



To: Members of the State Board of Health

From: Kara Johnson-Hufford, Associate Division Director, Health Facilities and Emergency Medical Services Division

Through: Randy Kuykendall, Director, Health Facilities and Emergency Medical Services Division, *DRK*

Date: November 17, 2021

Subject: Rulemaking Hearing concerning 6 CCR 1011-1, Chapter 8 - Facilities for Persons with Intellectual and Developmental Disabilities

The Department licenses a wide range of facilities pursuant to Section 25-3-101, C.R.S. Chapter 8 of 6 CCR 1011-1 houses the requirements for two different facility types for persons with intellectual and developmental disabilities—Intermediate Care Facilities for Individuals with Intellectual Disabilities and Group Homes.

Pursuant to Section 24-4-103.3, C.R.S., and Department policy, the Department must review its rules every five to seven years to ensure the rules continue to be efficient, effective, and essential. Accordingly, in 2019 the Department reviewed the existing 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Chapter 8 - Facilities for Persons with Intellectual and Developmental Disabilities. During this review, the Department identified a number of substantial changes that occurred related to the provision of services in these facilities since the last comprehensive update, in addition to changes in statutory definitions and the related federal Conditions of Participation. This rulemaking is needed to update and clarify the rules in response issues identified during the regulatory review and feedback solicited during a subsequent stakeholder process. This rule update modifies Chapter 8 to update the wording, organization, and readability of the rules, as well as adding needed definitions and ensuring standards exist should a private-pay group home ever submit an application for licensure.

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY
for Amendments to 6 CCR 1011-1, Chapter 8 -
Facilities for Persons with Intellectual and Developmental Disabilities

Basis and Purpose.

Chapter 8 of 6 CCR 1011-1 contains the licensing requirements for two distinct types of facilities for persons with intellectual and developmental disabilities:

- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), which are residential facilities certified by the Centers for Medicare and Medicaid (CMS) to provide active treatment and habilitative, therapeutic, and specialized support services to adults with intellectual and developmental disabilities.
- Group Homes, which are licensed group living situations accommodating between four and eight people in which services and supports are provided to persons with intellectual and developmental disabilities.

The majority of the rules in Chapter 8 apply to both types of facilities. However, there are certain requirements where the standards differ (e.g., administrator qualifications).

The proposed changes to Chapter 8 resulted from a regulatory review and the subsequent stakeholder process undertaken to identify needed changes. Throughout the chapter, language changes were made for consistency, accuracy, and to have rules reflect the requirements of the CMS Home and Community Based Services (HCBS) Settings Final Rule. The CMS rule, released in 2014 and still in its implementation period, codifies a shift toward person-centered care (e.g., emphasizing the person's perspective and preferences in the service planning and provision process). It also requires providers to ensure individuals receiving services have opportunities to be fully integrated into their communities, control their personal resources, and exercise personal choice regarding services and supports.

Definitions were added to ensure an understanding of terms used in the rules, and existing definitions were updated for consistency with statutory changes. The proposed changes also include reorganizations, both within parts and across parts, to improve readability and flow. Requirements related to group home administrator qualifications, criminal history record checks, and specialized care were added to ensure the health, safety, and welfare of the residents in these facilities. The proposed changes also include the elimination of rules that are no longer necessary regarding incorporation by reference and licensing requirements that are duplicative of 6 CCR 1011-1, Chapter 2 - General Licensure Standards, which applies to all licensed facilities.

While the Department is proposing several changes to Chapter 8, it is important to note that, substantively, much remains the same. The following section highlights the substantive changes and the notable word change/organization changes.

Wording changes:

“Practitioner” replaces provider and physician, as appropriate.

“Group Home” replaces community residential home.

“Resident” replaces patient and individual.

Additions and substantive changes:

Part 1-Statutory Authority and Applicability. Rule chapters related to medication administration, medical waste, and hazardous waste were added to the list of regulations specifically called out for providers to follow. While these are not new requirements for providers, the stakeholder group and Department felt there was value in adding them into Chapter 8 to serve as a reminder. Language related to incorporation by reference at Part 1.3 is being struck, as it is no longer needed.

Part 2-Definitions. Modified the definition of community residential home to reflect the common vernacular of group home and updated the definition of intellectual and developmental disability to reflect changes in the statutory definition. Added definitions for practitioner, self-administration (of medication), service plan, special diet, staff, and volunteer, to reflect the need for a clear understanding of those terms as they are used throughout the chapter.

Part 3-Licensing Requirements. The previous Part 3.3, regarding the license term (length), is being struck. When the oversight functions for group homes were transferred to the Department under House Bill 13-1314, the Department kept the license term of two years for those facilities, to hold them harmless in the move from the Department of Human Services. However, at present, group homes are the only health facilities not renewing their licenses annually. Continuing to allow such two-year license terms conflicts with the statutory provision in Section 25-3-102(1)(d), C.R.S., which specifies that “[t]he license expires one year from the date of issuance.” Stakeholders agreed that changing the group home licensing term to annually was appropriate, as long as the fee could be adjusted appropriately. Therefore, the proposed change at Part 3.3 sets the annual license fee for group homes at half the fee of the two-year license. With the proposed changes to the group home license term, there is no longer a need for the rule related to license term, as 6 CCR 1011-1, Chapter 2-General Licensure includes rules on the license term that apply to all facilities.

Part 4-Governing Body. While there are not new substantive responsibilities for the governing board, this part has been reorganized, and a rule has been added at Part 4.2, which consolidates governing body responsibilities previously scattered throughout Chapter 8 into one part. A new rule was added at Part 4.5 to clarify that the governing body is responsible for ensuring that a criminal history record check is performed on the administrator.

Part 5-Administrator. Similar to Part 4, while there are few changes to the administrator’s responsibilities, the part is reorganized for ease of understanding, and a new rule was added at Part 5.3 to outline the administrator responsibilities that were previously scattered through the remaining parts of the rule. Part 5.2 expands options for administrator qualifications for an ICF-IID and adds administrator qualifications for group homes.

Part 6-Personnel and Staffing. Language regarding criminal history record check requirements was updated at Part 6.2. There are also additions to clarify the following: the content required for personnel records (Part 6.4) and personnel policies (Part 6.6); restrictions on staff working while sick (Part 6.3); and requirements for ensuring sufficient trained staff is on duty (Part 6.8).

Part 7-Training. Part 7.1 was updated to add specific minimum training topics, and it clarifies which training/topics are necessary as part of an initial orientation and which training can be given prior to unsupervised contact with residents. Required orientation topics added include the care and services provided by the facility, assignment of duties, infection prevention and control, emergency response policies, reporting requirements, resident rights, prevention of abuse and neglect, and an overview of the facility's policies. Training prior to having unsupervised contact includes training on each specific resident, person-centered care concepts, food safety, and medication administration policies, procedures, and responsibilities.

Part 8-Admissions. No substantive changes were made in this part. Rule language was updated for ease of understanding without altering the meaning of the rules.

Part 9-Resident Rights. Considerable discussion with stakeholders took place regarding the requirements at Part 9.2(F) regarding facility investigations of alleged incidents of abuse, mistreatment, neglect, exploitation, or injuries of unknown origin. Some stakeholders requested that the Department lengthen the time allowed for a facility to complete its investigation, in part due to the length of time it takes outside agencies (e.g. law enforcement, adult protective services) to complete investigations. In reviewing the request, the Department determined failing to complete the investigation report was cited as a deficiency only three times in the past ten years. As such, the Department is proposing the addition of a rule requiring an addendum to the facility's report after the completion of an investigation by an appropriate oversight authority. Additionally, language was updated throughout Part 9, and minor clarifying changes were made.

Part 10-Resident Funds. Language was updated to clarify that facility policies regarding resident funds shall be consistent with legal and regulatory requirements (Part 10.1) and to reflect changes in who can access information regarding resident funds (Part 10.3), which has changed due to the HCBS Settings Final Rule.

Part 11-Resident Records. Additions were made to require documentation of resident's interaction in the community, individual preferences, and any special diet requirements as part of the resident record. Minor wording changes were made for accuracy and clarity.

Part 12-Infectious Disease Prevention and Control. Proposed changes include updating Part 12.1 to require a facility's infectious disease control program be based on nationally recognized standards for infection control and adding requirements commonly found in other facility licensure chapters, such as requiring a facility to have access to an individual trained in infection control. Part 12 was also reorganized for ease of use.

Part 13-Dietary Services. Proposed changes include the addition of Part 13.3, requiring food safety training for staff who handle, prepare, or serve food. Part 13 also includes updates to wording to reflect requirements for resident choice in meals and snacks, as well as residents being allowed to cook unless determined to be incapable of cooking in a safe manner. The wording related to special diet requirements at Part 13.14 was also updated.

Part 14-Medications. The previous Part 14.1 definition of medication is being struck, as the statutory definition referenced in the rules was repealed in 2012. Language was modified at the new Part 14.1 (previously 14.2) to require the monitoring of residents who are self-administering medications be done by a licensed provider who is legally

authorized to monitor medications within their own scope of practice. Part 14.5 includes the addition of requirements to be included in facility policies regarding medication administration, including:

- All medications, including medications administered on an “as needed” basis, shall be administered only by persons as authorized by law.
- Residents may self-administer medications unless they are determined to be incapable of safe self-administration. Additional requirements related to reporting non-compliance or other self-administration problems have also been added.
- Facilities may use qualified medication administration persons (QMAPs) to administer medications provided the facility complies with Sections 25-1.5-301 through 303, C.R.S. and 6 CCR 1011-1 Chapter 24-Medication Administration.

Part 15-Medical Services, Therapeutic Services, and Equipment, Supplies, and Assistive Technology. Part 15 has been reorganized for ease of use, grouping rules pertaining to similar requirements together. Definitions for therapeutic services (Part 15.8) and serious and significant changes in weight (Part 15.6) were added for clarity. Other proposed changes include additions to the requirements related to the use of unlicensed staff in providing therapeutic services, including training, monitoring, and documentation requirements. Also included is a new requirement for the facility to document if a resident refuses to use aids such as dentures or eyeglasses.

Part 16-Nursing Services, Specialized Care, and Social Services. In reviewing this part, the Department discovered that rules related to specialized care were inadvertently removed from Chapter 8 when it was modified during the implementation of House Bill 13-1314. After consulting the stakeholders, these regulations were added back into the chapter at Part 16.2. This addition includes a list of services that are considered specialized care (e.g., catheter care, tracheostomy care, oxygen saturation monitoring), and the use, training, and monitoring of unlicensed staff in providing specialized care services.

Part 17-Gastrostomy Services. Specific requirements were added in Part 17.2 to clarify the components that are expected to be included in a resident’s written, individualized gastrostomy service protocol. Language in the remainder of Part 17 was updated for clarity.

Part 18-Facility Reporting Requirements. No changes were made.

Part 19-Emergency Management Plan and Procedures. Language was updated to add specificity when evaluating the risks to the facility that must be addressed by the emergency management plan (Part 19.1) and also to add specific requirements to the emergency plan itself (Part 19.2).

Part 20-Compliance with FGI Guidelines. The only update to Part 20 was striking an effective date that has passed and thus is no longer needed.

Part 21-Physical Environment. Proposed changes in Part 21 include an updated regulatory citation at Part 21.4, striking Part 21.5(C), which is now in conflict with the Final Settings rule and person-centered care, and minor language updates that improve readability without altering the meaning of the existing rules.

Statutes that require or authorize rulemaking:

Section 25-1.5-103, C.R.S.

Section 25-3-101, C.R.S.

Other Relevant Statutes:

Section 25-1.5-301, C.R.S.

Sections 25.5-10-218 through 225, C.R.S.

Is this rulemaking due to a change in state statute?

Yes, the bill number is _____. Rules are ___ authorized ___ required.

No

Does this rulemaking include proposed rule language that incorporate materials by reference?

Yes URL

No

Does this rulemaking include proposed rule language to create or modify fines or fees?

Yes—Renewal fees for Group Homes are being halved as the license renewal will now take place annually, instead of every two years.

No

Does the proposed rule language create (or increase) a state mandate on local government?

No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

REGULATORY ANALYSIS
for Amendments to 6 CCR 1011-1, Chapter 8 -
Facilities for Persons with Intellectual and Developmental Disabilities

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

Group of persons/entities Affected by the Proposed Rule	Size of the Group	Relationship to the Proposed Rule Select category: C/S/B
Licensed Group Homes	107	C
Licensed Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs)	23	C
Residents of Group Homes and ICF-IIDs	955*	B
Advocacy organizations, parents/guardians of residents, and groups of similar nature	unknown	S
* There are 221 licensed ICF-IID beds and 734 Group Home beds		

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, please use this relationship categorization key:

- C = individuals/entities that implement or apply the rule.
- S = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
- B = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by or be at-risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Economic outcomes

Summarize the financial costs and benefits, include a description of costs that must be incurred, costs that may be incurred, any Department measures taken to reduce or eliminate these costs, any financial benefits.

- C: Chapter 8 licensees may incur costs of compliance with the proposed rules, but such costs are generally not expected to be substantial, as new standards represent practices that are already being carried out in the facilities. Increased costs were generally not a concern raised during the stakeholder process. However, there is expected to be additional administrative burden on group homes, as they will now need to complete the license renewal application annually instead of every two years.

Please describe any anticipated financial costs or benefits to these individuals/entities.

S: N/A

B: N/A

Non-economic outcomes

Summarize the anticipated favorable and non-favorable non-economic outcomes (short-term and long-term), and, if known, the likelihood of the outcomes for each affected class of persons by the relationship category.

- C: The proposed rule changes increase the readability and clarity of the rules, helping providers have a clear understanding of the standards related to the two distinct types of facilities governed under the chapter. The expansion of administrator qualifications for the ICF-IID facilities should benefit those facilities in improving the pool of qualified candidates for those difficult-to-fill positions, and the addition of qualifications for group home administrators will provide clear expectations on who is considered qualified for those positions.
- B: A number of changes will have a non-economic benefit to the residents of the facilities, generally resulting in improved quality of life, but also providing additional safeguards around the care received. The changes to align the rules with a person-centered care approach ensuring the residents have the opportunity for maximum independence and personal choice, including food choices and preparation, activities and community engagement, and self-administration of medication. Including the person-centered language in rules ensures that individuals with developmental disabilities have their preferences respected in their daily lives. The addition of administrator qualifications for group homes has the potential to improve the overall management and environment in those facilities, and the addition of criminal history record check requirements and staff requirements related to first aid and CPR abilities increase the safety of the group home environment.

While this effort to update rules was not specifically targeted toward improving outcomes for previously disenfranchised, un-served or underserved, or marginalized populations, the residents of facilities governed by Chapter 8 receive services funded through Medicaid, as well as have intellectual or developmental disabilities. Historically this population could be considered underserved or marginalized.

No non-favorable non-economic outcomes were identified.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.
 - A. Anticipated CDPHE personal services, operating costs or other expenditures:

The proposed changes are not expected to increase personnel services, operating costs, or other expenditures, since the licensing, survey, and oversight functions driving those costs remain the same. The move from a 2-year license to an annual license for group homes will result in an additional 50 license renewal applications

annually. However, the additional work is expected to be absorbed within existing resources.

Anticipated CDPHE Revenues:

The Department does not expect any additional revenues as a result of the rulemaking. While Group Home license renewal is moving from every 2 years to an annual renewal, the fee associated with the renewal is being halved, resulting in the same amount of revenue.

B. Anticipated personal services, operating costs or other expenditures by another state agency:

Anticipated Revenues for another state agency:

None

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Along with the costs and benefits discussed above, the proposed revisions:

- Comply with a statutory mandate to promulgate rules.
- Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
- Maintain alignment with other states or national standards.
- Implement a Regulatory Efficiency Review (rule review) result
- Improve public and environmental health practice.
- Implement stakeholder feedback.

