right side for completion by day 30 (although doing so would be technically compliant).

Accidental Omissions
Occasionally, residences will accidentally omit an element from a mandatory section. For example, an otherwise-complete plan may be missing the "person responsible" for a single personal care need. In these cases, the Department will consider the circumstances surrounding the omission and may take steps to verify that a person is actually responsible and aware of their responsibilities. If omission is determined to be truly accidental, technical assistance will be provided and no violation will be recorded. However, repeated accidental omissions on a single ASP or one accidental omission on a series of ASPs may result in a violation of § 2800.251(c) on the grounds that standardized forms are not being properly used. If the Department is unable to verify that a person is actually responsible and aware of their responsibilities, a violation of § 2800.227(d) may result.

Responsible Party
The ASP requires that a person be responsible for each element of resident care. Remember, a residence is ultimately responsible for meeting residents' needs, even if the "Responsible Person" is a family member or case manager. If a person who is not an employee of the residence is not meeting his/her obligations, the residence must address this and amend the ASP as appropriate.

The ASP and SCUs
§ 2800.234 requires that residences develop a support plan within 72 hours prior to or after admission to a special care unit (SCU). This regulation is unusual, in that there is no corresponding regulation requiring an assessment prior to completing this "early" support plan. As such, residences have two options for achieving regulatory compliance with this regulation:

1. Complete the entire ASP within 72 hours prior to or after admission to a SCU; excluding any significant changes that would require a new assessment, a new ASP would not need to be completed until the following year.

2. Complete only the support plan portion of the ASP within 72 hours prior to or after admission to a SCU, complete the assessment portion of the ASP within 15 days of admission to the SCU, and finalize the support plan within 30 days of admission to the SCU. Excluding any significant changes that would require a new assessment, a new ASP would not need to be completed until one year following the completion of the finalized support plan.

Using the Assessment - Support Plan (ASP) – Frequently Asked Questions Raised by Assisted Living Residences

Q: Do we have to put all falls on the ASP?

A: Frustrating as it may seem, any question that reads like this can't be answered:

"Do we have to put _____ on the ASP?"

There is no single answer about what specific information "must" be addressed in a resident's assessment and support plan – it depends on the specific resident and that resident's needs. For example, if a resident slips on a banana peel and suffers no ill consequences as a result, it would be counter-productive to include it on the ASP. On the other hand, if the banana-peel fall results in a hip fracture, then the resident's needs would significantly change such that a new ASP would need to be completed. In a more realistic example, let's say a resident falls while walking down the hallway for no apparent cause and suffers no ill effects. Later that day, the resident falls again, again for no apparent cause. The increase in fall activity should trigger at least the question of whether a new assessment needs to be completed – the residence may decide that two falls in one day warrants a new assessment, or the residence may decide to observe the resident more closely. The need for closer observation should be communicated to the person(s) responsible for doing so. An amendment to the ASP may be the best means to communicate this responsibility, or some other method (such as change-of-shift notes) may be better. If the resident falls yet again the next day, then a new assessment is probably warranted. In short, it's about whether or not a particular event indicates a new need or support. If the event indicates a new need or support, the ASP should be amended.

Q: Where is the best place to document falls on the ASP?

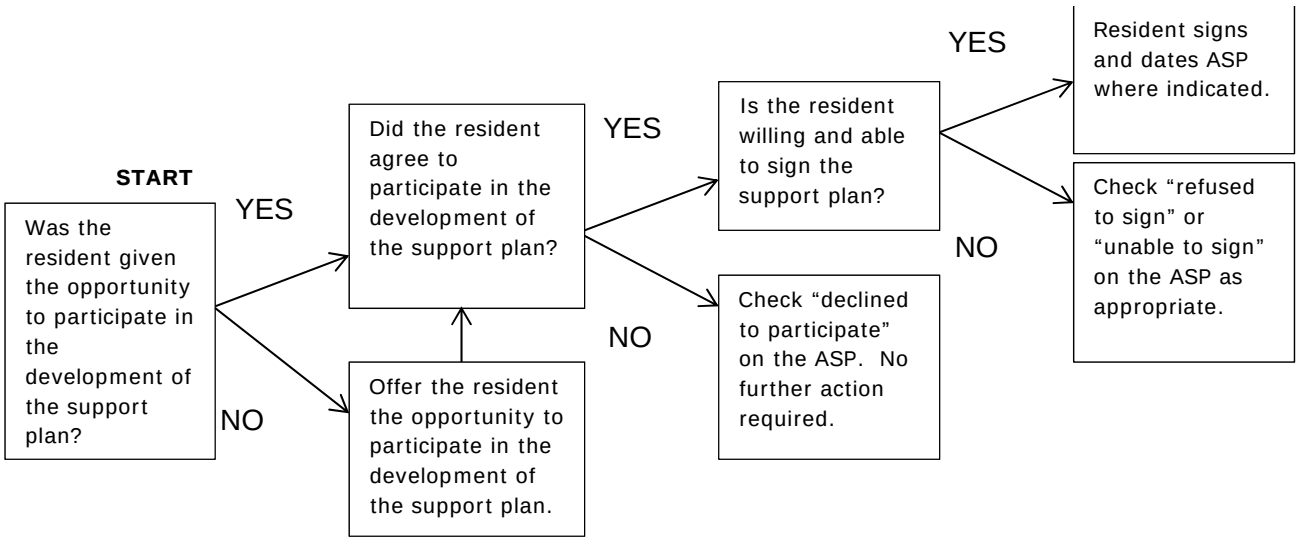
A: Again, questions like "Where should we put _____ on the ASP?" can't be answered, because there is no single section on the ASP where something belongs or does not belong. It is much more important that a resident's needs be captured and planned for than it is for that documentation to appear on a specific place on the form.

Q: Is it required that the Power of Attorney (POA) sign the ASP? What should we do when family members fail to return the signature page of the ASP? Will I get a violation?

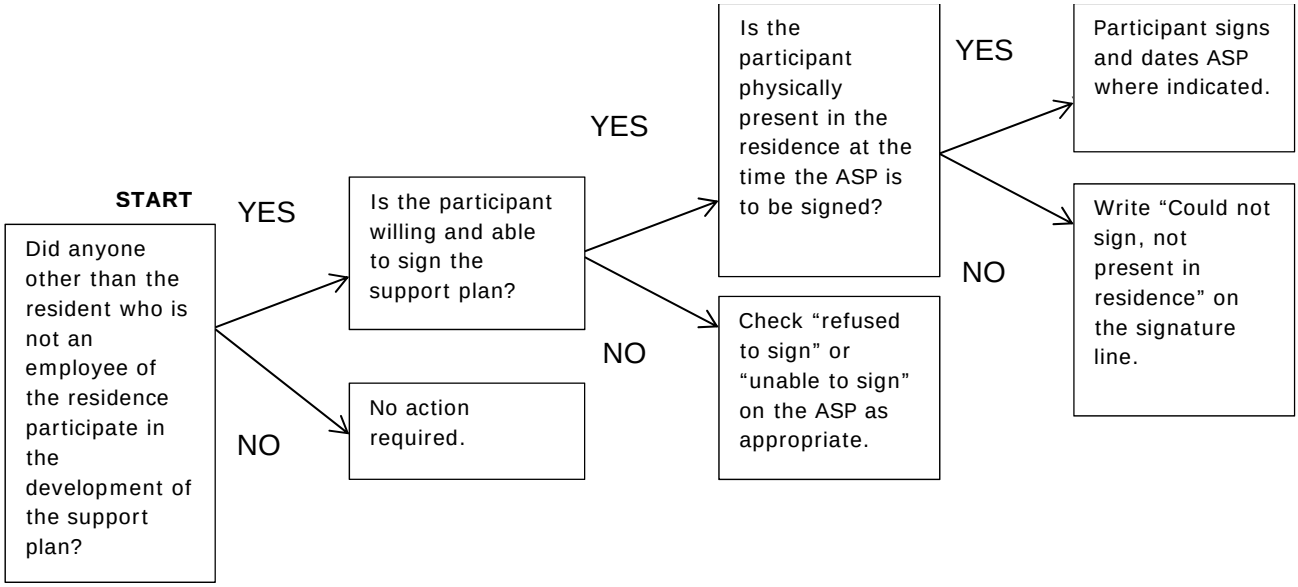
A: Many residences report confusion with the seemingly-straightforward requirements at 55 Pa.Code § 2800.227(f)-(h), which relate to participation in and signatures on the ASP. It is important to remember that the primary benefits of these regulations are to allow residents and their formal/informal supports the opportunity to participate in care-plan development, and to record whether or not such participation occurred. The presence of the actual signature is far less important than the opportunity to participate and maintaining a record of participation. Here is a simple decision tree that residences can use to determine how best to comply with these requirements:

ASP SIGNATURE DECISION TREE

RESIDENT



RESIDENT'S DESIGNATED PERSON or OTHER SUPPORT PERSON NOT EMPLOYED BY THE RESIDENCE



Q: Residents' medications and dosages change frequently. It is difficult and frustrating to amend the ASP for each medication change. May we attach the resident's medication administration record to comply with this requirement?

A: A list of a resident's current medication does not need to be included on the ASP. The "Medications" section of the ASP only relates to the resident's needs relating to medication administration. This section of the ASP requires updating only when the resident's needs relating to medication administration assistance change.

Q: What constitutes a Change in Condition when ASP is required?

A: 55 Pa.Code § 2800.225(a)(2) requires that a new assessment be completed "if the condition of the resident significantly changes prior to the annual assessment." § 2800.227(c) requires that the support plan be revised "upon changes in the resident's needs as indicated on the current assessment." Thus, a significant change triggers the need for a new or revised ASP.

A "significant change" includes the following situations:

- The resident has been diagnosed with having a previously-undiagnosed disease or disorder that changes the resident's care needs. Example: A resident develops diabetes that requires new medications.
- An existing disease or disorder changes such that the resident's medical care needs are affected. Example: A resident's arthritis worsens such that (s)he develop mobility needs.
- The resident suffers an injury that changes his/her care needs. Example: A resident breaks a hip after an injurious fall and requires physical therapy.
- A health situation occurs that will have any impact on the resident's current care needs. Example: A resident elects to have his/her shoulder replaced.
- A resident's behaviors or cognitive functioning status change such that the resident's care needs are affected. Example: A resident begins to exhibit wandering behavior.

The following are examples of when a new ASP is not required, but the existing ASP should be amended:

- The resident's social and recreational needs change unrelated to a change in physical, psychological, or cognitive functioning.
- The responsible party or frequency of need changes.

Q: The "Summary and Determination" section of the ASP is listed as mandatory from completion. Why do I need to complete the "Summary of Resident's Overall Wellness" section if the ASP captures all of the salient information about the resident's care?

A: You don't. The mandatory elements include the assessor's information on page 12 of the ASP. If no additional information is required, you may simply write "NA" in the "Summary of Resident's Overall Wellness" section.

Public Water Systems

Pennsylvania's Safe Drinking Water Act (35 P.S. § 721.1 *et seq.*) and regulations at 25 Pa. Code Chapter 109 govern the issuance of permits and regulation of public water systems (PWS). A PWS is a system that provides water to the public for human consumption, and which has at least 15 service connections or regularly serves an average of at least 25 individuals daily (including residents and staff of the residence) at least 60 days out of the year. Water for human consumption includes water that is used for drinking, bathing and showering, cooking, dishwashing or maintaining oral hygiene. Public Water Systems are monitored by the Department of Environmental Protection (DEP). DEP staff members are responsible for regulating PWSs. New or modified systems are required to comply with all permitting requirements and obtain DEP's approval for all water supply facilities prior to construction. Water supply facilities include sources, treatment, storage, and the distribution system. All facilities must meet DEP's design and construction standards. All sources must be adequately sited and constructed in order to obtain the highest quality source available, and to protect the source from existing or foreseeable sources of contamination.

Adult Residential Licensing has measured compliance with this applicable DEP water safety law/regulation since December 15, 2007. An assisted living residence that is not connected to a public water supply and obtains water from a private well and that serves 25 or more individuals daily at least 60 days out of the year is subject to this DEP water safety law/regulation. Under DEP regulations, such facilities must have a permit from DEP. The "25 individuals" includes the number of daily staff on all three shifts, all residents, and all other household members.

Assisted living residences not affected are those residences connected to a public water system.

Cross-Reference of Applicable Regulations:

§ 2800.18 – Applicable Health and Safety Laws

Residence Rules

Well-written residence rules are essential to the successful operation of an assisted living residence. The benefits of residence rules include:

- Allowing residents to make informed decisions about whether to move into or remain in a residence.
- Clarifying the residence's criteria for residency.
- Protecting all residents from the harmful behavior of a single resident, such as aggressive behavior due to intoxication.
- Protecting the residence from implication in illegal activities, such as possession of illegal drugs.

Residences may create any rules they desire to create, as long as the rules do not conflict with any of the requirements in Chapter 2800.

Chapter 2800 requires that the following be addressed in the residence's rules:

- Rules relating to residence services, including whether the residence permits smoking - § 2800.25(c)(8) / § 2800.144(b).
- Whether the residence permits pets on the premises - § 2800.109(a).

The Department recommends that rules also include:

- Prohibiting weapons of any kind on the premises.
- Prohibiting illegal drugs on the premises.
- Prohibiting smoking on the grounds of the residence.
- Requiring residents to comply with doctors' orders, including taking prescribed medications.
- Requiring residents to sign out and sign in when leaving and returning to the residence.
- Specific visiting hours.

For questions on whether a proposed rule is contrary to a requirement of Chapter 2800, residences may contact the Department's Operator Support Hotline.

Waivers

Occasionally, a residence is unable to comply with a regulation due to the structure, operation, or population served. It is for this reason that residences are permitted to request waivers of certain regulations.

Restrictions on Waivers - Not every regulation can be waived; the scope (§ 2800.2), definitions (§ 2800.4), applicability (§ 2800.11 and § 2800.18) or residents' rights (§ 2800.25(c)(11), § 2800.41-44, and § 2800.191) may not be waived.

Additionally, waivers cannot be granted unless the following conditions are met:

- There is no jeopardy to the residents.
- There is an alternative for providing an equivalent level of health, safety, and well-being protection of the residents. (Example: An equivalent level of protection for § 2800.54(a)(2) requiring a high school diploma or GED for a direct care staff person may be written documentation of the individual's literacy through a standardized testing method.)
- Residents will benefit from the waiver of the requirement.

Requesting a Waiver - To request a waiver, a residence must follow these steps, as specified in Chapter 2800:

1. Complete the Department's Request for Waiver form, available online at the Department's website, from the Department's regional offices, or by calling the Department's Operator Support Hotline. Make sure that the form is completed in its entirety, that the three conditions listed above are met, that the request comes from a representative of the residence (not a resident, family member, or private citizen), and that separate waiver requests are submitted for each section, subsection, paragraph or subparagraph of the regulations.
2. At least 30 days prior to the submission of a waiver request form, the residence must:
    - Provide a copy of the completed written waiver request to the affected resident(s) and designated person(s) to provide those individuals the opportunity to submit comments to the Department.
    - Provide the affected resident(s) and designated person(s) with the name, address and telephone number of the Department staff person to submit comments and shall provide any assistance needed for a resident who wishes to submit comments.
    - Discuss the waiver request with the affected resident and designated person upon the request of the resident or designated person.
3. Submit the completed form and all required attachments to the Department's Headquarters Office.