Advance the following CDPHE Strategic Plan priorities (select all that apply):

<p>1. Reduce Greenhouse Gas (GHG) emissions economy-wide from 125.716 million metric tons of CO₂e (carbon dioxide equivalent) per year to 119.430 million metric tons of CO₂e per year by June 30, 2020 and to 113.144 million metric tons of CO₂e by June 30, 2023.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contributes to the blueprint for pollution reduction <input type="checkbox"/> Reduces carbon dioxide from transportation <input type="checkbox"/> Reduces methane emissions from oil and gas industry <input type="checkbox"/> Reduces carbon dioxide emissions from electricity sector
<p>2. Reduce ozone from 83 parts per billion (ppb) to 80 ppb by June 30, 2020 and 75 ppb by June 30, 2023.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduces volatile organic compounds (VOC) and oxides of nitrogen (NO_x) from the oil and gas industry. <input type="checkbox"/> Supports local agencies and COGCC in oil and gas regulations. <input type="checkbox"/> Reduces VOC and NO_x emissions from non-oil and gas contributors
<p>3. Decrease the number of Colorado adults who have obesity by 2,838 by June 30, 2020</p>

<p>and by 12,207 by June 30, 2023.</p> <ul style="list-style-type: none"> ___ Increases the consumption of healthy food and beverages through education, policy, practice and environmental changes. ___ Increases physical activity by promoting local and state policies to improve active transportation and access to recreation. ___ Increases the reach of the National Diabetes Prevention Program and Diabetes Self-Management Education and Support by collaborating with the Department of Health Care Policy and Financing.
<p>4. Decrease the number of Colorado children (age 2-4 years) who participate in the WIC Program and have obesity from 2120 to 2115 by June 30, 2020 and to 2100 by June 30, 2023.</p> <ul style="list-style-type: none"> ___ Ensures access to breastfeeding-friendly environments.
<p>5. Reverse the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023.</p> <ul style="list-style-type: none"> ___ Reverses the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023. ___ Performs targeted programming to increase immunization rates. ___ Supports legislation and policies that promote complete immunization and exemption data in the Colorado Immunization Information System (CIIS).
<p>6. Colorado will reduce the suicide death rate by 5% by June 30, 2020 and 15% by June 30, 2023.</p> <ul style="list-style-type: none"> ___ Creates a roadmap to address suicide in Colorado. ___ Improves youth connections to school, positive peers and caring adults, and promotes healthy behaviors and positive school climate. ___ Decreases stigma associated with mental health and suicide, and increases help-seeking behaviors among working-age males, particularly within high-risk industries. ___ Saves health care costs by reducing reliance on emergency departments and connects to responsive community-based resources.
<p>7. The Office of Emergency Preparedness and Response (OEPR) will identify 100% of jurisdictional gaps to inform the required work of the Operational Readiness Review by June 30, 2020.</p> <ul style="list-style-type: none"> ___ Conducts a gap assessment. ___ Updates existing plans to address identified gaps. ___ Develops and conducts various exercises to close gaps.
<p>8. For each identified threat, increase the competency rating from 0% to 54% for outbreak/incident investigation steps by June 30, 2020 and increase to 92% competency rating by June 30, 2023.</p>

<p>___ Uses an assessment tool to measure competency for CDPHE’s response to an outbreak or environmental incident.</p> <p>___ Works cross-departmentally to update and draft plans to address identified gaps noted in the assessment.</p> <p>___ Conducts exercises to measure and increase performance related to identified gaps in the outbreak or incident response plan.</p>
<p>9. 100% of new technology applications will be virtually available to customers, anytime and anywhere, by June 20, 2020 and 90 of the existing applications by June 30, 2023.</p> <p>___ Implements the CDPHE Digital Transformation Plan.</p> <p>___ Optimizes processes prior to digitizing them.</p> <p>___ Improves data dissemination and interoperability methods and timeliness.</p>
<p>10. Reduce CDPHE’s Scope 1 & 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,249 metric tons (20% reduction) by June 30, 2020 and 4,593 tons (30% reduction) by June 30, 2023.</p> <p>___ Reduces emissions from employee commuting</p> <p>___ Reduces emissions from CDPHE operations</p>
<p>11. Fully implement the roadmap to create and pilot using a budget equity assessment by June 30, 2020 and increase the percent of selected budgets using the equity assessment from 0% to 50% by June 30, 2023.</p> <p>___ Used a budget equity assessment</p>

 x Advance CDPHE Division-level strategic priorities.

- Regulatory review

The costs and benefits of the proposed rule will not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include:

There are multiple non-economic costs of inaction:

- For the Department, inaction would prolong a lack of compliance with statutory requirements for an annual license renewal and limit the ability to cite deficiencies around gastrostomy services, specialized care, and infection control.
- For licensed facilities, inaction increases the potential for misunderstanding and misapplication of outdated and unclear rules and a continued difficulty in finding administrators for the ICF-IIDs.
- For facility residents, inaction prevents regulatory alignment with current practices and philosophies, thus reducing the ability for the Department to hold providers accountable for providing services commensurate with the current standard of care.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

Rulemaking is proposed when it is the least costly method or the only statutorily allowable method for achieving the purpose of the statute. The specific revisions proposed in this rulemaking were developed in conjunction with stakeholders. The benefits, risks, and costs of these proposed revisions were compared to the costs and benefits of other options. The proposed revisions provide the most benefit for the least amount of cost, are the minimum necessary, or are the most feasible manner to achieve compliance with statute.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

Stakeholders advocated for qualified medication administration persons (QMAPs) to be allowed to administer medications on a *pro re nata* (PRN), or “as needed,” basis. In reviewing Section 25-1.5-301(1), C.R.S., the Department determined that to allow such administrations would be noncompliant with the definition of medication administration for a QMAP, which specifies, “‘administration’ does not include judgement, evaluation, or assessments...” Therefore, the rules specify that medication administration should be compliant with the statute.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

Information sources include: the Center for Medicare and Medicaid Services Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities, Department of Health Care Policy and Financing rules at 10 CCR 2505-10 8.500 and 8.600, deficiency information from past state licensure surveys, and information regarding person-centered care concepts. These sources informed the Department’s determination of best practices to incorporate into the proposed revisions.

STAKEHOLDER ENGAGEMENT
for Amendments to 6 CCR 1011-1, Chapter 8 -
Facilities for Persons with Intellectual and Development Disabilities

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Early Stakeholder Engagement:

The following individuals and/or entities were invited to provide input and included in the development of these proposed rules:

Organization	Representative Name and Title (if known)
Listserv for Licensed Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs)	23
Listserv for Licensed Group Homes	107
Individuals Participating in the Stakeholder Meetings	
Mountain Valley Developmental Services	Adam Juul
Bethesda	Alexander Nourse
Bethesda	Annette Rowell
North Metro Community Services	Beth Clark, Nurse Case Manager
Starpoint Program Approved Service Agency	Bonnie Stumph
The Resource Exchange	Brandi Griffiths
Mountain Valley Developmental Services	Brent Basham
CO Dept. of Health Care Policy and Financing	Cassandra Keller
Bethesda	Catherine Bradbury
Bethesda	Chad Wietrick
Continuum of Colorado	Charlene Cobb
CO Dept of Public Safety, Div of Fire Prev and Control	Chris Brunette
StarPoint	Christi Baxter
Continuum of Colorado	Cindy Dutton
Blue Peaks Developmental Services	Cindy Espinoza
CO Dept. of Health Care Policy and Financing	Cody Hickman
Support, Inc.	Dani Gordon
Argus Home Health Care	Danny Manzanares
Southeastern Developmental Services	David Harbour
Disability Law Colorado	David Monroe
Colorado Department of Human Services	Dawn Jacobs, Deputy Dir of Regional Centers
Bethesda	Dawn Julius, AD
North Metro Community Services	Deb Henkelman, Residential Program Manager
Continuum of Colorado	D'Shaun Fitch
Southern Colorado Development Disability Services	Duane Roy
Alliance Colorado	Ellen Jensby
C.A.R.E. Inc.	Ellie Gibson
	Erin Lehman
Dynamic Dimensions	Ginny Hallagin
Strive	Grant Jackson
Colorado Department of Human Services	Grant Reefer, QA Health Facilities
	J. Henao
Development Disabilities Resource Center	Jeanne Terrell
C.A.R.E. Inc.	Jenna Wolfe
Imagine!	Jennifer Garcia
Community Options, Inc.	Jennifer Pelligra
North Metro Community Services Residential	Jessica Bailey, Associate Director

Community Options, Inc.	Jim Womeldorf
CO Department of Human Services, OAADS/ DRCO	Jodi Merrill Brandt, Dir of Community Services
Mountain Valley Developmental Services	John Klausz
CO Dept. of Health Care Policy and Financing	John Laukkanen
Voyager Home Health Care	Jordan Jaquin
Alliance Colorado	Josh Rael
Developmental Disabilities Resource Center	Judy Loftis
Colorado Department of Human Services	Julie Ketchem-Smith
Developmental Disabilities Resource Center	Kelly Hulstrom
Colorado Department of Human Services	Kodjo Akakpo
Developmental Disabilities Resource Center	Kristie Braaten
Developmental Disabilities Resource Center -Lakewood	Kristy Riley
CO Dept. of Health Care Policy and Financing	Leah Pogoriler
Southeastern Developmental Services, Inc.	Linda Gonzales
ECS	L Key
Colorado Department of Human Services	Lynne Miller, CDHS Quality Assurance,
Horizons Specialized Services	Madeline Landgren
Alliance	Maria Jasso
Bethesda Lutheran Communities	Marvin Mays
CO Dept. of Health Care Policy and Financing	Mary Mangelsen
North Metro Community Services and CO Association of Nurses for the Developmentally Disabled	Melissa Brassington
CO Dept. of Health Care Policy and Financing	Michele Craig
CO Dept of Human Svcs, Div for Regional Center Ops	Mindy Gates
Continuum of Colorado	Nickell Jennings, Associate Director
Argus Home Health	Patti DeGeorge
Continuum of Colorado	Rachel Enkey
Elderhaus Adult Day Program in Ft Collins	Reesa Hanck, Assistant Director
Eastern CO Services for the Developmentally Disabled	Rhonda Roth
CO Dept of Public Safety – Div of Fire Prev and Control	Robert Sontag
Eastern CO Services for the Developmentally Disabled	Rochelle Ralston
Bethesda	Rose Works
North Metro Community Services	Ryan Grygiel
Argus Home Health	Sandy Martin
Mountain Valley Developmental Services (CCB)	Sara Sims
Southeastern Developmental Services, Inc.	Sarah Ortiz-Settles
Colorado Department of Human Services	Sharon Devine
Blue Peaks Developmental Services, Inc.	Socorro Herrera
Cheyenne Village	Steven Stock
CO Dept. of Health Care Policy and Financing	Trisha Creech
Continuum	Tom Knost
Imagine! Colorado	Vicki Thaler
Imagine! Colorado	Victoria Thorne
Southern Colorado Developmental Disabilities Services	Yetty Adeyelu
Horizons Specialized Services	Yvonne Truelove
Unidentified Individuals Participating in Stakeholder Meetings (phone # only) = 8	
Additional Individuals Requesting Information on Listserv	
Continuum of Colorado	Alexa Lanpher
CO Dept of Human Svcs, Div for Regional Center Ops	Angela Green
Program Approved Service Agency (Cheyenne Village)	Jenna Koch
Family Home Health	Kaitlin Stanton
Colorado Hospital Association	Kevin Caudill
Alliance 4 Homecare	Larisa Livitz, Administrator
Support, Inc.	Laura Viers
STRIVE	Mary Burdick

Roundup Fellowship	Mindy Watrous
Continuum of Colorado	Pamela Blomquist
Area Agency on Aging	Raegan Moldonado
	Sharon Sackey
Bridge Community	Veronica Saykally

The Department convened a public stakeholder process including 11 public meetings held remotely via Zoom between September 2, 2020, and August 4, 2021. The meetings took place on the first Wednesday of each month from 1:30-4:30 p.m., except for January when the meeting was canceled. The Department ensured that information was available to stakeholders via the following methods:

- Official public notice to all regulated facilities.
- Public notice posted on the Department's blog.
- Official public notice to all individuals who signed up for an email list for Chapter 8.
- A page on CDPHE's website: <https://cdphe.colorado.gov/chapter-8-idd-rewrite-workgroup>
- A google drive for working documents where all interested parties could access them: <https://drive.google.com/drive/folders/1hehmcHWVwnL5n2FblvaJUtOrvZDgfRTv?usp=sharing>

The Department reached out to individual stakeholders, stakeholder associations, or interested parties as certain topics were discussed. For example, subject matter experts in building standards were specifically encouraged to attend during the discussion of physical plant standards.

Prior to each meeting, Department staff reviewed the relevant sections of the rules and compared those rules to: the comments gathered during the regulatory review, current practice, other similar health-care facility rules, federal requirements (where applicable), regulations at other departments, and statutes, then used that information to draft new language where necessary. During the meetings, staff presented draft language for stakeholder discussion. Alternatively, on issues where there was a lack of clarity, the issue was presented, and the changes were guided by the stakeholder group. Staff facilitated discussion on any points that required modification, elimination, or addition. Staff and stakeholder meeting attendees provided input and worked toward consensus language. In most instances, the Department and stakeholders agreed on the negotiated language.

These proposed rules do not contain any local government mandates.

Staff provided information regarding the Board of Health process at the final meeting and will provide this information again via the listserv at an appropriate date.

Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10th of the month following the Request for Rulemaking).

- Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.
- Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

The update to 6 CCR 1011-1, Chapter 8 - Facilities for Persons with Intellectual and Development Disabilities includes updates to language in each of the 21 parts of the rule. Since this is a comprehensive update, there were significant discussions throughout the stakeholder process. Issues or questions raised by stakeholders were discussed and resulted in either updated language, retention of existing language, or striking of unnecessary language, generally with consensus between the Department and stakeholders. However, there were two topics where consensus was not reached:

- **Timeline for the investigation of alleged incidents of abuse, mistreatment, neglect, exploitation, or injuries of unknown origin.** Standards, along with any proposed changes are found in section Chapter 8, Part 9.2.

Current language requires that, "All alleged incidents of abuse, mistreatment, neglect, injuries of unknown origin or exploitation shall be thoroughly investigated within five (5) working days." The Department is not proposing a change to the 5-day timeline; however, some stakeholders suggested that this timeline was too aggressive and not realistic. Concerns were voiced that such a rapid timeline could lead to numerous citations if the investigation was not thorough enough, or was not completed in a timely manner. There were also concerns that this would be interpreted to mean that the investigation, a report, and all recommendations must be implemented within that timeframe. Staff and stakeholders suggested that the Department pull data from previous surveys to see how many citations had been issued on this topic for group homes or ICF-IDD facilities and that the data be the basis for additional discussion at the next month's meeting.

The information obtained from Departmental records showed that CDPHE normally cites a deficiency in this area this based on a lack of evidence to show a thorough investigation was completed. Several other citations were for investigations related to injuries of unknown origin. The current regulation has been cited 42 times over the past 10 years, but only 3 of those were related to timeframe: first in 2013 because investigation wasn't completed after 30 days, second in 2016—related to repeated injuries resulting in a citation for immediate jeopardy, and third in 2018 because the investigation had not been started for 30 days. The remaining 38 citations were due to information missing from the report. Thus it appears that this regulation has not been cited extensively, indicating that compliance with this standard is not an issue for the majority of facilities. Additionally, this 5-day requirement mirrors federal requirements for the ICF-IIDs.

The Department believes it to be in the best interest of public health and safety for the 5-day requirement to remain in place with a minor modification to indicate that a timeline for all actions to be taken must be established in this report, but

that not all actions must be completed during this 5-day period. An additional rule was added to clarify that the internal investigation can be, and may need to be, updated if other investigations are ongoing that will inform additional facility actions (e.g. Adult Protective Services, law enforcement).

- **Medication administration, particularly medication administration by Qualified Medication Administration Persons (QMAPs).** Medications and medication administration are dealt with in Part 14 of proposed Chapter 8.

The statutory authorization for QMAPs comes from Sections 25-1.5-301 through 25-1.5-303, C.R.S. and includes very prescriptive language regarding the role of QMAPs:

“(1) “Administration” means assisting a person in the ingestion, application, inhalation, or, using universal precautions, rectal or vaginal insertion of medication, including prescription drugs, according to the legibly written or printed directions of the attending physician or other authorized practitioner or as written on the prescription label and making a written record thereof with regard to each medication administered, including the time and the amount taken, but “administration” **does not include judgment, evaluation, or assessments** or the injections of medication, the monitoring of medication, or the self-administration of medication, including prescription drugs and including the self-injection of medication by the resident.” 25-1.5-301, C.R.S. (emphasis added).

Since the definition of administration in the QMAP statute specifically precludes the use of judgment, evaluation, or assessment, the Department has included several items within Chapter 8 regulation to clarify the limited role of QMAPs. This may not be how some facilities have traditionally viewed the role of QMAPs; and stakeholders wanted to allow QMAPs to administer medications on a *pro re nata* (PRN), or “as needed” basis. However, the Department determined it could not accommodate stakeholder preferences due to the statutory definition not allowing the use of judgement, evaluation, or assessments. The proposed language specifies who may administer medications at Part 14.5(A), and provides the standards for the use of QMAPs at Part 14.5(C).

Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking.

Overall, after considering the benefits, risks and costs, the proposed rule:

Select all that apply.

	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.	x	Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.