Remember, residences 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 - The Department will typically make a decision to approve or deny the waiver in 60 days or less. Waivers requiring additional research or coordination with the residence, another Department, or an outside agency may take more time to process. The requesting residence must notify the affected resident and designated person of the approval or denial of the waiver, and post a copy of the waiver request and the Department's written decision in a conspicuous and public place within the residence.

- If the waiver is granted, the Department will specify the length of time for which the waiver is granted and any conditions that the residence must meet.
- If the waiver is denied, residences have the right to appeal. Instructions for filing an appeal will be included in the denial letter.

Waiver Renewals, Applicability, and Revocations - Requests for renewal of a waiver must be submitted to the Department at least 60 days prior to the expiration of the waiver. The renewal process is identical to the initial application process.

The residence must notify the Department in writing if the need for the waiver no longer exists or if conditions under which the waiver was granted are no longer met.

The Department will review each waiver annually as part of the annual licensing inspection to determine if the waiver is still warranted and if there is continued compliance with the conditions required by the waiver.
The Department may revoke the waiver at any time if the conditions required by the waiver are not met, if conditions have not been met on a continual basis or if there is a risk to the health, safety, or well-being of the residents.

Cross-Reference of Applicable Regulations:
§ 2800.19 – Waivers

PART III:

Appendices

PART III: TABLE OF CONTENTS

To learn more about a particular topic, please review the applicable regulations.

TOPIC	PAGE
Appendix A: Reportable Incidents	240
Appendix B: Requirements and Best Practices for Reportable Incidents	242
Appendix C: Examples of Applicable Laws	247
Appendix D: Serious Communicable Diseases	249
Appendix E: Inspection Procedures and Methodology	251
Appendix F: Assisted Living Residence Self-Inspection Worksheet	254

APPENDIX A: Reportable Incidents

Reportable incidents and conditions include:

(1) The death of a resident.

(2) A physical act by a resident to commit suicide.

(3) An injury, illness or trauma requiring treatment at a hospital or medical facility. This does not include minor injuries such as sprains or minor cuts.
Exception: "Serious bodily injury or trauma" is such that the individual experienced one or more of the following as a result of the injury:
- Substantial risk of death
- Extreme physical pain
- Protracted loss or impairment of the function of a limb, organ, or other bodily member
- Protracted unconsciousness
- Significant or substantial internal damage (such as broken bones)

Only injuries of this type need to be reported.

(4) A violation of a resident's rights in §§ 2800.41-44 (relating to resident rights).

(5) An unexplained absence of a resident for 24 hours or more, or when the support plan so provides, a period of less than 24 hours, or an absence of a resident from a special care unit.
Exception: This does not include a resident who wanders outside without leaving the premises (property of the residence) and is immediately guided back inside by staff.

(6) Misuse of a resident's funds by the residence's staff persons or legal entity.

(7) An outbreak of a serious communicable disease as defined in 28 Pa.Code § 27.2 (relating to specific identified reportable diseases, infections and conditions). See Appendix D for a list of communicable diseases.

(8) Food poisoning of residents.

(9) A physical or sexual assault by or against a resident.

(10) Fire or structural damage to the residence.

(11) An incident requiring the services of an emergency management agency, fire department or law enforcement agency, except for false alarms.
Exception: This does not include:
- Calls to an ambulance/EMS.
- A police response to a 302 involuntary commitment proceeding.
- Police response to an EMS call.
- A response to a false alarm, such as a system malfunction or accidental sounding of the alarm. Minor events that trigger a fire department response (such as burned popcorn) **must** be reported.

(12) A complaint of resident abuse, suspected resident abuse or referral of a complaint of resident abuse to a local authority.

(13) A prescription medication error as defined in § 2800.188 (relating to medication errors).

(14) An emergency in which the procedures under § 2800.107 (relating to emergency preparedness) are implemented.

(15) An unscheduled closure of the residence or relocation of the residents.

(16) Bankruptcy filed by the legal entity.

(17) A criminal conviction against the legal entity, administrator or staff that is subsequent to the reporting on the criminal history checks under § 2800.51 (relating to criminal history checks).

(18) A termination notice from a utility company. This includes a termination notice or an actual service termination.

(19) A violation of the health and safety laws listed in § 2800.18 (relating to applicable health and safety laws).

(20) An absence of staff so that residents receive inadequate care as defined by the respective resident's support plan.

APPENDIX B:
Requirements and Best Practices for Reportable Incidents

Reporting Incidents
The table below shows what events must and must not be reported to achieve compliance with 55 Pa.Code § 2800.16(c). Remember that there is no penalty for over-reporting; if a residence questions whether an incident report is required, it is best to report the incident.

55 Pa.Code § 2800.16(a)	Residences MUST Report	Residences DO NOT Need to Report	Other Information
(1) The death of a resident.	Any death that occurs while the residence is the resident's place of residence. This includes: - Deaths at the residence - Deaths while the resident is at a community setting (e.g., while walking in the neighborhood, attending a day program, etc.) - Deaths while the resident is temporarily staying elsewhere (e.g., visiting family) - Deaths at a hospital or medical facility when the resident is expected to return to the residence	Deaths that occur at a hospital or medical facility when the resident is not expected to return to the residence, unless the resident was hospitalized as a result of an injury sustained while under the residence's care.	A copy of the death certificate is required only under the following circumstances: - The death was unexpected or unusual (e.g., not a result of advanced age or terminal illness) - The cause of death is not immediately known - At the request of the Department
(2) A physical act by a resident to commit suicide.	Any attempt, successful or otherwise, to commit suicide.	Suicidal ideation or threats to commit suicide.	Any sign of potential self-harming behavior should trigger a response by the residence to seek behavioral health care (see § 2800.142(a)).
(3) An injury, illness or trauma requiring treatment at a hospital or medical facility. This does not include minor injuries such as sprains or minor cuts.	See Appendix A above; examples include but are not limited to: - Fractures - Dislocations - Internal injuries - Head injuries - Lacerations requiring treatment beyond bandaging - Burns - Frostbite - Eye injuries - Heat Exhaustion or Sunstroke - Unresponsiveness - Any change in health status where the cause is unknown but warrants hospital treatment	Anything that does not meet the criteria in Appendix A, including but not limited to: - Scheduled outpatient or inpatient medical treatment or hospitalization that is not due to an injury or trauma. - Hospital treatment for a medical condition such as heart disease, COPD, stroke, kidney failure, etc. - Hospital visits for diagnostics if no treatment is provided.	If a resident is transported to a hospital or medical facility as a precautionary measure (e.g., after a fall where no injuries have been identified), and is returned to the residence without treatment within 24 hours of the event that triggered the hospital visit, an incident report does not need to be submitted.
(4) A violation of a resident's rights in §§ 2800.41-44.	Any violation of a resident's rights, or any perceived violation of a resident's rights (e.g., a resident complains that his/ her rights have	Misuse of a resident's funds by the residence's staff persons or the legal entity does not require reporting as a violation of §	NA

55 Pa.Code § 2800.16(a)	Residences MUST Report	Residences DO NOT Need to Report	Other Information
	been violated, but the residence cannot immediately prove whether this is the case).	2800.42(x); misuse of funds must be reported as described at § 2800.16(a)(6), below.	
(5) An unexplained absence of a resident for 24 hours or more, or when the support plan so provides, a period of less than 24 hours, or an absence of a resident from a special care unit.	Self-explanatory.	An incident where a resident of a special care unit wanders outside without leaving the property of the residence and is immediately guided back inside by staff.	It is important the residences accurately assess and plan for residents' supervision needs. The unexpected absence of a resident with extensive supervision needs for less than 24 hours must be reported, even if the resident doesn't live in a special care unit.
(6) Misuse of a resident's funds by the residence's staff persons or legal entity.	Known or reasonable suspicion of misuse of funds by any person employed by the residence or by the legal entity.	- Suspected misuse of funds by any person employed by the residence or by the legal entity - Misuse of funds by a volunteer, family member, or a private caregiver.	It is recommended but not required that suspected misuse of funds by any person employed by the residence or by the legal entity, or misuse of funds by a volunteer, family member, or a private caregiver be reported. If the police are investigating misuse of funds by anyone, the incident must be reported as described at § 2800.16(a)(11), below.
(7) An outbreak of a serious communicable disease as defined in 28 Pa.Code § 27.2 (relating to specific identified reportable diseases, infections and conditions).	Any event where two or more persons present in the residence have been diagnosed with any of the communicable diseases listed at Appendix D.	- An event where one person present in the residence has been diagnosed with any of the communicable diseases listed at Appendix D. - Any event where two or more persons present in the residence have been diagnosed with a disease not listed at Appendix D.	NA
(8) Food poisoning of residents.	Any event where one or more residents have been diagnosed as suffering from food poisoning, or where there is reasonable suspicion to believe that food poisoning occurred.	Suspected food poisoning.	NA
(9) A physical or sexual assault by or against a resident.	- Any act of physical violence by a staff person against a resident, regardless of degree - Any act of physical violence	- Any act of physical violence by one resident against another resident where the victim does not sustain an injury.	Acts of violence between residents where no injury requiring medical treatment occurs does not need to be reported,

55 Pa.Code § 2800.16(a)	Residences MUST Report	Residences DO NOT Need to Report	Other Information
	by one resident against another resident where the victim sustains an injury of any degree. - Any sex act between a staff person and a resident - Any nonconsensual sex act between residents - Any sex act between residents where one or both of the residents is cognitively impaired such that consent cannot be established	- Consensual sex between residents with no cognitive impairment.	but the behavior must be addressed in the residents' Resident-Assessment and Support Plans.
(10) Fire or structural damage to the residence.	Structural damage from any source (e.g., natural disasters, vehicle accidents, or water damage from a sprinkler system).	Self-explanatory.	NA
(11) An incident requiring the services of an emergency management agency, fire department or law enforcement agency, except for false alarms.	- Any incident where police are present in the residence except for response to a 302 involuntary commitment proceeding - Any incident where emergency management personnel respond to an actual or pending crisis event (e.g., natural gas leak, oncoming blizzard, or flood) - Any incident where fire department personnel respond to an alarm or emergency call	- Calls to an ambulance/EMS services for scheduled or emergency transportation - Police response to an EMS call for emergency transportation - A police response to a 302 involuntary commitment proceeding	The need to summon an ambulance or EMS provider may result from an incident that must be reported, such as a serious bodily injury. In such cases, the incident required to be reported is the inciting event, not the presence of first responders.
(12) A complaint of resident abuse, suspected resident abuse or referral of a complaint of resident abuse to a local authority.	Actual or suspected cases of any of the following by anyone: - The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. - The willful deprivation by the residence 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.S. Chapter 61 (relating to protection from abuse). - Exploitation by an act or a course of conduct, including misrepresentation or failure to obtain informed consent which results in monetary, personal or other benefit, gain or profit for the	NA	NA

55 Pa.Code § 2800.16(a)	Residences MUST Report	Residences DO NOT Need to Report	Other Information
	perpetrator, or monetary or personal loss to the resident. - Neglect of the resident, which results in physical harm, pain or mental anguish. - Abandonment or desertion by the residence or its staff persons.		
(13) A prescription medication error as defined in § 2800.188 (relating to medication errors).	Any of the following, if the residence administers medication to a resident to is unable to or who chooses not to administer his/her own medications: - Failure to administer a medication. - Administration of the wrong medication. - Administration of the wrong amount of medication. - Failure to administer a medication at the prescribed time. - Administration to the wrong resident. - Administration through the wrong route.	A prescription medication error by a resident who is self-administering medications.	NA
(14) An emergency in which the procedures under § 2800.107 (relating to emergency preparedness) are implemented.	Any event that requires the residence to activate the emergency preparedness plan required by § 2800.107(b).	Any incident where emergency management personnel respond to an actual or pending crisis event (e.g., natural gas leak, oncoming blizzard, or flood).	Incidents where emergency management personnel respond to an actual or pending crisis event must be reported as described at § 2800.16(a)(11), above.
(15) An unscheduled closure of the residence or relocation of the residents.	Self-explanatory.	Self-explanatory.	This includes temporary relocations, which would likely require reporting per § 2800.16(a)(11) and (14).
(16) Bankruptcy filed by the legal entity.	Self-explanatory.	Self-explanatory.	NA
(17) A criminal conviction against the legal entity, administrator or staff that is subsequent to the reporting on the criminal history checks under § 2800.51 (relating	Self-explanatory.	Self-explanatory.	NA

55 Pa.Code § 2800.16(a)	Residences MUST Report	Residences DO NOT Need to Report	Other Information
to criminal history checks).			
(18) A termination notice from a utility company. This includes a termination notice or an actual service termination.	Self-explanatory.	Self-explanatory.	NA
(19) A violation of applicable health and safety laws listed in § 2800.18 (relating to applicable health and safety laws).	Any violation of any of the laws listed at Appendix C.	NA	NA
(20) An absence of staff so that residents receive inadequate care as defined by the respective resident's support plan.	Self-explanatory.	Self-explanatory.	NA

APPENDIX C: Examples of Applicable Laws

Note that this list is not exhaustive and other laws, ordinances, and regulations may also apply to the residence pursuant to 55 Pa. Code § 2800.18.

(1) 35 P.S. § 10225.101, et. seq., known as the Older Adult Protective Services Act. (governed by Department of Aging)

(2) Act 28 of 1995, 18 Pa. C.S.A. §2713, known as the Neglect of Care-Dependent Persons Act. (governed by Department of Aging)

(3) Act 171 of 2002, 35 P.S. § 10226.101 – 10226.107, known as the Elder Care Payment Restitution Act. (governed by Department of Aging)

(4) Pennsylvania Human Relations Act (43 P.S. § 951 – 962.2). (governed by Human Relations Commission)

(5) Age Discrimination Act of 1975 (42 U.S.C.A. § 6101 - 6107). (governed by Human Relations Commission)

(6) Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. § 2000d - 2000d-4a). (governed by Human Relations Commission)

(7) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794)

(8) American with Disabilities Act of 1990 (42 U.S.C.A. § 12101 - 12514). (governed by Department of Labor and Industry)

(9) 6 Pa.Code Chapter 15, known as the Protective Services for Older Adults regulations. (governed by Department of Aging)

(10) 25 Pa.Code Chapter 109, known as the Safe Drinking Water Act. (governed by Department of Environmental Protection). Any assisted living residence that obtains water from a private well (not on public water) and that serves 25 or more individuals daily (including the number of daily staff on all three shifts, all residents, and all other household members) at least 60 days of the year is required to obtain a permit from DEP.

(11) 28 Pa.Code Chapter 27, known as the Communicable and Non-Communicable Diseases regulations. (governed by Department of Health)

(12) 31 Pa.Code Chapter 151, known as the Continuing Care Providers regulations. (governed by Department of Insurance)

(13) 34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations. (governed by Department of Labor and Industry). If a residence has a boiler, it must have a valid “Certificate of Boiler or Pressure Vessel Operation” issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection they will be issued a new certificate.

(14) 34 Pa.Code Chapter 7, known as the Elevators, Lifts, Escalators, Dumbwaiters, Hoists and Tramways regulations. (governed by Department of Labor and Industry)

(15) 35 P.S. § 637.1 – 637.11, known as the Clean Indoor Air Act regulations. (governed by Department of Health)

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 (rubeola).
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.
Shigellosis.
Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease.
Streptococcal invasive disease (group A).
Streptococcus pneumoniae, drug-resistant invasive disease.
Syphilis (all stages).
Tetanus.
Toxic shock syndrome.
Toxoplasmosis.
Trichinosis.
Tuberculosis, suspected or confirmed active disease.
Tularemia.