	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.	Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.
	Improves access to food and healthy food options.	Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.
x	Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.	Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
	Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.	Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
	Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.	Ensures a competent public and environmental health workforce or health care workforce.
	Other: _____ _____	Other: _____ _____

1

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 8 - FACILITIES FOR PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

6 CCR 1011-1 Chapter 8

- 2 **PART 1 – STATUTORY AUTHORITY AND APPLICABILITY**
 3 **PART 2 – DEFINITIONS**
 4 **PART 3 – LICENSING REQUIREMENTS**
 5 **PART 4 – GOVERNING BODY**
 6 **PART 5 – ADMINISTRATOR**
 7 **PART 6 – PERSONNEL AND STAFFING**
 8 **PART 7 – TRAINING**
 9 **PART 8 – ADMISSIONS**
 10 **PART 9 – RESIDENT RIGHTS**
 11 **PART 10 – RESIDENT FUNDS**
 12 **PART 11 – RESIDENT RECORDS**
 13 **PART 12 – INFECTIOUS DISEASE PREVENTION AND CONTROL**
 14 **PART 13 – DIETARY SERVICES**
 15 **PART 14 – MEDICATIONS**
 16 **PART 15 – MEDICAL SERVICES, THERAPEUTIC SERVICES, AND EQUIPMENT, SUPPLIES, AND ASSISTIVE**
 17 **TECHNOLOGY**
 18 **PART 16 – NURSING SERVICES, SPECIALIZED CARE, AND SOCIAL SERVICES**
 19 **PART 17 – GASTROSTOMY SERVICES**
 20 **PART 18 – FACILITY REPORTING REQUIREMENTS**
 21 **PART 19 – EMERGENCY MANAGEMENT PLAN AND PROCEDURES**
 22 **PART 20 – COMPLIANCE WITH FGI GUIDELINES**
 23 **PART 21 – PHYSICAL ENVIRONMENT**
- 24 **Section 1 – Statutory Authority and Applicability**
- 25 1.1 The statutory authority for the promulgation of these rules is set forth in **S**sections 25-1.5-103, 25-
 26 3-100.5, *et seq.*, and 25.5-10-214(2) and (5), C.R.S.
- 27 1.2 A facility for persons with intellectual and developmental disabilities, as defined herein, shall
 28 comply with all applicable federal, ~~and~~ state, **AND LOCAL** statutes and regulations, including, but
 29 not limited to, ~~the following:~~
- 30 (A) This Chapter 8 as it applies to the type of facility licensed.
- 31 (B) 6 CCR, 1011-1, Chapter 2, – General Licensure Standards, unless otherwise modified
 32 herein.
- 33 (C) **6 CCR, 1011-1, CHAPTER 24 – MEDICATION ADMINISTRATION REGULATIONS.**
- 34 (D) **6 CCR 1007-2, PART 1, REGULATIONS PERTAINING TO SOLID WASTE DISPOSAL SITES AND**
 35 **FACILITIES, SECTION 13, MEDICAL WASTE.**
- 36 (E) **6 CCR 1007-3, PART 262, STANDARDS APPLICABLE TO GENERATORS OF HAZARDOUS WASTE.**

37 1.3 — These regulations incorporate by reference (as indicated within) materials originally published
 38 elsewhere. Such incorporation does not include later amendments to or editions of the referenced
 39 material. The Department of Public Health and Environment maintains copies of the complete text
 40 of the incorporated materials for public inspection during regular business hours, and shall
 41 provide certified copies of the incorporated material at cost upon request. Information regarding
 42 how the incorporated material may be obtained or examined is available from:

43 Division Director
 44 Health Facilities and Emergency Medical Services Division
 45 Colorado Department of Public Health and Environment
 46 4300 Cherry Creek Drive South
 47 Denver, CO 80246
 48 Phone: 303-692-2800

49 Copies of the incorporated materials have been provided to the State Publications Depository and
 50 Distribution Center, and are available for interlibrary loan. Any incorporated material may be
 51 examined at any state publications depository library.

Commented [A1]: Rule no longer necessary—no materials are incorporated by reference.

52
 53 **PART**Section 2 – Definitions

54 2.1 “Administrator” ~~MEANS~~ A—A person who is responsible for the overall operation and daily
 55 administration, management, and maintenance of the facility.

56 2.2 ~~Community Residential Home~~ a group living situation accommodating at least four, but no more
 57 than eight, persons which is licensed by the state and in which services and supports are
 58 provided to persons with intellectual and developmental disabilities.

Commented [A2]: Now using “group home” instead of “community residential home” and the definition has been moved to Part 2.5.

59 2.32 “Department” **MEANS** the Colorado Department of Public Health and Environment or its designee.

60 2.43 “Facility for Persons with Intellectual and Developmental Disabilities” **MEANS** a facility specially
 61 designed for the active treatment and habilitation of persons with intellectual and developmental
 62 disabilities or a ~~community residential home~~**GROUP HOME**.

63 2.54 “Governing Body” **MEANS** the individuals; ~~OR service agency or community centered board when~~
 64 ~~acting as a service agency~~ that has the ultimate authority and legal responsibility for the
 65 management and operation of the facility.

66 2.5 “**GROUP HOME**” **MEANS** A GROUP LIVING SITUATION ACCOMMODATING AT LEAST FOUR (4), BUT NO MORE
 67 THAN EIGHT (8), PERSONS WHICH IS LICENSED BY THE STATE AND IN WHICH SERVICES AND SUPPORTS
 68 ARE PROVIDED TO PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. **GROUP HOME**
 69 **MEANS** THE SAME AS “COMMUNITY RESIDENTIAL HOME,” AS THE TERM IS USED IN SECTION 25.5-10-214,
 70 C.R.S.

Commented [A3]: Now using “group home” instead of “community residential home. Moved from Part 2.2, and reference to community residential home definition and use added.

71 2.6 ~~“Intellectual and Developmental Disability”~~ **MEANS** a disability that is ~~manifested~~ **MANIFESTS** before
 72 the person reaches twenty-two years of age, that constitutes a substantial disability to the
 73 affected ~~individual~~ **PERSON**, and that is attributable to ~~mental retardation~~ **AN INTELLECTUAL OR**
 74 **DEVELOPMENTAL DISABILITY** or related conditions, ~~which include~~ **INCLUDING PRADER-WILLI SYNDROME,**
 75 cerebral palsy, epilepsy, autism, or other neurological conditions when ~~these~~ **THE CONDITION OR**
 76 conditions result in impairment of general intellectual functioning or adaptive behavior similar to
 77 that of a person with ~~mental retardation~~ **AN INTELLECTUAL AND DEVELOPMENTAL DISABILITY**.

Commented [A4]: Changes made to reflect the updated statutory definition found at Section 25.5-10-202(26)(a), C.R.S.

78 2.7 “Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)” **MEANS** a
 79 residential facility that is certified by the Centers for Medicare and Medicaid **SERVICES** (CMS) to
 80 provide **ACTIVE TREATMENT, AND** habilitative, therapeutic, and specialized support services to
 81 adults with intellectual and developmental disabilities.

82 2.8 "PRACTITIONER" MEANS A PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCE PRACTICE NURSE (I.E., NURSE
83 PRACTITIONER OR CLINICAL NURSE SPECIALIST) WHO HAS A CURRENT, UNRESTRICTED LICENSE TO
84 PRACTICE AND IS ACTING WITHIN THE SCOPE OF SUCH AUTHORITY.

85 2.9 "Resident" MEANS an individual admitted to LIVING IN and receiving services from a facility for
86 persons with intellectual and developmental disabilities.

87 2.10 "SELF-ADMINISTER" MEANS THE ABILITY OF A RESIDENT TO TAKE MEDICATION INDEPENDENTLY WITHOUT
88 ANY ASSISTANCE FROM ANOTHER PERSON.

89 2.11 "SERVICE PLAN" MEANS A WRITTEN DOCUMENT THAT SPECIFIES IDENTIFIED AND NEEDED SERVICES,
90 REGARDLESS OF FUNDING SOURCE OR PROVIDER, TO ASSIST A PERSON TO REMAIN SAFELY IN THE
91 COMMUNITY. FOR THE PURPOSES OF THIS CHAPTER, THE TERM SERVICE PLAN INCLUDES, BUT IS NOT
92 LIMITED TO: SERVICE PLANS, INDIVIDUALIZED PLANS, INDIVIDUAL SERVICE AND SUPPORT PLANS, AND
93 PERSON-CENTERED SUPPORT PLANS AS USED WITHIN 10 CCR 2505-10.

94 2.12 "SPECIAL DIET" MEANS A DIET WITH SPECIFIC REQUIREMENTS, PROVIDED IN ACCORDANCE WITH A
95 PRACTITIONER'S OR REGISTERED DIETITIAN'S ORDER.

96 2.13 "STAFF" MEANS INDIVIDUALS PROVIDING SERVICES ON BEHALF OF AND/OR UNDER THE CONTROL OF THE
97 FACILITY, EITHER AS AN EMPLOYEE, THROUGH A CONTRACT BETWEEN THE FACILITY AND THE INDIVIDUAL,
98 OR THROUGH A STAFFING AGENCY.

99 2.14 "VOLUNTEER" MEANS AN UNPAID INDIVIDUAL PROVIDING SERVICES ON BEHALF OF AND/OR UNDER THE
100 CONTROL OF THE FACILITY.
101

102 PART Section 3 – Licensing Requirements

103 3.1 License Types

104 (A) —A facility for persons with intellectual and developmental disabilities shall be licensed as
105 either an Intermediate Care Facility for Individuals with Intellectual Disabilities or a
106 Community Residential GROUP Home, depending upon the size of the facility and the
107 services offered.

108 3.2 General License Requirements

109 (A) A facility for persons with intellectual and developmental disabilities shall demonstrate
110 compliance with local building and zoning codes prior to initial licensure and license
111 renewal.

112 (B) A facility for persons with intellectual and developmental disabilities shall comply with the
113 LICENSURE requirements of 6 CCR 1011-1, Chapter 2, regarding license application
114 procedures, the process for change of ownership and the continuing obligations of a
115 licensee.

116 3.3 License Term

117 (A) —The license for an Intermediate Care Facility for Individuals with Intellectual Disabilities
118 be valid for twelve (12) months unless suspended or revoked.

119 (B) —The license for a Community Residential Home shall be valid for twenty-four months
120 unless otherwise suspended or revoked.

Commented [A5]: Definition from Section 25-1.5-301(5), C.R.S.

Commented [A6]: Based on 10 CCR 2505-10, 8.500 definition, but broadened.

Commented [A7]: From Ch. 7, ALR and Ch. 3 Behavioral Health Entities. Definition needed for requirements related to background checks, training, etc.

Commented [A8]: No longer needed as the license term is covered in 6 CCR 1011-1, Chapter 2- General Licensure

121 (C) ~~In the event of a denial, suspension, or revocation of a facility's license or the facility's~~
 122 ~~program approval, the Department shall assist the Department of Health Care Policy and~~
 123 ~~Financing in overseeing the relocation of the residents.~~

124 3.43 License Fees

125 All license fees are non-refundable. More than one fee may apply depending upon the
 126 circumstances. The total fee shall be submitted with the appropriate license application.

127 (A) Initial License

- 128 (1) ~~Community Residential~~ GROUP Home: \$2,612.62.
- 129 (2) Intermediate Care Facility for Individuals with Intellectual Disabilities: \$6,270.31.

130 (B) License Renewal. Effective July 1, 2020~~2022~~, the ANNUAL renewal fee shall be:

- 131 (1) ~~Community Residential~~GROUP Home: ~~\$783.79~~ \$391.90.
- 132 (2) Intermediate Care Facility for Individuals with Intellectual Disabilities: \$1,672.08.

133 (C) Change of Ownership. Change of ownership shall be determined in accordance with the
 134 criteria set forth in 6 CCR 1011-1, Chapter 2, Part 2.6. The change of ownership fee shall
 135 be:

- 136 (1) ~~Community Residential~~ GROUP Home: \$2,612.62.
- 137 (2) Intermediate Care Facility for Individuals with Intellectual Disabilities: \$6,270.31.

138 (D) Revisit Ffee

- 139 (1) A facility's renewal license fee may be increased as the result of a licensure
 140 inspection or substantiated complaint investigation where a deficient practice is
 141 cited that has either caused harm, or has the potential to cause harm, to a
 142 consumer and the agency has failed to demonstrate appropriate correction of the
 143 cited deficiencies at the first on-site revisit.
- 144 (2) The fee shall be 50 percent of the facility's renewal license fee and shall be
 145 assessed for the second on-site revisit and each subsequent on-site revisit
 146 pertaining to the same deficiency.

148 PARTSection 4 – Governing Body

149 4.1 ~~THE FACILITY SHALL HAVE A GOVERNING BODY THAT IS RESPONSIBLE FOR THE MANAGEMENT AND~~
 150 ~~OVERSIGHT OF THE FACILITY, INCLUDING: POLICY, BUDGET, AND OPERATIONAL DIRECTION.~~

Commented [A9]: Moved from previous 4.2

151 (A) The governing body shall establish a policy that defines its composition and authority.

152 (B) ~~THE GOVERNING BODY MAY OVERSEE MORE THAN ONE FACILITY, IN WHICH CASE IT SHALL~~
 153 ~~MAINTAIN SEPARATE DOCUMENTATION CONCERNING THE OVERSIGHT OF EACH FACILITY,~~
 154 ~~RECOGNIZING THE UNIQUE CHARACTERISTICS OF EACH LOCATION.~~

Commented [A10]: Moved from previous 4.2

155 4.2 ~~The governing body shall oversee the policy, budget and operational direction of the facility. If a~~
 156 ~~governing board oversees more than one facility, it shall maintain documentation concerning the~~
 157 ~~oversight of each facility.~~

Commented [A11]: Moved to 4.1 header language

Commented [A12]: Moved to 4.1(B)

158 4.2 THE GOVERNING BODY SHALL DEVELOP WRITTEN POLICIES, INCLUDING, BUT NOT LIMITED TO, THOSE
159 REQUIRED IN OTHER PARTS OF THESE RULES:

160 (A) ~~ADMISSION AND DISCHARGE POLICIES THAT FULLY COMPLY WITH STATE AND FEDERAL LAW AND~~
161 ~~THAT MEET THE REQUIREMENTS OF PART 8.1 OF THESE RULES, INCLUDING THAT THE FACILITY~~
162 ~~SHALL ONLY ADMIT THOSE INDIVIDUALS WHOSE NEEDS CAN BE MET WITHIN THE~~
163 ~~ACCOMMODATIONS AND SERVICES THE FACILITY PROVIDES.~~

Commented [A13]: From 4.5 below

Commented [A14]: From 8.1

164 (B) POLICIES REGARDING THE HIRING OR CONTINUED SERVICE OF ANY ADMINISTRATOR, STAFF, OR
165 VOLUNTEER WHOSE CRIMINAL HISTORY RECORDS INCLUDE A CONVICTION OR PLEA, OR
166 OTHERWISE DEMONSTRATE CONDUCT THAT COULD POSE A RISK TO THE HEALTH, SAFETY, OR
167 WELFARE OF THE RESIDENT. AT A MINIMUM, THE POLICIES SHALL REQUIRE CONSIDERATION OF:

Commented [A15]: From Chapters 7 and 4, modified

- 168 (1) THE HISTORY OF CONVICTIONS AND PLEAS OF GUILTY OR NO CONTEST;
- 169 (2) THE NATURE AND SERIOUSNESS OF THE CRIME(S);
- 170 (3) THE TIME THAT HAS ELAPSED SINCE THE CONVICTIONS OR PLEAS;
- 171 (4) WHETHER THERE ARE ANY MITIGATING OR AGGRAVATING FACTORS; AND
- 172 (5) THE NATURE OF THE POSITION TO WHICH THE INDIVIDUAL WILL BE ASSIGNED.

173 (C) PERSONNEL POLICIES, AS REQUIRED BY PART 6.

174 (D) RESIDENT RIGHTS POLICIES, IN COMPLIANCE WITH PART 9.1.

175 (E) RESIDENT FUNDS POLICIES, AS REQUIRED BY PART 10.1.

176 (F) POLICIES THAT ENSURE THE APPROPRIATE PROCUREMENT, STORAGE, ADMINISTRATION, AND
177 DISPOSAL OF MEDICATIONS, IN ACCORDANCE WITH PART 14.6.

178 (G) POLICIES FOR MEDICAL SERVICES AND THERAPEUTIC SERVICES, AS REQUIRED BY PART 15.1.

179 (H) A POLICY FOR MONITORING RESIDENTS' WEIGHTS, IN ACCORDANCE WITH PART 15.6.

180 (I) POLICIES FOR THE PROVISION OF NURSING SERVICES, IN ACCORDANCE WITH PART 16.1.

181 4.3 The governing body shall establish a system for monitoring and reviewing the PHYSICAL,
182 BEHAVIORAL, AND SOCIAL NEEDS AND CARE ~~medical care and health~~ of the residents receiving
183 services at the facility.

184 4.4 THE GOVERNING BODY SHALL ENSURE COMPLIANCE WITH THE REQUIREMENTS IN PART 19 – EMERGENCY
185 MANAGEMENT PLAN AND PROCEDURES.

186 4.45 The governing body shall appoint an administrator WHO MEETS THE MINIMUM ADMINISTRATOR
187 REQUIREMENTS AT PART 5.2, ~~who shall have the~~ TO WHOM THE GOVERNING BODY SHALL DELEGATE
188 authority to implement the facility policies and procedures, and ~~be~~ IS responsible for the day-to-
189 day management of the facility.

190 (A) ~~An administrator appointed to manage an intermediate care facility for individuals with~~
191 ~~intellectual disabilities shall have an active, unrestricted Colorado nursing home~~
192 ~~administrator license.~~

Commented [A16]: Moved to administrator requirements

193 4.6 THE GOVERNING BODY SHALL ENSURE THAT A NAME-BASED CRIMINAL HISTORY RECORD CHECK IS
194 PERFORMED FOR THE ADMINISTRATOR PRIOR TO THEIR EMPLOYMENT, AS FOLLOWS:

195 (A) IF THE ADMINISTRATOR HAS LIVED IN COLORADO FOR MORE THAN THREE (3) YEARS AT THE TIME
196 OF APPLICATION, THE FACILITY SHALL OBTAIN A NAME-BASED CRIMINAL HISTORY RECORD CHECK
197 CONDUCTED BY THE COLORADO BUREAU OF INVESTIGATION.