28 Pa.Code § 27.21 specifies the Pennsylvania Department of Health reporting procedures for communicable and non-communicable disease.

- Reporting of these diseases and conditions is required only if there is a written diagnosis by a physician and only if the initial diagnosis occurred after the resident moved into the residence.
- Reporting of cancer is required only if the cancer was diagnosed by a physician after the resident was admitted to the residence and if there are more than two cases of the same type of cancer diagnosed within the past year. It is important to look for any environmental causes of cancer and contact health authorities and/or DEP.
- It is not necessary to report the name of the staff person who is responsible for a specific medication error as long as the residence documents the staff name in the residence's written documentation and this is reviewed as part of the residence's quality management plan as required in § 2800.26(b)(1).
- An outbreak of MRSA is not required to be reported as per the Department of Health's list of reportable diseases; therefore, MRSA cases or outbreaks are not required to be reported to the Department.

If it is suspected that there is a risk to the health and safety of other residents due to an outbreak of a reportable disease, the regional licensing inspector should consult with their supervisor. The supervisor should immediately contact the local health department and report the incident. The inspector should remind the provider to follow universal precautions as well as any instructions provided by the local health department. If the local health department cannot be reached, the supervisor should contact the State Department of Health, Division of Infectious Disease Epidemiology at: (717) 787-3350.

HIPAA (Health Insurance Portability and Accountability Act) does not preclude the residence from sending these reports related to the health or condition of an individual resident, including a death certificate, to the Department. As a state licensing (oversight) agency, the Department is permitted free and full access to resident information.

APPENDIX E: Inspection Procedures and Methodology

While inspection procedures may vary based on the type of inspection or circumstances related to a specific residence or event, inspectors will generally apply the procedures described in this narrative when conducting an inspection.

General Information

- BHSL staff will wear Commonwealth ID badges in a conspicuous place at all times while on-site for the benefit of residence staff and residents.
- BHSL staff will not discuss licensing recommendations, speculate regarding possible licensing outcomes, or discuss enforcement actions during the inspection.

Entering the Residence

Upon entering the residence, inspectors will ask to meet with the administrator. If the administrator is not available, inspectors will ask to meet with the administrator designee, and will suggest that the designee notify the administrator, owner, or operator of BHSL's presence. Inspectors will then request to conduct an entrance conference with the administrator or designee.

Completing the Inspection

Immediately following the entrance conference, the inspection team will begin initial inspection procedures. One or more members of the team will remain with the administrator; the remaining team members will begin the general physical site inspection.

Upon receipt of the requested resident and staff records, the team will select a sample of the resident and staff records to be reviewed. Sampling methodology will be completed as follows:

- A 10% stratified sample of all resident records, regardless of the size of the residence. A "stratified sample" means that the sample will include records of residents with varying care needs to maximize the number of applicable regulations measured.
- The administrator's record.
- A 5% stratified sample of all direct-care staff records, regardless of the size of the residence.

Note: Additional records may be reviewed if initial reviews indicate the need to expand the sample.

The Department will request the following documents for review:

- Reportable incident policies – 16(b)
- Record of financial transaction – 20(b)(1)
- The quality management plan – 26(a)-(c)
- A staffing schedule for the previous month
- The list of staff person contact information – 62
- Record of administrator training – 64(f)
- Record of staff training – 65(i)
- The staff training plan – 66(a)-(c)
- Written sanitation approval – 85(f)
- Asbestos documentation – 88(b)
- Private water system documents – 89(c)-(e)
- Swimming area – 106(c)
- Emergency preparedness documents – 107(a)-(b)
- Cat and dog vaccination certificates – 109(b)
- Fire department notice – 124
- Furnace cleaning documents – 126(a)-(b)
- Wood/coal stove documents – 128(b)
- Fire drill documents - 132(a)-(j)
- Emergency medical plan – 143(a)-(b)
- Transportation documents – 171(c)
- Medical equipment storage – 185(a)-(b)
- System to identify medication errors – 188(d)-(e)
- Activity program – 221(a)-(b)
- Written description of services and activities – 223(a)
- Services from admission to discharge – 223(b)
- Measures to enhance environmental awareness - 232(d)
- Locking system – 233(a)-(b)
- Interconnected fire alarm – 233(e)
- Activity documentation – 237(a)-(b)
- Record management – 253(b)-(c)
- Record access – 254(b)
- List of current residents with admission dates.
- List of former residents within the past year with discharge dates.
- List of current staff with hire dates.

Resident Interviews

Compliance with regulations that relate to resident rights, assistance with care, and resident participation are measured, in part, through resident interviews. Therefore, inspectors will meet with residents individually and privately.

Administrator and Staff Interviews

Inspectors will conduct interviews with the management, direct care, and ancillary staff who are responsible for the development and implementation of the sampled residents' assessment-support plans. The interviews will be used to verify the accuracy of residents' assessment-support plans, whether residents' rights are properly protected, and whether residents' care needs are appropriately met, among other requirements.

Conducting the Exit Conference

If the inspection will last more than one day, inspectors will conduct a partial exit conference with the administrator/designee at the end of each day on-site. Inspectors will explain the progress of the inspection, including what has been and what remains to be done and when BHSL will return to complete the inspection.

Prior to conducting the final exit conference, inspectors will:

- Review the regulations to be measured to ensure that compliance has been measured in all areas.
- Notify the residence and local social service agencies of the time and place of the exit conference at least one hour prior to the full exit conference.

During the final exit conference, inspectors will:

- Allow the residence to include any staff they wish to have present.
- Remind attendees that the purpose of the conference is to provide **preliminary** violation findings.
- Review each violation found.
- Explain that all violations must be reviewed by the regional licensing administrator before being recorded on a written violation report and sent to the residence.
- Provide the residence with the name, title, and contact information of the regional licensing administrator that the inspector reports to.
- Invite the administrator or designee to respond to the preliminary findings or demonstrate compliance with regulations found in violation. The residence may present missing documents or materials to show evidence of compliance.
- Explain how to use the Violation Report/POC including what portions BHSL completes and what portions the ALR completes.
- Provide an opportunity to ask questions about the process or the regulations.
- Refer to appropriate local or state training sources.
- Provide forms, technical assistance materials, and other documents to assist with compliance.
- Explain the process for developing an acceptable, step-by–step POC using the RCG.
- Explain the next steps in the licensing process (preparation and mailing of the VR, POC submission by the residence, review of POC, follow-up on the POC as needed, recommendation re: licensure).
- Explain that the Licensing Director makes all decisions regarding license issuance or enforcement action.

APPENDIX F: Assisted Living Residence Self-Inspection Worksheet

This tool is similar to the licensing scoresheet that inspectors use to measure compliance during inspections. To complete a self-inspection of your assisted living residence, use the inspection procedures described in Appendix E. Circle the appropriate finding after each regulation. Describe any violations found on the "Findings" page.

C = Compliant V = Violation NM = Not Measured NA = Not Applicable

GENERAL PROVISIONS

3c	C	V	NM	NA	Post license/VR/Regs
5a1	C	V	NM	NA	DPW access
5a2	C	V	NM	NA	Aging access
5a3	C	V	NM	NA	Ombudsman access
5a4	C	V	NM	NA	DRN access
5b	C	V	NM	NA	Comm Srvs access

GENERAL REQUIREMENTS

11a	C	V	NM	NA	Chapter 20
13b	C	V	NM	NA	Capacity
14b	C	V	NM	NA	FS approval withdrawn
14c	C	V	NM	NA	Renovation approval
15a	C	V	NM	NA	Resident abuse report
15b	C	V	NM	NA	Plan of supervision
15c	C	V	NM	NA	Regional abuse plan
15d	C	V	NM	NA	Family/others notified
14a	C	V	NM	NA	Fire Safety Approval
14b	C	V	NM	NA	FS approval withdrawn
14c	C	V	NM	NA	Renovation approval
15a	C	V	NM	NA	Resident abuse report
15b	C	V	NM	NA	Res. abuse-superv. plan
15c	C	V	NM	NA	Superv. plan submission
15d	C	V	NM	NA	Res. notification - abuse
16b	C	V	NM	NA	Incident policies
16c	C	V	NM	NA	Incident reporting
16d	C	V	NM	NA	Final incident report
16e	C	V	NM	NA	Resident incident notice
16f	C	V	NM	NA	Incident report record
17	C	V	NM	NA	Record confidentiality
18	C	V	NM	NA	Other laws-regs-ordins.
19	C	V	NM	NA	Waiver application
20a	C	V	NM	NA	Personal finances
20b1	C	V	NM	NA	Financial trans record
20b2	C	V	NM	NA	Access to resident funds
20b3	C	V	NM	NA	Written receipts
20b4	C	V	NM	NA	Use of funds
20b5	C	V	NM	NA	No commingling
20b6	C	V	NM	NA	Interest bearing account
20b7	C	V	NM	NA	No POA/Guardianship
20b8	C	V	NM	NA	Quarterly account
20b9	C	V	NM	NA	Quarterly record keep
20b10	C	V	NM	NA	Review of account
21	C	V	NM	NA	Off premises activity
23a	C	V	NM	NA	ADL assistance
23b	C	V	NM	NA	IADL assistance
24	C	V	NM	NA	Personal hygiene
25a-1	C	V	NM	NA	Written res-home cont.
25a-2	C	V	NM	NA	Contract review
25b	C	V	NM	NA	Contract signatures
25c1	C	V	NM	NA	Personal needs allow.
25c2	C	V	NM	NA	Fee schedule
25c3	C	V	NM	NA	Annual Med/Assess/SP
25c4	C	V	NM	NA	Payment responsibility
25c5	C	V	NM	NA	Telephone calls
25c6	C	V	NM	NA	Refunds
25c7	C	V	NM	NA	Financial management
25c8	C	V	NM	NA	Smoking
25c9	C	V	NM	NA	Termination
25c10	C	V	NM	NA	Contract change notice
25c11	C	V	NM	NA	List of rates
25c12	C	V	NM	NA	Bed hold
25c13	C	V	NM	NA	Complaint procedure
25d	C	V	NM	NA	Rent rebate
SOP	C	V	NM	NA	Rent rebate-collect. (a)
SOP	C	V	NM	NA	Rent rebate $ or % (b1)
SOP	C	V	NM	NA	Rent rebate-intent. (b2)
SOP	C	V	NM	NA	Rent rebate-state. (c)
25e	C	V	NM	NA	Cont. resciss. – 72 hrs
25f	C	V	NM	NA	Life care cont/guarantee
25g	C	V	NM	NA	Resident contract copies
25h	C	V	NM	NA	Service available daily
26a	C	V	NM	NA	Quality mgmt. plan
26b	C	V	NM	NA	QM plan content
26c	C	V	NM	NA	QM improvement
27a	C	V	NM	NA	SSI benefits
27b	C	V	NM	NA	SSI income calculation
27c	C	V	NM	NA	SSI Retroactive awards
27d1	C	V	NM	NA	SSI Pers. hygiene items
27d2	C	V	NM	NA	SSI Laundry
27d3	C	V	NM	NA	SSI Pers. care services
27e	C	V	NM	NA	SSI Third-party pay
28a	C	V	NM	NA	Refunds
28c	C	V	NM	NA	Nights spent in home

28d	C	V	NM	NA	Refund – no notice
28e	C	V	NM	NA	Refund - death
28f-1	C	V	NM	NA	Resident funds returned
28f-2	C	V	NM	NA	30-day refund
28g	C	V	NM	NA	Refunds
29	C	V	NM	NA	Hospice care
SOP	C	V	NM	NA	Hospice needs (a)
SOP	C	V	NM	NA	Phys. certification (b1)
SOP	C	V	NM	NA	Written consent (b2)
SOP	C	V	NM	NA	Bedroom location (b3)
SOP	C	V	NM	NA	Fire drill notification (b4)
SOP	C	V	NM	NA	Mode of transport (b5i)
SOP	C	V	NM	NA	Reasonable sim. (b5ii)
SOP	C	V	NM	NA	Actual evacuation (b6)
SOP	C	V	NM	NA	Staffing (b7)
SOP	C	V	NM	NA	24-hr. hospice staff (b8)
SOP	C	V	NM	NA	Evacuation time (b9)
SOP	C	V	NM	NA	Assess-supp. plan (b10)
SOP	C	V	NM	NA	Fire drill doc. (b11)

RESIDENT RIGHTS

41a	C	V	NM	NA	Rights/Complaint notice
41b	C	V	NM	NA	Communication mode
41c	C	V	NM	NA	Rights poster
41d	C	V	NM	NA	Copy rights/comp proc
41e	C	V	NM	NA	Signed statement
42a	C	V	NM	NA	Discrimination
42b	C	V	NM	NA	Abuse/Neglect
42c	C	V	NM	NA	Dignity/Respect
42d	C	V	NM	NA	Notice - home rules
42e	C	V	NM	NA	Telephone access
42f	C	V	NM	NA	Mail
42g	C	V	NM	NA	Ombudsman
42h	C	V	NM	NA	Religion
42i	C	V	NM	NA	Health services assist.
42j	C	V	NM	NA	Clothing assistance
42k	C	V	NM	NA	Resident record access
42l	C	V	NM	NA	Personal possessions
42m	C	V	NM	NA	Right - leave/return
42n	C	V	NM	NA	Relocation assistance
42o	C	V	NM	NA	Associate/communicate
42p	C	V	NM	NA	Restraints
42q	C	V	NM	NA	Compensation/Work
42r	C	V	NM	NA	Visitation–12 hrs/7 days
42s	C	V	NM	NA	Privacy–self/possessions
42t	C	V	NM	NA	File complaints
42u	C	V	NM	NA	Right to remain in home
42v	C	V	NM	NA	Res-home cont. services
42w	C	V	NM	NA	Ext. appeal procedures
42x	C	V	NM	NA	Safeguard $/property
42y	C	V	NM	NA	Health care choice
43b	C	V	NM	NA	Residents rights-reward
44a	C	V	NM	NA	Complaint rights
44b	C	V	NM	NA	Complaint – no retaliate
44c	C	V	NM	NA	Written comp. assist.
44d	C	V	NM	NA	Complaints-investigate
44e	C	V	NM	NA	Complaints-2 days
44f	C	V	NM	NA	Written decision–7 days
44g	C	V	NM	NA	Telephone numbers

STAFFING

51	C	V	NM	NA	Crim. background check
52	C	V	NM	NA	OAPSA hiring
53a	C	V	NM	NA	Admin. qualifications
53b	C	V	NM	NA	Administrator age
53c	C	V	NM	NA	Administrator duties
53d	C	V	NM	NA	Admin direct care ability
53e	C	V	NM	NA	Admin know. of regs
53f	C	V	NM	NA	Admin ability to comply
53g	C	V	NM	NA	Financial management
53h	C	V	NM	NA	Medically fit
54a	C	V	NM	NA	Direct care staff quals
54b	C	V	NM	NA	Staff under 18 years
54c	C	V	NM	NA	Volunteers
56	C	V	NM	NA	Admin 20 hrs/week
57a	C	V	NM	NA	Designee present
57b	C	V	NM	NA	1 hour/day/resident
57c	C	V	NM	NA	2 hrs/day/immob. Res.
57d	C	V	NM	NA	Waking hours staffing
58a	C	V	NM	NA	Awake staff-16 or more
58b	C	V	NM	NA	Awake staff mobile res.
59a	C	V	NM	NA	Multiple bldgs comm.
60a	C	V	NM	NA	Staff/supp. plan needs
60c	C	V	NM	NA	Housekeeping/maint.
61	C	V	NM	NA	Substitute coverage
62	C	V	NM	NA	Contact list
63a	C	V	NM	NA	First aid/CPR 1:35
63b	C	V	NM	NA	F/A – CPR trainer quals.
63d	C	V	NM	NA	CPR –F/A provided
64a	C	V	NM	NA	Initial admin training
64c	C	V	NM	NA	Annual admin training
64e	C	V	NM	NA	Training notice
64f	C	V	NM	NA	Record of training
65a	C	V	NM	NA	DC Orientation-1st day
65b	C	V	NM	NA	Rights/Abuse 40 hrs
65c	C	V	NM	NA	Ancillary staff orient.
65d	C	V	NM	NA	Initial direct care train.
65e	C	V	NM	NA	16 hrs annual training

65f C V NM NA Training topics
65g C V NM NA Annual training content
65i C V NM NA Record of training
66a C V NM NA Staff training plan
66b C V NM NA Content of training plan
66c C V NM NA Training plan doc.