198 (B) IF THE ADMINISTRATOR HAS LIVED IN COLORADO FOR THREE (3) YEARS OR LESS AT THE TIME OF
199 APPLICATION, THE FACILITY SHALL OBTAIN A NAME-BASED CRIMINAL HISTORY RECORD CHECK
200 FOR EACH STATE IN WHICH THE APPLICANT HAS LIVED DURING THE PAST THREE YEARS,
201 CONDUCTED BY THE RESPECTIVE STATE'S BUREAU OF INVESTIGATION OR EQUIVALENT STATE-
202 LEVEL LAW ENFORCEMENT AGENCY OR OTHER NAME-BASED REPORT, AS DETERMINED BY THE
203 DEPARTMENT.

204 (C) IF THE CRIMINAL HISTORY RECORD CHECK REVEALS ANY CONVICTIONS OR PLEAS, THE
205 INFORMATION SHALL BE CONSIDERED IN ACCORDANCE WITH THE POLICIES DEVELOPED BY THE
206 GOVERNING BODY IN ACCORDANCE WITH PART 4.2(B) OF THESE RULES.

207 (D) IF THE GOVERNING BODY BECOMES AWARE OF INFORMATION THAT INDICATES THE
208 ADMINISTRATOR COULD POSE A RISK TO THE HEALTH, SAFETY, AND/OR WELFARE OF THE
209 RESIDENTS, THE GOVERNING BODY SHALL REQUEST AN UPDATED CRIMINAL HISTORY RECORD
210 CHECK FROM THE COLORADO BUREAU OF INVESTIGATION AND/OR OTHER RELEVANT LAW
211 ENFORCEMENT AGENCY.

Commented [A17]: Similar to requirement for ALRs

212 4.5 ~~The governing body shall create policies and procedures for admission and discharge of~~
213 ~~residents that fully comply with state and federal law.~~

Commented [A18]: Moved to 4.2 (A)

214 PART Section 5 – Administrator

216 5.1 The administrator shall be responsible on a full time basis to the governing body for planning,
217 organizing, developing, and controlling the operations of the facility, INCLUDING, BUT NOT LIMITED
218 TO:

219 (A) ~~The administrator shall ensure~~ ENSURING that a recognized system of accounting is used
220 to accurately reflect the details of the business. FINANCIAL OPERATIONS OF THE FACILITY AND
221 THAT A A fiscal audit, including resident funds that are managed by the facility, shall be IS
222 performed at least annually by a qualified INDEPENDENT auditor. independent of the
223 facility.

Commented [A19]: Moved from 5.4

224 (B) ENSURING THE MAINTENANCE OF FACILITY RECORDS, INCLUDING, BUT NOT LIMITED TO, A DAILY
225 CENSUS OF CURRENT RESIDENTS, ADMISSION AND DISCHARGE RECORDS, AND A MASTER
226 RESIDENT DATABASE.

Commented [A20]: From 5.5

227 (C) ENSURING A DESIGNEE IS AVAILABLE TO FULFILL THE REQUIREMENTS OF THE ADMINISTRATOR
228 DURING PERIODS WHEN THE ADMINISTRATOR IS NOT ON-SITE OR OTHERWISE AVAILABLE VIA
229 ANOTHER METHOD WITHIN A REASONABLE AMOUNT OF TIME.

230 5.2 THE ADMINISTRATOR SHALL MEET THE MINIMUM QUALIFICATIONS, AS APPROPRIATE FOR THE TYPE OF
231 FACILITY.

232 (A) THE ADMINISTRATOR OF AN INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL
233 DISABILITIES SHALL MEET AT LEAST ONE OF THE FOLLOWING COMBINATIONS OF EDUCATION,
234 EXPERIENCE, AND/OR CREDENTIALS:

235 (1) AN ACTIVE, UNRESTRICTED COLORADO NURSING HOME ADMINISTRATOR LICENSE;

236 (2) A BACHELOR'S DEGREE FROM AN ACCREDITED COLLEGE OR UNIVERSITY IN EDUCATION,
237 SOCIAL WORK, PSYCHOLOGY, OR A RELATED FIELD WITH AT LEAST FOUR (4) YEARS OF
238 WORK EXPERIENCE IN THE INTELLECTUAL DISABILITY/DEVELOPMENTAL DISABILITY

- 239 (ID/DD) FIELD OR OTHER RELEVANT HUMAN SERVICES FIELD, INCLUDING AT LEAST TWO
240 (2) YEARS OF RELATED SUPERVISORY EXPERIENCE; OR
- 241 (3) AN ASSOCIATE'S DEGREE IN NURSING, WITH A CURRENT COLORADO LICENSE AS A
242 REGISTERED NURSE AND AT LEAST FOUR (4) YEARS OF WORK EXPERIENCE IN THE
243 ID/DD FIELD, INCLUDING AT LEAST TWO (2) YEARS OF RELATED SUPERVISORY
244 EXPERIENCE.
- 245 (B) THE ADMINISTRATOR OF A GROUP HOME SHALL MEET ONE OF THE COMBINATIONS OF
246 EDUCATION, EXPERIENCE, AND/OR CREDENTIALS LISTED BELOW:
- 247 (1) EITHER OF THE COMBINATIONS OF EDUCATION AND EXPERIENCE IN (2) OR (3) IN
248 SUBPART (A), ABOVE;
- 249 (2) A BACHELOR'S DEGREE FROM AN ACCREDITED COLLEGE OR UNIVERSITY IN EDUCATION,
250 SOCIAL WORK, PSYCHOLOGY, OR A RELATED FIELD, WITH AT LEAST ONE YEAR OF WORK
251 EXPERIENCE IN HUMAN SERVICES;
- 252 (3) AN ASSOCIATE'S DEGREE FROM AN ACCREDITED COLLEGE IN EDUCATION, SOCIAL
253 WORK, PSYCHOLOGY, OR A RELATED FIELD, WITH AT LEAST TWO YEARS OF WORK
254 EXPERIENCE IN HUMAN SERVICES;
- 255 (4) FOUR YEARS OF WORK EXPERIENCE IN HUMAN SERVICES; OR
- 256 (5) CURRENT EMPLOYMENT AS A GROUP HOME ADMINISTRATOR AS OF DECEMBER 31,
257 2021.
- 258 5.3 THE ADMINISTRATOR SHALL BE RESPONSIBLE FOR DEVELOPING PROCEDURES AND PROCESSES FOR THE
259 IMPLEMENTATION OF ALL FACILITY POLICIES DEVELOPED BY THE GOVERNING BODY AND FOR ENSURING
260 COMPLIANCE WITH THE REQUIREMENTS OF THESE RULES, INCLUDING, BUT NOT LIMITED TO:
- 261 (A) PERSONNEL REQUIREMENTS FOUND IN PART 6;
- 262 (B) STAFF TRAINING AND EVALUATION, IN COMPLIANCE WITH PARTS 7;
- 263 (C) RESIDENT RIGHTS, INVESTIGATION, AND REPORTING REQUIREMENTS FOUND IN PART 9.2;
- 264 (D) AN INFECTION PREVENTION AND CONTROL PROGRAM AND RELATED INFECTION-CONTROL
265 PROCESSES AS REQUIRED IN PART 12;
- 266 (E) POLICIES AND PROCEDURES RELATED TO CONTROLLED MEDICATION RECEIPT, STORAGE,
267 ADMINISTRATION AND DISPOSAL, AS REQUIRED IN PART 14.6;
- 268 (F) POLICIES AND PROCEDURES REGARDING MEDICAL SERVICES AND THERAPEUTIC SERVICES, IN
269 ACCORDANCE WITH PART 15.1;
- 270 (G) POLICIES FOR MONITORING THE WEIGHT OF RESIDENTS, AS REQUIRED IN PART 15.6; AND
- 271 (H) THE EMERGENCY PREPAREDNESS PLAN, INCLUDING FAMILY/GUARDIAN NOTIFICATION AND
272 TRAINING DOCUMENTATION REQUIREMENTS, AS REQUIRED IN PART 19.
- 273 ~~5.2 The administrator shall develop a written plan of organization detailing the authority,
274 responsibility, and functions of each category of personnel.~~
- 275 ~~5.3 Reserved.~~

Commented [A21]: Moved to part 6

276 ~~5.4~~ The administrator shall ensure that a recognized system of accounting is used to accurately
 277 reflect the details of the business. A fiscal audit, including resident funds that are managed by the
 278 facility, shall be performed at least annually by a qualified auditor independent of the facility.

Commented [A22]: Moved to 5.1

279 ~~5.5~~ The administrator shall ensure that the facility maintains the following records:

280 ~~(A)~~ A daily census;

281 ~~(B)~~ Admission and discharge records, and

282 ~~(C)~~ A master resident database.

Commented [A23]: Moved to 5.1(B)

283 ~~PART~~ Section 6 – Personnel and Staffing

284 6.1 The administrator shall ~~only employ~~ ENSURE staff members ~~who~~ AND VOLUNTEERS are qualified by
 285 education, training, and/OR experience.

286 6.2 The administrator, OR THEIR DESIGNEE, shall ensure that a ~~background~~ NAME-BASED CRIMINAL
 287 HISTORY RECORD check is performed for each ~~unlicensed~~ staff member OR VOLUNTEER providing
 288 direct care, SUPERVISION, OR HAVING UNSUPERVISED CONTACT WITH A RESIDENT, prior to THEIR
 289 EMPLOYMENT OR ACCEPTANCE AS A VOLUNTEER ~~the staff member's contact with residents.~~

290 (A) IF THE APPLICANT HAS LIVED IN COLORADO FOR MORE THAN THREE (3) YEARS AT THE TIME OF
 291 APPLICATION, THE FACILITY SHALL OBTAIN A NAME-BASED CRIMINAL HISTORY RECORD CHECK
 292 CONDUCTED BY THE COLORADO BUREAU OF INVESTIGATION.

293 (B) IF THE APPLICANT HAS LIVED IN COLORADO FOR THREE (3) YEARS OR LESS AT THE TIME OF
 294 APPLICATION, THE FACILITY SHALL OBTAIN A NAME-BASED CRIMINAL HISTORY RECORD CHECK
 295 FOR EACH STATE IN WHICH THE APPLICANT HAS LIVED DURING THE PAST THREE YEARS,
 296 CONDUCTED BY THE RESPECTIVE STATE'S BUREAU OF INVESTIGATION OR EQUIVALENT STATE-
 297 LEVEL LAW ENFORCEMENT AGENCY OR OTHER NAME-BASED REPORT, AS DETERMINED BY THE
 298 DEPARTMENT.

299 (C) IF THE CRIMINAL HISTORY RECORD CHECK REVEALS ANY CONVICTIONS OR PLEAS, THE
 300 INFORMATION SHALL BE CONSIDERED IN ACCORDANCE WITH THE POLICIES DEVELOPED BY THE
 301 GOVERNING BODY IN ACCORDANCE WITH PART 4.2(B) OF THESE RULES.

302 (D) IF THE ADMINISTRATOR BECOMES AWARE OF INFORMATION THAT INDICATES A STAFF MEMBER OR
 303 VOLUNTEER COULD POSE A RISK TO THE HEALTH, SAFETY, AND WELFARE OF THE RESIDENTS,
 304 THE ADMINISTRATOR SHALL REQUEST AN UPDATED CRIMINAL HISTORY RECORD CHECK FROM
 305 THE COLORADO BUREAU OF INVESTIGATION AND/OR OTHER RELEVANT LAW ENFORCEMENT
 306 AGENCY.

Commented [A24]: Similar to requirement for ALRs

307 (E) IF THE FACILITY CONTRACTS WITH A STAFFING AGENCY FOR THE PROVISION OF RESIDENT
 308 SERVICES, IT SHALL REQUIRE THE STAFFING AGENCY TO MEET THE REQUIREMENTS OF THIS
 309 PART.

310 ~~(A)~~ If any background check reveals prior convictions of a violent, fraudulent, or abusive
 311 nature, the administrator shall inquire further to determine the potential impact on
 312 resident safety in accordance with facility policy.

313 ~~(B)~~ If an individual is hired despite a background check that reveals a prior conviction of a
 314 violent, fraudulent or abuse nature, the administrator shall document the reasons for hire
 315 and plans for supervision.

Commented [A25]: Now included in governing body policy

316 6.3 THE FACILITY SHALL ESTABLISH WRITTEN POLICIES CONCERNING PRE-EMPLOYMENT PHYSICAL
317 EVALUATIONS AND EMPLOYEE HEALTH. THOSE POLICIES SHALL INCLUDE, AT A MINIMUM:

Commented [A26]: Moved from Part 12 with significant rewording, and expanded to include work restrictions whenever the worker is sick (Part B)

318 (A) TUBERCULIN SKIN TESTING OF EACH STAFF MEMBER OR VOLUNTEER PRIOR TO DIRECT CONTACT
319 WITH RESIDENTS; AND

320 (B) THE IMPOSITION OF WORK RESTRICTIONS ON DIRECT CARE STAFF OR VOLUNTEERS WHO ARE
321 KNOWN TO HAVE ANY ILLNESS IN A COMMUNICABLE STAGE, INCLUDING, AT A MINIMUM, THAT
322 SUCH INDIVIDUALS BE BARRED FROM DIRECT CONTACT WITH RESIDENTS OR RESIDENT FOOD.

Commented [A27]: From Ch. 7, ALR

323 6.34 The facility shall maintain personnel records on each staff member AND VOLUNTEER. SUCH
324 RECORDS SHALL BE AVAILABLE FOR DEPARTMENT REVIEW AND SHALL INCLUDE, BUT NOT BE LIMITED
325 TO: employment application, resume of employee's training and experience, verification of
326 credentials, and evidence regarding the absence or control of communicable diseases such as
327 tuberculosis or hepatitis B.

Commented [A28]: Reorganized and added some items from Ch. 7, Parts 7.9-7.12.

328 (A) APPLICATION AND/OR RESUME, DATE OF HIRE OR ACCEPTANCE OF VOLUNTEER SERVICE, AND
329 DATE DUTIES STARTED;

330 (B) DOCUMENTATION OF ORIENTATION AND TRAINING, INCLUDING FIRST AID AND CPR
331 CERTIFICATION, IF APPLICABLE;

332 (C) VERIFICATION OF CREDENTIALS;

333 (D) RESULTS OF CRIMINAL HISTORY RECORD CHECKS AND FOLLOW-UP, IF APPLICABLE; AND

334 (E) EVIDENCE REGARDING THE ABSENCE OR CONTROL OF COMMUNICABLE DISEASES, INCLUDING
335 TUBERCULOSIS OR HEPATITIS B, AS APPLICABLE.

336 5.26.5 THE ADMINISTRATOR SHALL DEVELOP A WRITTEN PLAN OF ORGANIZATION DETAILING THE AUTHORITY,
337 RESPONSIBILITY, AND FUNCTIONS OF DIFFERENT TYPES OF PERSONNEL.

Commented [A29]: Moved from Part 5

338 6.46 There shall be written personnel policies including, but not limited to: job descriptions that clarify
339 the type of functions to be performed, the conditions of employment, management of employees
340 and the quality and quantity of resident services to be maintained.

Commented [A30]: Cross-referenced in 4.2

341 (A) JOB DESCRIPTIONS AND ASSIGNED RESPONSIBILITIES;

342 (B) CONDITIONS OF EMPLOYMENT OR VOLUNTEER SERVICE;

343 (C) MANAGEMENT OF EMPLOYEES AND VOLUNTEERS; AND

344 (D) RESTRICTIONS OF ON-SITE ACCESS BY STAFF OR VOLUNTEERS WITH DRUG OR ALCOHOL USE
345 THAT WOULD ADVERSELY IMPACT THEIR ABILITY TO PROVIDE RESIDENT CARE AND SERVICES.

Commented [A31]: Similar to Ch. 7, Part 7.7, discussed as an addition at the November stakeholder meeting

346 6.57 The administrator shall ENSURE THAT EACH STAFF MEMBER IS provided notice of the personnel
347 policies to each staff member when hired and shall ENSURE THE POLICY IS explained the policy
348 during the initial staff orientation period AND AFTER ANY POLICY CHANGES ARE MADE. If changes are
349 made to the personnel policies, the facility shall notify employees of the changes in a timely
350 manner and document the date of such notification.

351 6.68 The administrator shall ensure that there is sufficient trained staff on duty to meet the needs OR
352 POTENTIAL NEEDS of all residents at all times, CONSIDERING INDIVIDUAL NEEDS SUCH AS THE RISK OF
353 ACCIDENT, HAZARDS, OR OTHER CHALLENGING EVENTS.

Commented [A32]: Language added is from Ch. 7, Part 8.4

354 (A) THE ADMINISTRATOR SHALL ENSURE THAT THE FACILITY DOES NOT DEPEND UPON RESIDENTS TO
355 PERFORM STAFF FUNCTIONS.

356 (B) A FACILITY MAY USE VOLUNTEERS, BUT ANY VOLUNTEER SHALL NOT BE INCLUDED IN THE
357 FACILITY'S STAFFING PLAN IN LIEU OF EMPLOYEES.

358 (C) THE FACILITY SHALL ENSURE THAT AT LEAST ONE STAFF MEMBER WITH CURRENT CERTIFICATION
359 IN FIRST AID IS AVAILABLE ON SITE WHEN RESIDENTS ARE PRESENT, UNLESS SUCH RESIDENTS
360 ARE UNSUPERVISED IN ACCORDANCE WITH THEIR SERVICE PLAN.

361 (D) THE FACILITY SHALL ENSURE THAT AT LEAST ONE STAFF MEMBER WITH CURRENT CERTIFICATION
362 IN CARDIOPULMONARY RESUSCITATION (CPR) AND OBSTRUCTED AIRWAY TECHNIQUES IS
363 AVAILABLE ON SITE WHEN RESIDENTS ARE PRESENT, UNLESS SUCH RESIDENTS ARE
364 UNSUPERVISED IN ACCORDANCE WITH THEIR SERVICE PLAN.

365 6.9 EACH STAFF MEMBER AND VOLUNTEER SHALL BE PHYSICALLY AND MENTALLY ABLE TO ADEQUATELY AND
366 SAFELY PERFORM ALL FUNCTIONS ESSENTIAL TO THEIR ASSIGNED RESPONSIBILITIES.

367 A resident may be allowed to remain unsupervised in the facility only when all of the following
368 criteria are met:

369 (A) The resident's individual plan allows for the unsupervised time;

370 (B) The resident has telephone access to a staff member who shall be immediately available
371 by telephone and able to arrive at the facility within 15 minutes, if necessary;

372 (C) The unsupervised period does not exceed four (4) hours at a time unless a longer
373 unsupervised period is specified in the resident's individual plan;

374 (D) No more than one resident at a time shall be left unsupervised unless there has been an
375 evaluation that two or more residents may be unsupervised at the same time; and

376 (E) Any unsupervised time is not merely for the convenience of the staff.

377 ~~6.7 The administrator shall ensure that the facility does not depend upon residents to perform staff~~
378 ~~functions.~~

379 ~~6.8 A facility may use volunteers, but any volunteer shall not be included in the facility's staffing plan~~
380 ~~in lieu of employees.~~

381 **PART** Section 7 – Training
382

383 7.1 The administrator shall develop and implement a policy and procedure for the initial orientation
384 and on-going training of staff AND VOLUNTEERS to ensure that all duties and responsibilities are
385 accomplished in a competent manner. The policy and procedure shall include, but not be limited
386 to, the following:

387 (A) The extent and type of orientation for all new staff prior to unsupervised contact with
388 residents, ENSURING EACH STAFF MEMBER OR VOLUNTEER COMPLETES AN INITIAL ORIENTATION
389 PRIOR TO PROVIDING ANY CARE OR SERVICES TO A RESIDENT. SUCH ORIENTATION SHALL
390 INCLUDE, AT A MINIMUM:

391 (1) THE CARE AND SERVICES PROVIDED BY THE FACILITY;

392 (2) ASSIGNMENT OF DUTIES AND RESPONSIBILITIES SPECIFIC TO THE STAFF MEMBER OR
393 VOLUNTEER;

Commented [A33]: Moved from below at 6.7 and 6.8

Commented [A34]: (C) and (D) added in response to stakeholder discussion. Similar to requirements in Ch. 7, Parts 8.6-8.7)

Commented [A35]: Similar to Ch. 7, 7.4.

Commented [A36]: Moved to 6.8 (A)

Commented [A37]: Moved to 6.8(B)

Commented [A38]: Cross-referenced at 5.2

Commented [A39]: New language similar to Ch. 7, Part 7.8

- 394 (3) INFECTION PREVENTION AND CONTROL AND UNIVERSAL PRECAUTIONS, AS REQUIRED IN
- 395 PART 12.2;
- 396 (4) EMERGENCY RESPONSE POLICIES AND PROCEDURES, INCLUDING:
- 397 (A) RECOGNIZING EMERGENCIES;
- 398 (B) RELEVANT EMERGENCY CONTACT NUMBERS;
- 399 (C) FIRE RESPONSE, INCLUDING FACILITY EVACUATION PROCEDURES;
- 400 (D) BASIC FIRST AID;
- 401 (E) AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE, IF APPLICABLE; AND
- 402 (F) SERIOUS ILLNESS, INJURY, AND/OR DEATH OF A RESIDENT.
- 403 (5) REPORTING REQUIREMENTS, INCLUDING OCCURRENCE REPORTING PROCEDURES
- 404 WITHIN THE FACILITY AND REPORTING ABUSE, NEGLECT, MISTREATMENT, OR
- 405 EXPLOITATION;
- 406 (6) RESIDENT RIGHTS;
- 407 (7) PREVENTION OF ABUSE AND NEGLECT; AND
- 408 (8) AN OVERVIEW OF THE FACILITY'S POLICIES AND PROCEDURES AND HOW TO ACCESS
- 409 THEM FOR REFERENCE.
- 410 (B) ENSURING EACH STAFF MEMBER OR VOLUNTEER RECEIVES TRAINING ON THE FOLLOWING
- 411 TOPICS PRIOR TO THAT STAFF MEMBER OR VOLUNTEER HAVING UNSUPERVISED CONTACT WITH
- 412 RESIDENTS: ~~Job training specific to the residents' needs shall be provided to each staff~~
- 413 ~~member prior to that staff member working unsupervised with any resident. Such training~~
- 414 ~~shall include, at a minimum, medical protocols, therapy programs, activities of daily living~~
- 415 ~~needs, special services, and each resident's evacuation capabilities.~~
- 416 (1) TRAINING SPECIFIC TO EACH INDIVIDUAL RESIDENT, AS RELEVANT TO THEIR JOB DUTIES,
- 417 INCLUDING, BUT NOT LIMITED TO:
- 418 (A) MEDICAL PROTOCOLS AND THERAPY PROGRAMS;
- 419 (B) NEEDS RELATED TO ACTIVITIES OF DAILY LIVING;
- 420 (C) SPECIALIZED SERVICES;
- 421 (D) INDIVIDUAL INTERESTS AND PREFERENCES;
- 422 (E) INDIVIDUAL EVACUATION CAPABILITIES; AND
- 423 (F) DIETARY AND NUTRITIONAL NEEDS.
- 424 (2) PERSON-CENTERED CARE;
- 425 (3) MAINTENANCE OF A CLEAN, SAFE, AND HEALTHY ENVIRONMENT, INCLUDING
- 426 APPROPRIATE CLEANING TECHNIQUES, AS APPLICABLE;
- 427 (4) FOOD SAFETY, IN COMPLIANCE WITH PART 13.3, AS APPLICABLE TO JOB DUTIES; AND

Commented [A40]: Added to increase focus on person-centered care

428 (5) MEDICATION ADMINISTRATION POLICIES, PROCEDURES, AND RESPONSIBILITIES.

429 (G) Within the first 30 days of employment, staff shall receive training in resident rights,
430 abuse and neglect prevention, reporting abuse, neglect, mistreatment, and exploitation.

Commented [A41]: All topics moved to orientation.

431 (C) TRAINING AND DRILLS FOR EMERGENCY MANAGEMENT AS REQUIRED IN 19.2.

432 (D) TRAINING AND ORIENTATION DOCUMENTATION REQUIREMENTS, INCLUDING THAT SUCH
433 ORIENTATION AND TRAINING BE DOCUMENTED IN THE STAFF MEMBER'S OR VOLUNTEER'S
434 PERSONNEL FILE.

435 7.2 The administrator shall develop and implement a process for staff monitoring, including

Commented [A42]: Cross-referenced at 5.2

436 (A) THERE SHALL BE an annual written evaluation of staff competency specific to the duties
437 required at the facility and resident needs.

438 (AB) If a staff member fails the annual competency evaluation, the administrator shall, at a
439 minimum, provide AND DOCUMENT retraining, and reevaluate to demonstrate competency
440 is achieved.

441 ~~7.3 The administrator shall document that orientation and training in emergency procedures has been
442 provided for each new staff member and each newly admitted resident capable of self-
443 preservation.~~

444 ~~7.4 The administrator shall document all staff training including in-service training.~~

Commented [A43]: Moved to 7.1

445 7.3 THE ADMINISTRATOR SHALL DOCUMENT THAT ORIENTATION AND TRAINING IN EMERGENCY PROCEDURES
446 HAS BEEN PROVIDED FOR EACH NEW STAFF MEMBER, EACH VOLUNTEER, AND EACH NEWLY ADMITTED
447 RESIDENT CAPABLE OF SELF-EVACUATION. TRAINING SHALL OCCUR WITHIN SEVEN (7) WORKING DAYS OF
448 EMPLOYMENT OR MOVING INTO TO THE GROUP HOME.

Commented [A44]: Moved from Part 19.4

450 PART Section 8 – Admissions

451 8.1 The facility shall have AND IMPLEMENT a written policy that specifies that it will only admit those
452 individuals whose needs can be met within the accommodations and services the facility
453 provides.

Commented [A45]: Cross-referenced at 4.2

454 8.2 Prior to or upon admission of a resident, the facility shall ensure that it obtains the essential
455 information pertinent to the care AND SUPPORT of the resident, including a medical evaluation
456 report, EITHER PRIOR TO OR UPON ADMISSION OF A RESIDENT.

457 ~~8.3 Upon admission, adequate measure shall be taken to insure the proper identification of the
458 resident.~~

459 8.43 THE FACILITY SHALL ONLY ADMIT RESIDENTS TO REGULARLY DESIGNATED BEDROOMS. No resident shall
460 be admitted for care to any room or area other than one regularly designated as a bedroom.

461 8.4 There shall be no more THE FACILITY SHALL ENSURE THE NUMBER OF residents admitted to a EACH
462 bedroom DOES NOT EXCEED THE than the number for which the room is designed and equipped.

464 PART Section 9 – Resident Rights

465 9.1 Each facility shall have DEVELOP AND IMPLEMENT written policies and procedures for residents'
466 rights WHICH. Those policies and procedures shall address the patient CLIENT rights set forth in 6
467 CCR 1011-1, Chapter 2, Part 7, and Sections 25.5-10-218 through 225, C.R.S. (Effective March

Commented [A46]: Cross-referenced at 4.2

- 468 1, 2014), which is incorporated by reference. Such policies and procedures shall also include
 469 specific provisions regarding the following:
- 470 (A) The right to have medications administered in a manner consistent with state and federal
 471 law and regulation.
- 472 (B) The right to resident notice at least ~~45~~ 30 days prior to the effective date when there is a
 473 decision to terminate services or transfer the resident, **REGARDLESS OF WHO INITIATED THE**
 474 **TERMINATION OR TRANSFER.**
- 475 (C) Assurance that any resident transfer, **INCLUDING BETWEEN FACILITIES OR WITHIN THE SAME**
 476 **FACILITY**, shall be in the best interests of the resident and not for the convenience of the
 477 facility.
- 478 (D) An effective monitoring mechanism to detect instances of abuse, mistreatment, neglect,
 479 and exploitation. Monitoring shall include, at a minimum, a review of ~~the following items~~:
- 480 (1) Incident **AND/OR OCCURRENCE** reports;
- 481 (2) Verbal and written reports from residents, advocates, families, guardians, friends
 482 of residents, or others; ~~and~~
- 483 (3) Verbal and written reports of unusual or dramatic changes in behaviors or
 484 residents; **AND**
- 485 (4) A plan for ~~frequent~~ unannounced supervisory visits to each residence or facility
 486 on all shifts, **NO LESS THAN QUARTERLY.**
- 487 (E) Procedures for identifying, reporting, reviewing, and investigating all allegations of abuse,
 488 mistreatment, neglect, and exploitation **CONSISTENT WITH APPLICABLE LEGAL AND**
 489 **REGULATORY REQUIREMENTS.**
- 490 (F) Procedures for timely and appropriate disciplinary action up to and including termination
 491 of staff and appropriate legal recourse against any staff member **OR VOLUNTEER** who has
 492 engaged in abuse, mistreatment, neglect, or exploitation of a resident.
- 493 9.2 The facility administrator shall ensure implementation of the following ~~items~~:
- 494 (A) All staff members **AND VOLUNTEERS** are aware of applicable state law and facility policies
 495 and procedures related to abuse, mistreatment, neglect, and exploitation.
- 496 (B) The facility adheres to federal and state law along with the facility's own policies and
 497 procedures for residents' rights.
- 498 (C) The facility demonstrates that the residents are informed of their rights and those rights
 499 are protected.
- 500 (D) **THE FACILITY ENSURES** IMMEDIATE reporting to the facility administrator or designee by any
 501 staff member **OR VOLUNTEER** who observes or is aware of abuse, mistreatment, neglect,
 502 or exploitation of a resident, and **DOCUMENTATION OF** prompt action to protect the safety of
 503 the affected resident and all other residents in the facility.
- 504 (E) **THE FACILITY REPORTS** Reporting of any alleged incident or occurrence to **THE**
 505 **INDIVIDUAL(S) LEGALLY AUTHORIZED TO RECEIVE THE INFORMATION** ~~the parent, guardian, or~~
 506 ~~authorized representative~~ within 24 hours, and to the ~~d~~Department by the next business
 507 day, consistent with 6 CCR 1011-1, Chapter 2, **PART** ~~Section~~ 4.2.; ~~and~~

Commented [A47]: Cross-ref in part 5

508 (F) All alleged incidents of abuse, mistreatment, neglect, **EXPLOITATION, OR** injuries of
509 unknown origin or ~~exploitation~~ shall be thoroughly investigated within **five (5)** working
510 days.

511 (1) An investigative report shall be prepared that includes, at a minimum:

512 (4A) The preliminary results of the investigation;

513 (2B) A summary of the investigative procedures utilized;

514 (3C) The ~~full~~ investigative findings, including recommendations;

515 (4D) The administrative review; **AND**

516 (5E) **TIMELINE FOR THE** ~~The~~ action(s) **TO BE** taken.

517 (2) **IF THE ALLEGED INCIDENT IS SUBJECT TO EXTERNAL INVESTIGATION BY LAW**
518 **ENFORCEMENT, ADULT PROTECTIVE SERVICES, OR OTHER APPROPRIATE OVERSIGHT**
519 **AUTHORITY, THE FACILITY SHALL SUBMIT AN ADDENDUM TO THE DOCUMENTATION OF ITS**
520 **INVESTIGATION WITHIN FIVE (5) WORKING DAYS AFTER THE COMPLETION OF SUCH**
521 **EXTERNAL INVESTIGATION.**
522

523 **Section 10 – Resident Funds**

524 10.1 The facility shall develop and implement ~~written policies and procedures~~ **CONSISTENT WITH LEGAL**
525 **AND REGULATORY REQUIREMENTS** regarding resident funds. **THESE PROCEDURES SHALL INCLUDE THE**
526 **ABILITY FOR RESIDENTS TO ACCESS FUNDS AT ANY TIME.**

527 10.2 The facility shall establish and maintain an accounting system that ensures a full, complete, and
528 separate accounting, according to generally accepted accounting principles, of each resident's
529 personal funds entrusted to the facility on the resident's behalf.

530 (A) The facility shall ensure that its accounting system precludes any commingling of resident
531 funds with facility funds or with the funds of any person other than another resident.

532 (B) The facility shall regularly monitor its accounting system to ensure the policies and
533 procedures are being appropriately implemented and resident funds are protected from
534 misuse.

535 10.3 Upon request, the facility shall make a resident's financial record available to the resident **OR**
536 **OTHER INDIVIDUAL LEGALLY AUTHORIZED TO RECEIVE THE INFORMATION WITHIN A REASONABLE AMOUNT**
537 **OF TIME, NOT TO EXCEED THIRTY (30) DAYS,** ~~the resident's parents, or legal guardian.~~

539 **Section 11 – Resident Records**

540 **11.1 ALL RECORDS SPECIFICALLY REQUIRED BY THESE STANDARDS SHALL BE MADE AVAILABLE TO THE**
541 **DEPARTMENT FOR PURPOSES OF ENFORCING THESE REGULATIONS. IF RECORDS ARE MAINTAINED**
542 **ELECTRONICALLY, THEY SHALL BE MADE AVAILABLE TO THE DEPARTMENT IN A MANNER THAT ALLOWS FOR**
543 **A TIMELY, EFFICIENT, AND COMPLETE REVIEW.**

544 **11.4.2 Initial Record Requirements**

545 (A) The following minimum information shall be recorded in the resident's program or medical
546 record upon admission to the facility for persons with **INTELLECTUAL OR** developmental
547 disabilities:

Commented [A48]: 5-day requirement mirrors CMS ICF-IID requirements. Based on Department survey data, we normally cite this based on a lack of evidence to show a thorough investigation was completed to fully close the loop on any MANE investigations. Several were for investigations related to injuries of unknown origin. Has been cited 42 times over the past 10 years, but only 3 of those were related to timeframe: first in 2013 because investigation wasn't completed after 30 days, second in 2016—related to repeated injuries resulting in an IJ, third in 2018 because the investigation had not been started for 30 days. The remaining 38 citations were due to information missing from the report.