_____

PHYSICAL SITE

81a C V NM NA Disability accommodate
81b C V NM NA Res. equip – good repair
82a C V NM NA Poison original container
82b C V NM NA Poison materials-store
82c C V NM NA Locked poisons
83a C V NM NA Indoor temperature
83b C V NM NA Air conditioning & fans
84 C V NM NA Heat Sources
85a C V NM NA Sanitary conditions
85b C V NM NA Infestation
85c C V NM NA Trash removal
85d C V NM NA Trash cans–kit./bath
85e C V NM NA Trash outside
85f C V NM NA Sewer system
86a C V NM NA Ventilation
86b C V NM NA Bathroom ventilation
87 C V NM NA Lighting
88a C V NM NA Surfaces
88b C V NM NA Asbestos
89a C V NM NA Hot/cold water pressure
89b C V NM NA Hot water temperature
89c C V NM NA Testing-nonpublic water
89d C V NM NA Water remediation
89e C V NM NA Laboratory certification
90a C V NM NA Landline telephone
90b C V NM NA Staff communication
91 C V NM NA Telephone numbers
92 C V NM NA Windows/screens
93a C V NM NA Handrails
93b C V NM NA Railings
94a C V NM NA Landings
94b C V NM NA Non-skid surfaces
95 C V NM NA Furniture & Equipment
96a C V NM NA First aid kit
96b C V NM NA First aid kit - Location
96c C V NM NA First aid kit - Accessible
97 C V NM NA Elevator certificate
98a C V NM NA Indoor activity space
98b-1 C V NM NA Furnished lounge
98b-2 C V NM NA Lounge accommod.
98b-3 C V NM NA Lounge furnishings
98c C V NM NA Lounge TV and radio
99 C V NM NA Indoor/outdoor recreate
100a C V NM NA Exterior–free of hazards
100b C V NM NA Removal snow/obstruct.
101a C V NM NA Bedroom – square foot.
101b C V NM NA Shared bdrm–sq foot.
101c C V NM NA Bdrm–mob. need foot.
101d C V NM NA Four residents per bdrm
101e C V NM NA Ceiling height – 7 ft.
101f C V NM NA Bedroom window
101g C V NM NA Bedroom – res. use only
101h C V NM NA Bedroom - no passage
101i C V NM NA Access to bedroom
101j1 C V NM NA Mattress – fire retardant
101j2 C V NM NA Bedroom - chairs
101j3 C V NM NA Bed linen/pillow/blanket
101j4 C V NM NA Bedroom - storage area
101j5 C V NM NA Bedside table/shelf
101j6 C V NM NA Mirror
101j7 C V NM NA Lighting/operable lamp
101k C V NM NA Cots and portable beds
101l C V NM NA Bunk/raised beds
101m C V NM NA Bdrm emergency exit
101n C V NM NA Bedroom – opposite sex
101o C V NM NA Walls, floors & ceilings
101p C V NM NA Bedroom - doors
101q C V NM NA Storage space
101r-1 C V NM NA Bdrm – shades/drapes
101r-2 C V NM NA Window coverings
102a C V NM NA Toilet – 6 users
102b C V NM NA Bath sink/mirror–6 user
102c C V NM NA Tub/shower – 10 users
102d-1 C V NM NA Grab/hand/assist bars
102d-2 C V NM NA Slip-resistant surfaces
102e C V NM NA Privacy–doors/partitions
102f C V NM NA Towel/washcloth/soap
102g C V NM NA Ind. toiletry items avail.
102h C V NM NA Toilet paper
102i C V NM NA Soap dispenser
102j C V NM NA Towel/washcloth access.
102k C V NM NA No common towel
102l C V NM NA Shelves/hooks
103a C V NM NA Kitchen
103b C V NM NA Clean/san. kit. surfaces
103c C V NM NA Food protected
103d C V NM NA Storing food off floor
103e C V NM NA Leftovers
103f C V NM NA Fridge/Freezer Temps
103g C V NM NA Storing food

103h C V NM NA Thawing food
103i C V NM NA Outdated food
103j C V NM NA Utensils cleaning
104a C V NM NA Dining room equipment
104b-1 C V NM NA Dish/glassware/utensil
104b-2 C V NM NA Cracked/chipped dish
104b-3 C V NM NA Paper & plastic product
104c C V NM NA Condiments
104d C V NM NA Eating equipment
104e C V NM NA Daily meals/dining room
105a C V NM NA Laundry service - SSI
105b C V NM NA Laundry serv. –Non-SSI
105c C V NM NA Supply of linens/towels
105d C V NM NA Change bed linen/towel
105e C V NM NA Clean linen storage
105f-1 C V NM NA Labeling clothes
105f-2 C V NM NA Clothing return –24 hrs
105g-1 C V NM NA Lint removal –each use
105g-2 C V NM NA Duct cleaning
106 C V NM NA Swimming area
107a C V NM NA Emergency prep.
107b C V NM NA Emergency procedures
107c C V NM NA Food/water–3 day sup.
107d C V NM NA Procedure EMA sub.
108 C V NM NA Firearms & weapons
109a C V NM NA Pets
109b C V NM NA Rabies vaccination
109c C V NM NA Pets – health
109d C V NM NA Pets – charge

FIRE SAFETY

121a C V NM NA Unobstructed egress
121b C V NM NA Locking device approval
122 C V NM NA Two access. exits/floor
123a C V NM NA Exit doors
123b C V NM NA Emerg. procedures post
123c C V NM NA Evacuation diagrams
123d C V NM NA Mobility need – FS area
124 C V NM NA Notice to fire dept.
125a C V NM NA Combustible storage
125b C V NM NA Combustible res. access
126a C V NM NA Furnace inspection
126b C V NM NA Furnace cleaning
127a C V NM NA Portable space heaters
127b C V NM NA Non-portable space heat
128a C V NM NA Kerosene heaters
128b C V NM NA Stoves – approval/clean
128c C V NM NA Wood/coal burn. stove
129a C V NM NA Fireplace screens
129b C V NM NA Fireplace cleaning
130a C V NM NA Smoke det. –15 ft bdrm
130b C V NM NA Smoke detectors-hall.
130c C V NM NA Smoke detector UL app.
130d C V NM NA Interconnected detector
130e C V NM NA Hearing impairment
130f C V NM NA Testing smoke detectors
130g C V NM NA Smoke detector repair
130h C V NM NA Proc.- inop. smoke det.
130i C V NM NA Fire alarm- mobility
131a C V NM NA Fire extinguisher
131b C V NM NA Fire ext.-3000 ft
131c C V NM NA Kitchen fire extinguisher
131d C V NM NA UL approved extinguish.
131e C V NM NA Access. fire extinguisher
131f C V NM NA Fire extinguisher insp.
132a C V NM NA Monthly fire drill
132b C V NM NA Safety insp./fire drill
132c C V NM NA Fire drill records
132d C V NM NA Evacuation
132e C V NM NA Fire drill -sleeping hours
132f C V NM NA Alternate exit routes
132g C V NM NA Fire drills – days/times
132h C V NM NA Designated mtg. place
132i C V NM NA Testing fire alarm
132j C V NM NA Elevators
133a1 C V NM NA Exit signs
133a2 C V NM NA Exit signs-direction
133a3 C V NM NA Exit signs-letter size