Commented [A49]: Cross-referenced at 4.2

Commented [A50]: Revisions due to HCBS Settings Final Rules, parent/guardian no longer automatically entitled to reports

Commented [A51]: Moved from current 11.2 (C)

- 548 (1) Name, previous address, and birth date;
- 549 (2) Name, address, and phone number of legal guardian (if any), person to contact
550 in an emergency, ~~physician~~ PRIMARY CARE PRACTITIONER, dentist, and case
551 manager; and
- 552 (3) Special needs, allergies, SPECIAL DIET REQUIREMENTS, and current medication. If a
553 resident has an allergy to any substance, a notice shall be placed in a
554 conspicuous place on the resident's record.
- 555 (B) To the extent possible, the following shall also be obtained:
- 556 (1) The results of assessments conducted within the previous 12 months;
- 557 (2) All ~~individual service and support plans (ISSP) and service/individualized plans~~
558 ~~(SP/IP)~~ SERVICE PLANS, as appropriate, developed within the previous 12 months;
- 559 (3) Record of prescriptions of medications PRESCRIBED within the previous 12
560 months;
- 561 (4) Dates and descriptions of illnesses, accidents, significant changes of condition,
562 treatments thereof, and immunizations for the previous 12 months;
- 563 (5) Summary of hospitalizations for the previous 12 months, to include
564 recommendations for follow-up and treatment; ~~and~~
- 565 (6) Any other information relevant to the health of the resident; AND
- 566 (7) INDIVIDUAL INTERESTS AND PREFERENCES, INCLUDING COMMUNITY ACTIVITIES.
- 567 11.23 Continuing Record Requirements
- 568 (A) Each facility shall maintain ~~active~~ CURRENT AND ACCURATE program and medical records
569 for individual residents that also contain the following:
- 570 (1) All information required by ~~PART~~Section 11.1 of this chapter;
- 571 (2) A record of the use of the resident's funds including all debits, credits, and a
572 description of purchases if supervised by the licensee;
- 573 (3) ~~Current individualized plan and individual service and support plans~~SERVICE
574 PLANS, as appropriate, along with documentation of their implementation and
575 progress toward meeting the goals;
- 576 (4) DOCUMENTATION OF RESIDENT INTERACTION IN THE COMMUNITY, INCLUDING ACTIVITIES
577 OFFERED AND RESIDENT PARTICIPATION;
- 578 (45) Current photo of resident;
- 579 (56) General physical characteristics;
- 580 (67) General description of personality characteristics;
- 581 (78) Quarterly weight and annual height measurement of ~~all residents~~;

- 582 (89) Records of interventions and treatments provided by physician PRACTITIONERS,
583 therapists, nurses, and other professional staff;
- 584 (910) Records of prescriptions ordered and medication administered in the previous 12
585 months; and
- 586 (101) Date, time, and circumstances of resident's death, when applicable; AND
- 587 (12) DOCUMENTATION RELATED TO SPECIAL DIETS, AS REQUIRED IN PART 13.
- 588 (B) All entries in any resident record shall be dated and authenticated. Acceptable
589 authentication shall be the staff's written signature, identifiable initials, computer key, or
590 other appropriate technological means.
- 591 (C) ~~All records specifically required by these standards shall be made available to the
592 department for purposes of enforcing these regulations. If records are maintained
593 electronically, they shall be made available to the Department in a manner that allows for
594 a timely, efficient, and complete review.~~

595 11.34 Medical Record Retention

- 596 (A) Medical records are those records pertaining to the health status and related medical
597 services and treatments of the resident. Such records do not include documents involving
598 services and programs.
- 599 (B) All medical records for adults (persons eighteen (18) years of age or older) shall be
600 retained for no less than ten (10) years after the last date of service or discharge from the
601 facility. All medical records for minors shall be retained after the last date of service or
602 discharge from the facility for the period of minority plus ten (10) years.

604 PART Section 12 – Infectious Disease Prevention and Control

605 12.1 The administrator shall develop and implement an infectious disease control program WITH that
606 includes PROCEDURES THAT REFLECT THE SCOPE AND COMPLEXITY OF THE SERVICES PROVIDED IN THE
607 FACILITY. THE PROGRAM SHALL BE BASED ON NATIONALLY RECOGNIZED STANDARDS FOR INFECTION
608 CONTROL AND SHALL REQUIRE THE ADEQUATE INVESTIGATION, CONTROL, AND PREVENTION OF
609 INFECTIONS. TOPICS ADDRESSED SHALL INCLUDE, BUT NOT BE LIMITED TO, to track and trend infections
610 that are known or become known among staff and residents that may affect the safety of the
611 residents, and in-service training programs for microbial and infectious disease control.

Commented [A52]: Moved below

612 12.2 The administrator shall develop and implement a procedure for tuberculin screening of staff that
613 is consistent with the Centers for Disease Control "Guidelines for Preventing the Transmission of
614 Mycobacterium tuberculosis in Health-Care Settings, 2005," U.S. Department of Health and
615 Human Services Centers for Disease Control and Prevention, which is incorporated by reference.

Commented [A53]: Moved to Part 6 with substantial re-wording

616 (A) A REQUIREMENT THAT AT LEAST ONE INDIVIDUAL TRAINED IN INFECTION CONTROL SHALL BE
617 EMPLOYED BY OR AVAILABLE TO THE FACILITY;

618 (B) METHODS FOR IDENTIFYING AND TRACKING INFECTION PATTERNS AND TRENDS AMONG
619 EMPLOYEES, VOLUNTEERS, OR RESIDENTS AND INITIATING A RESPONSE;

Commented [A54]: From above

620 (C) PROCEDURES FOR HANDLING SOILED LINEN AND CLOTHING, STORING PERSONAL CARE ITEMS,
621 AND GENERAL CLEANING WHICH MINIMIZE THE SPREAD OF PATHOGENIC ORGANISMS;

622 (D) MAINTENANCE OF A SANITARY ENVIRONMENT;

Commented [A55]: From below

- 623 (E) MITIGATION OF RISKS ASSOCIATED WITH INFECTIONS AND THE PREVENTION OF THE SPREAD OF
 624 COMMUNICABLE DISEASE, INCLUDING, BUT NOT LIMITED TO: HAND HYGIENE, BLOODBORNE AND
 625 AIRBORNE PATHOGENS, AND RESPIRATORY HYGIENE AND COUGH ETIQUETTE FOR RESIDENTS
 626 AND STAFF;
- 627 (F) COORDINATION WITH OTHER FEDERAL, STATE, AND LOCAL AGENCIES INCLUDING, BUT NOT
 628 LIMITED TO, A METHOD TO DETERMINE WHEN TO SEEK ASSISTANCE FROM A MEDICAL
 629 PROFESSIONAL AND/OR THE LOCAL HEALTH DEPARTMENT;
- 630 (G) THE REPORTING OF DISEASES AS REQUIRED BY THE DEPARTMENT'S RULES AND REGULATIONS
 631 PERTAINING TO EPIDEMIC AND COMMUNICABLE DISEASE CONTROL, 6 CCR 1009-1; AND
- 632 (H) THE PROTECTIVE ISOLATION OF RESIDENTS WHO HAVE AN INFECTIOUS DISEASE.
- 633 ~~12.3 The facility shall develop and implement procedures for handling soiled linen and clothing, storing~~
 634 ~~personal care items, and general cleaning which minimizes the spread of pathogenic organisms.~~
- 635 ~~12.4 The facility shall have written policies addressing infectious disease control including, but not~~
 636 ~~limited to, the following:~~
- 637 (A) ~~Environmental controls to prevent or limit the spread of infection;~~
- 638 (B) ~~The protective isolation of residents who have an infectious disease; and~~
- 639 (C) ~~The reporting of diseases as required by the Department's Rules and Regulations~~
 640 ~~Pertaining to Epidemic and Communicable Disease Control, 6 CCR 1009-1.~~
- 641 ~~12.5 Personnel shall practice universal precautions.~~
- 642 12.2 THE FACILITY SHALL PROVIDE INITIAL AND ONGOING TRAINING FOR STAFF ON THE PRINCIPLES OF
 643 INFECTION PREVENTION AND CONTROL; UNIVERSAL PRECAUTIONS; MANAGEMENT OF BLOOD, OTHER BODY
 644 FLUIDS, OR POTENTIALLY INFECTIOUS WASTE; AND CLEANING AND DISINFECTION TECHNIQUES.
- 645 PART Section 13 – Dietary Services
- 646
- 647 13.1 All food shall be procured, stored, and prepared safely.
- 648 13.2 At least a three-day supply of food AND DRINKING WATER shall be available in the facility in case of
 649 emergency.
- 650 ~~13.3 STAFF HANDLING, PREPARING, OR SERVING FOOD SHALL COMPLETE FOOD SAFETY TRAINING AND~~
 651 ~~MAINTAIN EVIDENCE OF COMPLETION AS PART OF THE PERSONNEL FILE IN ACCORDANCE WITH PART~~
 652 ~~7.1(D). FOOD SAFETY TRAINING SHALL BE PROVIDED BY RECOGNIZED FOOD SAFETY EXPERTS OR~~
 653 ~~AGENCIES, SUCH AS THE DEPARTMENT'S DIVISION OF ENVIRONMENTAL HEALTH AND SUSTAINABILITY,~~
 654 ~~LOCAL PUBLIC HEALTH AGENCIES, OR COLORADO STATE UNIVERSITY EXTENSION SERVICES. AT A~~
 655 ~~MINIMUM, A CERTIFICATE OF COMPLETION OF THE AVAILABLE ONLINE MODULES IS SUFFICIENT TO COMPLY~~
 656 ~~WITH THIS PART. THE SUCCESSFUL COMPLETION OF OTHER ACCREDITED FOOD SAFETY COURSES IS ALSO~~
 657 ~~ACCEPTABLE.~~
- 658 13.24 ~~Meals shall be planned in a manner that incorporates resident involvement.~~
 659 THE FACILITY SHALL ENSURE RESIDENTS HAVE THE OPPORTUNITY TO BE INVOLVED IN PLANNING MEALS
 660 AND CHOOSING AVAILABLE SNACKS.
- 661 13.35 Meals shall provide a nutritionally adequate diet for all residents CONSISTENT WITH GENERALLY
 662 RECOGNIZED NATIONAL OR STATE DIETARY STANDARDS AND/OR GUIDELINES., based upon the Dietary

Commented [A56]: From below

Commented [A57]: From below

Commented [A58]: Moved above

Commented [A59]: From Ch. 7, ALR—standard applicable to facilities with 19 or fewer beds.

- 663 Guidelines for Americans, 2005, U.S. Department of Health and Human Services and U.S.
664 Department of Agriculture, 6th Edition, which is incorporated by reference.
- 665 (A) The facility shall ensure that the meals provided maintain acceptable parameters of
666 nutritional status such as body weight and protein level unless the resident's clinical
667 condition demonstrates that this is not possible.
- 668 13.46 The facility shall have a diet manual that provides guidance for the preparation of diet menus
669 including special diets.
- 670 13.57 The facility shall have a qualified REGISTERED dietician perform an initial review of all specialized,
671 prescribed diet plans DIETS to ensure they meet diet guidelines and ENSURE A REVIEW OF ALL
672 CHANGES be available for consultation regarding any changes to the special dietary needs SPECIAL
673 DIETS of the residents. SUCH REVIEWS SHALL BE DOCUMENTED IN THE RESIDENT'S RECORD.
- 674 13.68 Records of meals prepared including available options and substitutions shall be kept by the
675 facility staff and shall be available for review for a period of 30 days.
- 676 13.79 Meals shall vary daily and be appropriate for holidays and seasonal conditions.
- 677 13.810 Residents shall have reasonable access to THE KITCHEN, food, AND supplies AT ALL TIMES, UNLESS
678 A RESTRICTION IS ASSESSED TO BE APPROPRIATE AND DOCUMENTED IN THE RESIDENT RECORD.
- 679 13.11 Between-meal snacks of nourishing quality shall be available.
- 680 13.12 RESIDENTS SHALL BE ALLOWED TO COOK UNLESS AN ASSESSMENT DETERMINES THE RESIDENT IS NOT
681 CAPABLE OF COOKING IN A SAFE MANNER AND DOCUMENTATION OF SUCH ASSESSMENT IS PART OF THE
682 RESIDENT RECORD.
- 683 13.913 Staff support shall be available PROVIDED to all residents who need assistance during meals, AS
684 EVIDENCED BY AN INABILITY TO SELF-FEED WITHIN 15 MINUTES OF FOOD BEING PRESENTED.
- 685 13.104 Special Diets
- 686 (A) Known food allergies and prescribed therapeutic SPECIAL diets shall be documented and
687 such information shall be made available to facility staff preparing meals.
- 688 (B) The administrator OR THEIR DESIGNEE shall ensure that all staff, including volunteers and
689 temporary staff, are aware of and adhere PROVIDE FOOD, SUPPLIES, AND ADAPTIVE
690 EQUIPMENT IN COMPLIANCE WITH to any resident's RESIDENTS' food allergies and/or special
691 dietary DIET requirements.
- 692 (C) The facility shall ensure that it is providing PROVIDE food that meets RESIDENTS' the special
693 dietary needs of the residents REQUIREMENTS.
- 694 (D) THE FACILITY SHALL DOCUMENT A RESIDENT'S REFUSAL TO EAT THEIR SPECIAL DIET AS PART OF
695 THE RESIDENT RECORD.
- 696 PART Section 14 – Medications
- 697
- 698 14.1 Unless otherwise specified, "medications" refers to substances defined in Section 12-22-
699 102(11)(a), C.R.S., as well as dietary and nutritional supplements.
- 700 14.21 On at least a quarterly basis, THE FACILITY SHALL ENSURE THAT facility staff shall review the
701 medications and dosage taken by residents who are self-administering ARE REVIEWED BY A

Commented [A60]: This section of statute was repealed in 2012. The pharmacy statutes no longer define drug, and the other chapters of 6 CCR 1011-1 do not include a definition of medication.

- 702 LICENSED NURSE OR OTHER LICENSED PROVIDER WHO IS LEGALLY AUTHORIZED TO MONITOR
703 MEDICATIONS WITHIN THEIR OWN SCOPE OF PRACTICE.
- 704 14.32 Prescription medications shall be administered from containers or packages that are lawfully
705 labeled.
- 706 14.43 The facility shall ensure that the primary care physician or other authorized, licensed practitioner
707 designated to coordinate a resident's care reviews each resident's medication on an annual basis
708 for a stable regimen and whenever there is A NEW MEDICATION ADDED OR a change in the
709 medication regimen.
- 710 14.54 At the time of discharge or transfer, medications belonging to a resident ADMINISTERED BY THE
711 FACILITY shall be given to the resident's legal guardian, nurse, or qualified medication
712 administration staff member at the new residence, AND THIS SHALL BE DOCUMENTED IN THE RESIDENT
713 RECORD.
- 714 14.65 The governing body shall establish AND IMPLEMENT WRITTEN policies and procedures which THAT
715 ensure the appropriate procurement, storage, administration, and disposal of all medications
716 including, but not limited to, the following:
- 717 (A) ALL MEDICATIONS, INCLUDING, BUT NOT LIMITED TO, PRO RE NATA (PRN) OR "AS NEEDED"
718 MEDICATIONS, SHALL BE ADMINISTERED ONLY BY PERSONS AS AUTHORIZED BY LAW.
- 719 (B) RESIDENTS MAY SELF-ADMINISTER MEDICATIONS UNLESS THEY ARE DETERMINED TO BE
720 INCAPABLE OF SAFE SELF-ADMINISTRATION BY A LICENSED PROVIDER AND SUCH DETERMINATION
721 IS DOCUMENTED AND INCLUDED IN THE RESIDENT RECORD.
- 722 (1) THE FACILITY SHALL REPORT NON-COMPLIANCE, MISUSE, OR INAPPROPRIATE USE OF
723 KNOWN MEDICATIONS BY A RESIDENT WHO IS SELF-ADMINISTERING MEDICATIONS TO
724 THE RESIDENT'S PRIMARY CARE PRACTITIONER.
- 725 (2) THE FACILITY SHALL SEEK A REVIEW OF THE RESIDENT'S DETERMINATION RELATED TO
726 SELF-ADMINISTRATION, AS FOLLOWS, AND RETAIN UPDATED DOCUMENTATION OF THE
727 DETERMINATION AS APPROPRIATE:
- 728 (A) WHEN NON-COMPLIANCE, MISUSE, OR INAPPROPRIATE USE OF KNOWN
729 MEDICATIONS IS REPORTED TO THE RESIDENT'S PRIMARY CARE PRACTITIONER.
- 730 (B) WHEN THERE ARE CHANGES IN THE RESIDENT'S MEDICATIONS, ROUTINES, OR
731 CIRCUMSTANCES THAT MAY IMPACT THEIR ABILITY TO SELF-ADMINISTER
732 MEDICATIONS.
- 733 (C) AT LEAST ANNUALLY.
- 734 (3) ALL SUCH REVIEWS SHALL BE DOCUMENTED IN THE RESIDENT'S RECORD.
- 735 (C) FACILITIES ARE ALLOWED TO USE QUALIFIED MEDICATION ADMINISTRATION PERSONS (QMAPs)
736 FOR MEDICATION ADMINISTRATION, PROVIDED THE FOLLOWING CONDITIONS ARE MET:
- 737 (1) THE FACILITY FULLY COMPLIES WITH SECTIONS 25-1.5-301 THROUGH 25-1.5-303,
738 C.R.S., AND 6 CCR 1011-1, CHAPTER 24 – MEDICATION ADMINISTRATION
739 REGULATIONS;
- 740 (2) GROUP HOMES MUST MEET THE DEFINITION OF FACILITY AT SECTION 25-1.5-301(2)(H),
741 C.R.S.; AND

- 742 (3) QMAPs SHALL NOT INDEPENDENTLY DETERMINE A RESIDENT'S ABILITY TO SELF-
743 ADMINISTER MEDICATIONS.
- 744 (AD) All medications shall be stored in locked containers according to the appropriate light and
745 temperature conditions, and all controlled medications shall be double locked, EXCEPT
746 THAT RESIDENTS CAPABLE OF SELF-ADMINISTERING SOME OR ALL OF THEIR MEDICATIONS SHALL
747 BE ALLOWED TO KEEP THOSE MEDICATIONS IN LOCKED CONTAINERS IN THEIR OWN ROOMS.
- 748 (BE) ~~THERE SHALL BE D~~Documentation of medication administration to residents including time
749 and dosage given, name of staff administering, and, if applicable, drug reaction or refusal
750 by the resident. ~~Medications shall be administered only by persons authorized by law to~~
751 ~~do so.~~
- 752 (1) ~~A Community Residential Home for Persons with Developmental Disabilities may~~
753 ~~use qualified medication administration staff members (QMAPs) provided the~~
754 ~~facility fully complies with sections 25-1.5-301 through 25-1.5-303 C.R.S., and 6~~
755 ~~CCR 1011-1, Chapter 24, Medication Administration Regulations.~~
- 756 (2) ~~QMAPs shall not be used by an Intermediate Care Facility for Individuals with~~
757 ~~Developmental Disabilities.~~
- 758 (CF) ~~STAFF SHALL R~~Reporting medication errors and refusals to the program director,
759 consulting nurse, and primary care physician ~~PRACTITIONER AND SHALL ENSURE SUCH~~
760 ~~ERRORS AND REFUSALS ARE DOCUMENTED IN THE MEDICATION ADMINISTRATION RECORD.~~
- 761 (DG) ~~THERE SHALL BE A POLICY AND PROCEDURE FOR A~~Administration and transport of
762 medications to facilitate community integrations and other activities such as day
763 programs, vacations, and home visits.
- 764 14.76 The administrator shall ~~ENSURE THE IMPLEMENTATION OF AND~~ implement and monitor compliance
765 with all policies and procedures related to controlled medication receipt, storage, administration,
766 and disposal.
- 767 14.87 There shall be a designated medication preparation area separated from food that is equipped
768 with: a suitable locking device to protect the medications stored therein; a refrigerator equipped
769 with thermometer; counter work space; readily accessible contact information for the poison
770 control center; and a sink for hand-washing or appropriate supplies for hand cleansing.
- 771 (A) Only medications, medical equipment, and supplies shall be stored in the designated
772 preparation area.
- 773 (B) Test reagents, general disinfectants, cleaning agents, and other similar products shall not
774 be stored in the medication area.
- 775 14.98 Non-prescription (over-the counter) medications administered to a resident shall meet the
776 following conditions:
- 777 (A) The medication is maintained in the original container with the original label visible; and
- 778 (B) The medication is labeled with a single resident's full name.
- 779 14.109 Non-prescription drugs may be purchased by residents capable of self-administration.
- 780
- 781 PART Section 15 – Medical Services, THERAPEUTIC SERVICES, and EQUIPMENT, Supplies, AND ASSISTIVE
782 TECHNOLOGY

Commented [A61]: Moved to (A) in this part.

783 15.1 The governing body shall establish and the administrator shall implement WRITTEN policies and
 784 procedures for medical and health services AND THERAPEUTIC SERVICES based on documented
 785 applicable standards of practice.

786 15.2 Medical SERVICES, treatment THERAPEUTIC SERVICES, and diagnostic services, EQUIPMENT, AND
 787 ASSISTIVE TECHNOLOGY shall be provided in a timely manner as ordered by the AUTHORIZED,
 788 licensed prescriber.

789 15.3 Each resident shall have a primary care physician or other qualified licensed practitioner
 790 designated to coordinate THE resident's care.

791 15.4 A RECORD OF ALL PRESCRIBED MEDICAL SERVICES OR THERAPEUTIC SERVICES SHALL BE MAINTAINED AS
 792 PART OF THE RESIDENT RECORD.

793 15.5 CHANGES IN RESIDENT'S PHYSICAL CONDITION SHALL BE REPORTED TO THE NURSE. FOLLOWING THE
 794 NURSE'S ASSESSMENT, THE FACILITY SHALL ENSURE THE PRIMARY CARE PRACTITIONER IS NOTIFIED IN A
 795 TIMELY MANNER AND OTHERS IN ACCORDANCE WITH FACILITY POLICY.

796 15.6 THE GOVERNING BODY SHALL DEVELOP AND THE ADMINISTRATOR OR DESIGNEE SHALL IMPLEMENT A
 797 WRITTEN POLICY FOR MONITORING EACH RESIDENT'S WEIGHT. THE POLICY SHALL INCLUDE:

798 (A) FOR THE PURPOSES OF THIS RULE, A SIGNIFICANT WEIGHT CHANGE IS A FIVE PERCENT (5%)
 799 CHANGE IN ONE (1) MONTH, SEVEN AND A HALF PERCENT (7.5%) CHANGE IN THREE (3) MONTHS,
 800 OR TEN PERCENT (10%) CHANGE IN SIX (6) MONTHS. A SERIOUS WEIGHT CHANGE IS ABOVE
 801 THOSE PERCENTAGES IN THE SAME TIMEFRAMES.

802 (B) WEIGHT MONITORING SHALL BE DOCUMENTED AND PROMPTLY ASSESSED FOR
 803 SIGNIFICANT/SERIOUS WEIGHT CHANGES.

804 (C) THE FACILITY SHALL PROMPTLY NOTIFY THE PRIMARY CARE OR OTHER APPROPRIATE
 805 PRACTITIONER WHEN SIGNIFICANT/SERIOUS WEIGHT CHANGES OCCUR AND DOCUMENT THIS
 806 NOTIFICATION IN THE PATIENT RECORD.

807 15.7 MEDICAL SERVICES

808 (A) THE FACILITY SHALL ARRANGE FOR A MEDICAL EVALUATION OF EACH RESIDENT ON AN ANNUAL
 809 BASIS UNLESS A GREATER OR LESSER FREQUENCY IS SPECIFIED BY THE PRIMARY CARE
 810 PRACTITIONER DESIGNATED TO COORDINATE RESIDENT'S CARE. IF IT IS DETERMINED AN ANNUAL
 811 EVALUATION IS NOT NEEDED, A MEDICAL EVALUATION SHALL BE CONDUCTED AT LEAST EVERY
 812 TWO (2) YEARS. THE FACILITY SHALL DOCUMENT THE RESULTS OF SUCH EVALUATIONS AND ANY
 813 REQUIRED FOLLOW-UP SERVICES.

814 (B) THE FACILITY SHALL ASSIST EACH RESIDENT IN OBTAINING AN ANNUAL DENTAL EXAMINATION. IF
 815 THE DENTIST DETERMINES THAT AN ANNUAL EXAMINATION IS UNNECESSARY, A DENTAL
 816 EXAMINATION SHALL BE CONDUCTED AT LEAST EVERY TWO (2) YEARS. THE FACILITY SHALL
 817 DOCUMENT THE PRESCRIBED FREQUENCY, RESULTS OF ALL DENTAL EXAMINATIONS, AND ANY
 818 REQUIRED FOLLOW-UP SERVICES. IF THE RESIDENT DOES NOT HAVE TEETH, AN ORAL
 819 EXAMINATION BY A PRACTITIONER MAY BE SUBSTITUTED FOR THE DENTAL EXAMINATION AND THE
 820 FREQUENCY AND DOCUMENTATION REQUIREMENTS IN THIS RULE SHALL APPLY TO SUCH ORAL
 821 EXAMINATIONS.

822 (C) OTHER MEDICAL AND DENTAL SERVICES AND FOLLOW-UP SHALL BE OBTAINED AS ORDERED BY
 823 THE PRIMARY CARE OR OTHER PRACTITIONER AND SHALL BE DOCUMENTED IN THE RESIDENT
 824 RECORD.

825 15.8 THERAPEUTIC SERVICES

Commented [A62]: Copied from 16.1(D) and modified.

Commented [A63]: Modified and moved from 15.10

Commented [A64]: 15.6 and 15.6 (B) and (C) were moved and slightly modified from current 15.11

Commented [A65]: (A) is new language

Commented [A66]: Moved from 15.6 and word "licensed" is added

Commented [A67]: Moved from 15.4 with new final sentence added

Commented [A68]: Moved from current 15.5 with minor edits

826 (A) FOR THE PURPOSE OF THIS CHAPTER 8, THE TERM THERAPEUTIC SERVICES SHALL INCLUDE, BUT
 827 NOT BE LIMITED TO, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH AND LANGUAGE
 828 THERAPY, AND SIMILAR SERVICES.

829 (B) THE FACILITY SHALL ENSURE THAT ALL THERAPEUTIC SERVICES UTILIZED BY RESIDENTS ARE
 830 PROVIDED BY PERSONS OR FACILITIES THAT ARE LICENSED, CERTIFIED, OR OTHERWISE
 831 AUTHORIZED BY LAW TO PROVIDE SUCH THERAPIES AND MEET THE APPLICABLE STANDARDS OF
 832 PRACTICE.

833 (1) UNLICENSED STAFF MAY PROVIDE THERAPEUTIC SERVICES ONLY IF SUCH STAFF HAS
 834 BEEN TRAINED BY A PERSON LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED BY LAW
 835 TO PROVIDE SUCH THERAPIES.

836 (A) THE FACILITY SHALL DOCUMENT THE NAME AND PROFESSIONAL TITLE OF THE
 837 PERSON PROVIDING SUCH TRAINING AND THE CONTENT OF SUCH TRAINING.

838 (B) THE FACILITY SHALL DOCUMENT THE THERAPEUTIC SERVICE TRAINING
 839 RECEIVED BY UNLICENSED STAFF AND HAVE SUCH DOCUMENTATION READILY
 840 ACCESSIBLE.

841 (2) UNLICENSED STAFF MAY PROVIDE THERAPEUTIC SERVICES ONLY WHEN A PROTOCOL
 842 WITH SPECIFIC INSTRUCTIONS FOR PROVIDING SUCH THERAPIES IS DOCUMENTED.

843 (3) ALL THERAPEUTIC SERVICES PROVIDED BY TRAINED, UNLICENSED STAFF SHALL BE
 844 SUPERVISED AND MONITORED AT LEAST QUARTERLY. SUCH SUPERVISION AND
 845 MONITORING SHALL BE DOCUMENTED IN THE RESIDENT FILE AND INCLUDE:

846 (A) REVIEWING TO ENSURE SERVICES ARE BEING PROVIDED AS PRESCRIBED; AND

847 (B) ENSURING THAT THE INDIVIDUAL PROVIDING THE SERVICE DOCUMENTED THE
 848 SERVICE AT THE TIME THE SERVICE WAS PROVIDED.

849 (4) ALL THERAPEUTIC SERVICES PROVIDED BY TRAINED, UNLICENSED STAFF SHALL BE
 850 SUPERVISED AND MONITORED ANNUALLY BY A PERSON LICENSED, CERTIFIED, OR
 851 OTHERWISE AUTHORIZED BY LAW TO PROVIDE SUCH SERVICES.

852 15.9 EQUIPMENT, SUPPLIES, AND ASSISTIVE TECHNOLOGY

853 (A) RESIDENTS WHO USE WHEELCHAIRS, ADAPTIVE EQUIPMENT, OR OTHER ASSISTIVE TECHNOLOGY
 854 SERVICES SHALL RECEIVE PROFESSIONAL REVIEWS AT THE PRESCRIBED OR RECOMMENDED
 855 FREQUENCY TO ENSURE THE CONTINUED APPLICABILITY AND FITNESS OF SUCH DEVICES. SUCH
 856 REVIEWS SHALL BE DOCUMENTED IN THE RESIDENT RECORD.

857 (B) WHEELCHAIRS AND OTHER ASSISTIVE TECHNOLOGY DEVICES SHALL BE MAINTAINED ACCORDING
 858 TO THE MANUFACTURER'S GUIDELINES.

859 ~~15.4~~ The facility shall assist each resident in obtaining an annual dental examination. If the dentist
 860 determines that an annual examination is unnecessary, a dental examination shall be conducted
 861 at least every two (2) years. The facility shall document the prescribed frequency, results of all
 862 dental examinations and any required follow-up services.

863 ~~15.5~~ Other medical, dental, and therapeutic assessments, services, and follow-up shall be obtained as
 864 ordered by the primary care physician or other authorized, licensed practitioner.

865 ~~15.6~~ The facility shall arrange for a medical evaluation of each resident on an annual basis unless a
 866 greater or lesser frequency is specified by the primary care physician or other licensed,

Commented [A69]: Moved from 15.7

Commented [A70]: Moved from 15.7 (A) and modified

Commented [A71]: (a) and (b) are new language

Commented [A72]: New language

Commented [A73]: Moved from 15.7(B) and modified

Commented [A74]: (a) and (b) are new language

Commented [A75]: Moved from 15.7(B) and modified

Commented [A76]: Modified from 15.8

Commented [A77]: Moved from 15.9

Commented [A78]: 15.4 modified and reorganized into 15.7 above.

Commented [A79]: 15.5 modified and reorganized into 15.7

Commented [A80]: Modified and reorganized into 15.7

867 authorized practitioner designated to coordinate resident's care. If it is determined an annual
 868 evaluation is not needed, a medical evaluation shall be conducted at least every two (2) years.
 869 The facility shall document the results of such evaluations and any required follow-up services.

870 ~~15.7~~ The facility shall ensure that all therapeutic and health services utilized by residents are provided
 871 by persons or facilities that are licensed, certified, or otherwise authorized by law to provide such
 872 services and meet the applicable standards of practice.

Commented [A81]: Modified and reorganized into new 15.8

873 (A) Therapeutic and health services may be provided by unlicensed staff only if such staff
 874 has been trained by a person licensed, certified, or otherwise authorized by law to
 875 provide such services.

876 (B) All therapeutic and health services provided by trained, unlicensed staff shall be
 877 supervised and monitored at least quarterly by a registered nurse and annually by a
 878 person licensed, certified or otherwise authorized by law to provide such services.

879 ~~15.8~~ Residents who use wheelchairs or other assistive technology services shall receive professional
 880 reviews, at a prescribed or recommended frequency, to ensure the continued applicability and
 881 fitness of such devices.

Commented [A82]: 15.8 and 15.9 are moved to 15.9 and revised

882 ~~15.9~~ Wheelchairs and other assistive technology devices shall be maintained according to the
 883 manufacturer's guidelines.

Commented [A83]: Moved to new 15.9 (B)

884 ~~15.10~~ Except in emergency situations, changes in resident's physical condition that could negatively
 885 affect his/her health shall be reported to the nurse. Following the nurse's assessment, the nurse
 886 shall notify the primary care physician in a timely manner and others in accordance with facility
 887 policy.

Commented [A84]: Modified and moved to 15.4

888 ~~15.11~~ The governing body shall develop, and the administrator shall implement, a policy for monitoring
 889 each resident's weight. The policy shall include the following:

Commented [A85]: Modified and moved to 15.6

890 (A) Weight monitoring shall be documented and promptly assessed for significant/serious
 891 weight changes.

892 (B) The facility shall promptly notify the primary care physician or other authorized, licensed
 893 practitioner when significant/serious weight changes occur.

894 ~~15.12~~ (C) The facility shall have portable emergency equipment as necessary to meet the specific
 895 needs of the residents. If such devices are present, the facility shall ensure that all
 896 personnel are trained in the proper use of such devices.

897 ~~15.13~~ (D) Each resident shall have dentures, eyeglasses, hearing aids, and other aids as needed
 898 and prescribed by the appropriate professional. **RESIDENT REFUSAL TO USE SUCH AIDS**
 899 **SHALL BE DOCUMENTED IN THE RESIDENT RECORD.**

900 ~~15.14~~ (E) The facility shall have individual resident equipment and supplies necessary to meet each
 901 resident's continuing medical needs.
 902

903 PART Section 16 – Nursing SERVICES, SpecialIZED Care, and Social Services

904 16.1 NURSING SERVICES

906 (A) THE FACILITY SHALL DEVELOP AND IMPLEMENT WRITTEN NURSING POLICIES AND PROCEDURES
 907 THAT ADDRESS THE NURSING NEEDS OF THE RESIDENTS.
 908
 909

Commented [A86]: From 16.1(B)

910 (B) THE FACILITY SHALL HAVE SUFFICIENT LICENSED NURSING STAFF AVAILABLE TO RESPOND TO
911 THE NEEDS OF THE RESIDENTS.