RESIDENT HEALTH

141a-1 C V NM NA Medical evaluation
141a-2 C V NM NA Medical eval. content
141b1 C V NM NA Annual medical eval.
141b2 C V NM NA Medical eval. change
142a C V NM NA Secure medical care
142b C V NM NA Refusal-med. treatment
142c C V NM NA Consent for treatment
142d C V NM NA Secure preventive care
143a C V NM NA Emergency medical plan
143b C V NM NA Residents medical info
144b C V NM NA Smoking – Home Rules
144c C V NM NA Smoking procedures
144c-1 C V NM NA Smoking area guide.
144c-2 C V NM NA Smoking area distance
144c-3 C V NM NA Smoking during trans.
144d C V NM NA Smoking outside

NUTRITION

161a C V NM NA Meals – USDA allow.
161b C V NM NA Well-balanced meals
161c C V NM NA Additional portions
161d C V NM NA Special dietary needs
161e C V NM NA Dietary alternatives
161f C V NM NA Drinking water

162a C V NM NA Hours between meals
162b C V NM NA Missed meals
162c C V NM NA Menus - posted
162d C V NM NA Past menus
162e C V NM NA Menu changes
163a C V NM NA Food service handwash.
163b C V NM NA Sanitary practices
163c C V NM NA Good health
163d C V NM NA Infected wound
164a C V NM NA Withholding meals
164b C V NM NA Resident forced to eat
164c C V NM NA Res. refusal-eat/drink
164d C V NM NA Encourage nutrition

_____

TRANSPORTATION

171b1 C V NM NA Providing transportation
171b2 C V NM NA Transportation-staff age
171b3 C V NM NA Transp – no resid. driver
171b4 C V NM NA Transp-staff training
171b5 C V NM NA Transp-first aid kit
171b6 C V NM NA Transp– hands free cell
171b7 C V NM NA Transportation assistant
171c C V NM NA Home's vehicle doc.
171d C V NM NA Transp-medical appt

_____

MEDICATIONS

181a C V NM NA Self-admin assist.
181b C V NM NA S-A Medication remind
181c C V NM NA S-A Assessment
181d C V NM NA S-A Storing medication
181e C V NM NA S-A Capable
181f C V NM NA S-A Record of meds
182a C V NM NA Referral
182b C V NM NA Prescription medication
182c C V NM NA Medication admin
183a-1 C V NM NA Orig. cont./no prepour
183a-2 C V NM NA Injections
183b C V NM NA Meds, syringes locked
183c C V NM NA Refrig. meds locked
183d C V NM NA Current medications
183e C V NM NA Storing medications
183f C V NM NA Discontinued meds.
184a C V NM NA Labeling – OTC/CAM
184b C V NM NA Resident meds labeled
184c C V NM NA Sample prescript. meds
185a C V NM NA Storage procedures
185b C V NM NA Medication procedures
186a C V NM NA Authorized prescriber
186b C V NM NA Medication used by res.
186c C V NM NA Changes in medications
187a C V NM NA Medication record
187b C V NM NA Date/time of med admin
187c C V NM NA Refusal to take meds.
187d C V NM NA Follow prescriber's order
188b C V NM NA Medication error report.
188c C V NM NA Med error-document
188d C V NM NA Sys. to doc med errors
188e C V NM NA Follow-up med errors
189a C V NM NA Adverse reaction treat
189b C V NM NA Document adverse react
190a C V NM NA Complete course–meds
190b C V NM NA Insulin injections
190c C V NM NA Record of training
191 C V NM NA Resident right to refuse

_____

SAFE MANAGEMENT TECHNIQUES

201 C V NM NA Positive interventions
202 C V NM NA Prohibitions

_____

SERVICES

221a C V NM NA Program activities
221b C V NM NA Activity types
221c C V NM NA Post activity calendar
222 C V NM NA Social services
223a C V NM NA Description of service
223b C V NM NA Service procedures
224a C V NM NA Preadmiss. screen form
224b C V NM NA Assessment referral
224c C V NM NA Preadmission screening
225a C V NM NA Assessment – 15 days
225c C V NM NA Additional assessment
225d C V NM NA Higher level of care
226a C V NM NA Mobility – assessment
226b C V NM NA Mobility – requirements
226c C V NM NA 30 day DPW notice-mob
227a C V NM NA Support plan – 30 days
227c C V NM NA Support plan – revision
227d C V NM NA Supp plan – med/dental
227e C V NM NA Self-administer meds
227f C V NM NA Resident participation
227g C V NM NA Supp plan - signatures
227h C V NM NA Supp plan – refusal sign
227i C V NM NA Support plan – access
227j C V NM NA Support plan – copy
228a C V NM NA Assistance in relocating
228b C V NM NA Discharge or transfer
228c C V NM NA Closure of the home
228d C V NM NA Res. to leave the home
228e C V NM NA Discharge and transfer
228h C V NM NA Grounds-discharge/transfer

_____

SPECIAL CARE UNITS

231b	C	V	NM	NA	Medical evaluation
231c	C	V	NM	NA	Preadmission screening
231e	C	V	NM	NA	No objection statement
231f	C	V	NM	NA	Assessed annually
231g	C	V	NM	NA	Non-dementia admiss.
231h	C	V	NM	NA	Resident-home contract
232a	C	V	NM	NA	Exercise – indoor/out
232b	C	V	NM	NA	Bedroom – 2 residents
232c	C	V	NM	NA	Activity space
232d	C	V	NM	NA	Awareness/independ.
233a	C	V	NM	NA	Lock approval
233b	C	V	NM	NA	Lock manufact. state.
233c	C	V	NM	NA	Key-locking devices
233d	C	V	NM	NA	Electronic/mag. system
233e	C	V	NM	NA	Fire alarm systems
234a	C	V	NM	NA	Admission – supp plan
234b	C	V	NM	NA	Support plan - elements
234c	C	V	NM	NA	SP responsible person
234d	C	V	NM	NA	Support plan - revision
234e	C	V	NM	NA	Involve. & participation
235	C	V	NM	NA	Discharge/transfer/close
236	C	V	NM	NA	Staff training
237a	C	V	NM	NA	Activities
237b	C	V	NM	NA	Resident participation
238	C	V	NM	NA	Staffing
239a	C	V	NM	NA	Legal entity

_____

RESIDENT RECORDS

251a	C	V	NM	NA	Res. record each res.
251b	C	V	NM	NA	Record entries - legible
251c	C	V	NM	NA	Standardized forms
251d	C	V	NM	NA	Res. record on premises
251e	C	V	NM	NA	Records – availability
252	C	V	NM	NA	Records – content
253a	C	V	NM	NA	Records – 3 year retent.
253b	C	V	NM	NA	Records – disposal
253c	C	V	NM	NA	Records – logging disp.
253d	C	V	NM	NA	Records –audit/litigation
254a	C	V	NM	NA	Records –discharge/act.
254b	C	V	NM	NA	Policy and Procedures
254c	C	V	NM	NA	Records – storing

SETTLEMENT PROVISIONS TO BE MEASURED

C V NM _____

C V NM _____

C V NM _____

C V NM _____

C V NM _____

C V NM _____

C V NM _____

C V NM _____

C V NM _____

C V NM _____

C V NM _____

C V NM _____

C V NM _____

C V NM _____

C V NM _____

C V NM _____

C V NM _____

*Additional pages to be added as needed.

FINDINGS	
Regulation	**Comment**

*Additional pages to be added as needed.