Commented [A87]: From 16.1(A)

912 16.2 SPECIALIZED CARE: A FACILITY PROVIDING SPECIALIZED CARE MUST MEET THE FOLLOWING
913 REQUIREMENTS:

914 (A) FOR THE PURPOSE OF THIS CHAPTER 8, SPECIALIZED CARE INCLUDES:

Commented [A88]: Definition of specialized care was previously in rule but removed circa 2014 for unknown reasons. Lack of clarity regarding specialized care standards has been problematic for providers and difficult for surveyors.

915 (1) CATHETER CARE;

916 (2) OSTOMY CARE;

917 (3) TRACHEOSTOMY CARE;

918 (4) BREATHING TREATMENTS;

919 (5) OXYGEN SATURATION MONITORING;

920 (6) BLOOD PRESSURE MONITORING;

921 (7) PREVENTIVE SKIN CARE INCLUDING APPROPRIATE PRESSURE RELIEVING/REDUCING
922 DEVICES.

923 (B) THERE SHALL BE A RECORD OF ANY SPECIALIZED CARE PRESCRIBED BY A PHYSICIAN OR OTHER
924 PRACTITIONER AND/OR DELEGATED BY A REGISTERED NURSE OR LICENSED PRACTICAL NURSE.

Commented [A89]: Moved from 16.1 (D)

925 (C) THE PROVISION OF SPECIALIZED CARE SHALL BE DOCUMENTED BY THE STAFF PROVIDING THE
926 SERVICE.

Commented [A90]: Moved from 16.1 (D) (3)

927 (D) SPECIALIZED CARE MAY BE PROVIDED BY UNLICENSED STAFF ONLY IF IT IS ALLOWED BY STATE
928 LAW AND SUCH STAFF HAS BEEN TRAINED BY A PERSON LICENSED, CERTIFIED, OR LEGALLY
929 AUTHORIZED TO PROVIDE SUCH SERVICES, AND THE UNLICENSED STAFF HAS BEEN DEEMED
930 COMPETENT TO PROVIDE SUCH SERVICES THROUGH DIRECT OBSERVATION BY THE PERSON
931 PROVIDING THE TRAINING.

Commented [A91]: Language from 16.1 (D) (1)

Commented [A92]: The second half of the sentence is new language.

932 (1) ALL SPECIALIZED CARE PROVIDED BY TRAINED, UNLICENSED STAFF SHALL BE
933 MONITORED BY A REGISTERED NURSE OR LICENSED PRACTICAL NURSE IN ACCORDANCE
934 WITH THEIR PRACTICE ACT, BUT NO LESS THAN QUARTERLY, AND ANNUALLY BY A
935 PERSON LICENSED, CERTIFIED, OR LEGALLY AUTHORIZED TO PROVIDE SUCH SERVICES.
936 SUCH MONITORING SHALL BE DOCUMENTED IN THE RESIDENT FILE AND INCLUDE:

Commented [A93]: From 16.1 (D) (2)

937 (A) OBSERVING THE UNLICENSED STAFF PERFORMING THE SPECIALIZED CARE TO
938 ENSURE ONGOING COMPETENCY TO PROVIDE SUCH SERVICE;

Commented [A94]: Modified from 16.1 (C)

939 (B) REVIEWING TO ENSURE CARE IS BEING PROVIDED AS PRESCRIBED; AND

Commented [A95]: New

940 (C) ENSURING APPROPRIATE DOCUMENTATION OF CARE BY THE INDIVIDUAL
941 PROVIDING THE SERVICE, AT THE TIME THE SERVICE WAS PROVIDED.

Commented [A96]: new

942 ~~16.1~~ Nursing Services

943 (A) The facility shall have sufficient licensed nursing staff available to respond to the needs of
944 the residents.

Commented [A97]: Moved to 16.2

945 (B) ~~The facility shall have written nursing policies and procedures that address the nursing~~
 946 ~~needs of the residents, and ensure that nursing services are provided in accordance~~
 947 ~~with the needs of each resident.~~

Commented [A98]: Moved to 16.1
Commented [A99]: Moved to 16.2 and redundant

948 (C) ~~Nursing staff shall monitor the care and treatment provided by unlicensed staff to ensure~~
 949 ~~that unlicensed staff members are trained and demonstrate competency in all procedures~~
 950 ~~they perform. Changes in condition or needs shall be reported to the registered nurse or~~
 951 ~~primary care provider.~~

Commented [A100]: Modified and moved to 16.2
Commented [A101]: Deleted, duplicative of the original 15.10

952 (D) ~~There shall be a record of any care or treatment therapies prescribed by a physician or~~
 953 ~~other authorized, licensed practitioner, or delegated by a registered nurse.~~

954 (1) ~~Care may be provided by unlicensed staff only if it is allowed by state law and~~
 955 ~~such staff has been trained by a person licensed, certified, or legally authorized~~
 956 ~~to provide such services.~~

957 (2) ~~All care provided by trained, unlicensed staff shall be monitored at least quarterly~~
 958 ~~by a registered nurse and annually by a person licensed, certified, or legally~~
 959 ~~authorized to provide such services.~~

960 (3) ~~The provision of services shall be documented by the staff providing the service.~~

Commented [A102]: Moved to 16.4(B) with modification

961 16.23 Social Services and/or Resource Coordination:

962 (A) ~~The facility shall provide appropriate social services and/or resource~~CARE coordination to
 963 residents and families, and consultation to the staff.

964 **PART**Section 17 – Gastrostomy Services

966 17.1 Gastrostomy services shall not be administered by an unlicensed individual unless that individual
 967 is trained and supervised by a licensed physician, nurse, or other authorized, licensed
 968 practitioner.

969 17.2 The facility shall ensure that a physician, licensed nurse, or other ~~authorized, licensed~~ practitioner
 970 has developed a written, individualized gastrostomy service protocol for each resident requiring
 971 such service, **AND THAT THE PROTOCOL IS UPDATED EACH TIME THE ORDERS CHANGE FOR THAT**
 972 **RESIDENT'S GASTROSTOMY SERVICES.** Each protocol shall include, but not be limited to, ~~the~~
 973 ~~following:~~

Commented [A103]: Added to reflect similar requirement at HCPF 8.614A.1.

974 (A) The proper procedures for preparing, storing, and administering nutritional supplements
 975 through a gastrostomy tube; **INCLUDING BUT NOT LIMITED TO:**

- 976 (1) **THE TYPE OF GASTROSTOMY TUBE USED BY THE RESIDENT;**
- 977 (2) **A LIST OF ALL EQUIPMENT AND MATERIALS REQUIRED FOR THE PROCEDURE;**
- 978 (3) **THE POSITION OF THE RESIDENT DURING AND AFTER FEEDING;**
- 979 (4) **PROCEDURES FOR CLEANING THE GASTROSTOMY SITE AND SURROUNDING SKIN;**
- 980 (5) **PROCEDURES FOR CLEANING THE GASTROSTOMY EQUIPMENT; AND**
- 981 (6) **INSTRUCTIONS FOR DOCUMENTING THE PROCEDURE.**

982 (B) ~~The proper~~ **ROUTINE** care and maintenance of the **EXTERNAL** gastrostomy site;

- 983 (C) The identification of possible problems associated with gastrostomy services; and ~~THE~~
 984 ~~EXTENT TO WHICH AN UNLICENSED INDIVIDUAL MAY ADDRESS THE PROBLEM, INCLUDING, BUT~~
 985 ~~NOT LIMITED TO:~~
- 986 (1) NOTIFICATION TO LICENSED STAFF AND/OR PROVIDERS REGARDING CHANGES IN THE
 987 GASTROSTOMY SITE;
- 988 (2) SIGNS OF INFECTION;
- 989 (3) PROCEDURES TO FOLLOW WHEN THE RESIDENT EXPERIENCES COUGHING, NAUSEA, OR
 990 VOMITING;
- 991 (4) LEAKAGE AROUND THE STOMA; AND
- 992 (5) PROCEDURES TO FOLLOW WHEN A GASTROSTOMY TUBE HAS BEEN DISLODGED OR
 993 PULLED OUT.
- 994 (A) UNLICENSED INDIVIDUALS MAY NOT REINSERT A GASTROSTOMY TUBE, EXCEPT
 995 THAT AN UNLICENSED INDIVIDUAL MAY TAKE ACTIONS AS DIRECTED/DELEGATED
 996 BY A LICENSED PROVIDER IN AN EMERGENT SITUATION IF THE RESIDENT IS AT
 997 RISK OF STOMA SITE CLOSURE.
- 998 (D) The names and contact numbers of the resident's physician, licensed nurse, or other
 999 ~~authorized, licensed~~ practitioner who is responsible for monitoring the unlicensed
 1000 person(s) performing gastrostomy services and intervening, if problems are identified.
- 1001 17.3 The facility shall ensure that a physician, licensed nurse, or other ~~authorized, licensed~~ practitioner
 1002 provides training to any unlicensed individual who may provide gastrostomy services.
 1003 Documentation of the training shall be kept in the resident's record and shall include:
- 1004 (A) The date or dates of when the training occurred,;
- 1005 (B) Indication that the unlicensed individual has reached proficiency which is defined as
 1006 performing all aspects of the resident's protocol without error three (3) consecutive times;
 1007 and
- 1008 (C) The signature of the physician, licensed nurse, or other ~~authorized, licensed~~ practitioner
 1009 that provided the training and observed the three (3) trials.
- 1010 17.4 The facility shall ensure that a physician, licensed nurse, or other ~~authorized, licensed~~ practitioner
 1011 performs the gastrostomy services for each resident receiving gastrostomy services at least once
 1012 prior to the unlicensed person providing the ~~services~~.
- 1013 17.5 For unlicensed persons performing gastrostomy services for several residents with similar
 1014 protocols, the ~~PHYSICIAN, LICENSED NURSE, OR OTHER PRACTITIONER~~ ~~licensed nurse or physician~~
 1015 overseeing their training may document their proficiency with less than three (3) observations for
 1016 each resident receiving services. The alternative method for establishing the proficiency of each
 1017 staff member shall be ~~documented~~.
- 1018 17.6 The facility shall ensure that the physician, licensed nurse, or other ~~authorized, licensed~~
 1019 practitioner observes and documents the unlicensed staff performing gastrostomy services for
 1020 each resident at least quarterly for the first year and semi-annually thereafter, unless more
 1021 frequent monitoring is ~~appropriate~~. ~~SUCH MONITORING SHALL BE DOCUMENTED IN THE RECORD OF THE~~
 1022 ~~INDIVIDUAL RECEIVING GASTROSTOMY SERVICES.~~

Commented [A104]: This is a requirement at 10 CCR 2505-10 8.614A.2

Commented [A105]: Required by 10 CCR 2505-10 8.614A.3.

Commented [A106]: Required by 10 CCR 2505-10 8.614B

Commented [A107]: Required by 10 CCR 2505-10 8.614C

1023 17.7 When changes are made to the written order for gastrostomy services and/or in the resident's
 1024 protocol, the facility shall ensure that the physician, licensed nurse, or other ~~authorized, licensed~~
 1025 practitioner that provides the training determines the extent of training that the unlicensed person
 1026 will need to remain proficient in performing all aspects of the gastrostomy services. ~~IF CHANGES IN~~
 1027 ~~PROTOCOLS OCCUR, THE FACILITY SHALL DOCUMENT TRAINING AND COMPETENCY OF UNLICENSED STAFF~~
 1028 ~~ON THE NEW PROTOCOL.~~

Commented [A108]: Required by 10 CCR 2505-10 8.614D

1029 17.8 The facility shall ensure that the primary care ~~physician~~ ~~PRACTITIONER OR ORDERING PHYSICIAN~~
 1030 annually reviews and approves the protocol for ~~EACH~~ resident(s) receiving gastrostomy services.

1031 17.9 For each resident, the facility shall ensure the ~~FOLLOWING~~ documentation ~~FOR EACH GASTROSTOMY~~
 1032 ~~SERVICE PROVIDED TO THE RESIDENT IS INCLUDED~~ in the resident's record: ~~includes, at a minimum:~~

- 1033 (A) A written record of each nutrient and fluid administered;
- 1034 (B) The beginning and ending time of nutrient or fluid intake;
- 1035 (C) The amount of nutrient or fluid ~~intake;~~
- 1036 (D) The condition of the skin surrounding the gastrostomy site;
- 1037 (E) Any problem(s) encountered and action(s) taken; ~~AND~~
- 1038 (F) The date and signature of the person performing the procedure.

Commented [A109]: This is a requirement of 10 CCR 2505-10 8.614

1039 ~~PART~~Section 18 – Facility Reporting Requirements

1040 18.1 Each facility shall comply with the occurrence reporting requirements set forth in 6 CCR 1011-1,
 1041 Chapter 2, Part 4.2.

1042 18.2 Each facility shall notify the Department ~~program manager~~ within 48 hours of the relocation of one
 1043 or more residents due to any portion of the facility becoming uninhabitable for any reason,
 1044 including, but not limited to, fire or other disaster.

1045 18.3 In the event of a voluntary closure of a facility, such facility shall notify the Department 30 days
 1046 prior to closure and submit a plan for resident transfer at that time. The resident transfer plan
 1047 shall include, at a minimum, ~~the following:~~

- 1048 (A) Notice to the residents, families, and guardians;
- 1049 (B) Schedule for the residents' moves;
- 1050 (C) Staffing pattern during the 30 days prior to closure; and
- 1051 (D) Provisions for ensuring the health and safety of residents during the closure.

1052 ~~PART~~Section 19 – Emergency ~~MANAGEMENT~~ Plan ~~AND PROCEDURES~~

1054 19.1 ~~THE GOVERNING BODY SHALL ENSURE THAT AN EVALUATION OF RISKS TO THE FACILITY IS COMPLETED~~
 1055 ~~USING AN ALL HAZARDS APPROACH. THIS EVALUATION MUST ADDRESS NATURAL AND HUMAN-CAUSED~~
 1056 ~~CRISES. SUCH AN EVALUATION OF RISKS SHALL BE REVIEWED AT LEAST ANNUALLY AND UPDATED AS~~
 1057 ~~NECESSARY, AND SHALL INCLUDE, BUT NOT BE LIMITED TO:~~

1058 19.1 ~~The governing body shall develop, and the administrator shall implement and update as~~
 1059 ~~necessary, an emergency preparedness plan that addresses the facility's response and staff~~
 1060 ~~duties in the following emergencies:~~

- 1061 (A) Fire;-
- 1062 (B) Severe weather, including but not limited to tornados, blizzards, and flooding;;
- 1063 (C) Security threats, INCLUDING THREATENED OR ACTUAL ACTS OF VIOLENCE;-
- 1064 (D) GAS LEAKS/Explosions;-
- 1065 (E) Internal system failures, such as: electrical outages, and internal structural collapse, or
- 1066 flooding; AND-
- 1067 (F) Communicable disease outbreaks. BIOTERROR, PANDEMIC, OR DISEASE OUTBREAK EVENTS.
- 1068 19.2 THE ADMINISTRATOR SHALL DEVELOP AND IMPLEMENT A WRITTEN EMERGENCY MANAGEMENT PLAN
- 1069 ADDRESSING THE HAZARDS IDENTIFIED IN PART 19.1, ABOVE, AND INCLUDING, AT A MINIMUM:
- 1070 (A) 19.2 The emergency plan shall specify aArrangements for alternative housing, transportation,
- 1071 and the provision of necessary medical care if a resident's PRIMARY CARE
- 1072 PRACTITIONERphysician is not immediately available;;
- 1073 (B) 19.3 The administrator shall develop pProcedures that ensure notification of families or
- 1074 guardians in an emergency;;
- 1075 (C) PROCEDURES FOR ADDRESSING INTERRUPTIONS IN THE NORMAL SUPPLY OF ESSENTIALS,
- 1076 INCLUDING, BUT NOT LIMITED TO: WATER, FOOD, HEAT/AIR CONDITIONING AND VENTILATION,
- 1077 MEDICATIONS, AND PERSONAL PROTECTIVE EQUIPMENT (PPE). THE PLAN SHALL ENSURE
- 1078 CONTINUATION OF OPERATIONS FOR AT LEAST 72 HOURS;
- 1079 (D) PROCESSES ENSURING THE PROTECTION AND TRANSFER OF RESIDENT INFORMATION, AS
- 1080 NEEDED; AND
- 1081 (E) ROUTINE DRILLS TO ENSURE STAFF AND RESIDENT FAMILIARITY WITH EMERGENCY PROCEDURES,
- 1082 AS APPROPRIATE, INCLUDING:
- 1083 (1) FIRE DRILLS IN ACCORDANCE WITH STATE AND LOCAL LAWS AND REGULATIONS, BUT NO
- 1084 LESS THAN QUARTERLY; AND
- 1085 (2) AN ANNUAL MOCK EXERCISE THAT ADDRESSES ALL THE ITEMS LISTED IN PART 19.1.
- 1086 19.34 The administrator shall document that orientation and training in emergency procedures has been
- 1087 provided for each new staff member and each newly admitted resident capable of self-
- 1088 preservation. Training shall occur within seven (7) working days of employment or admission to
- 1089 the community residential home. THE ADMINISTRATOR SHALL ENSURE TRAINING IN EMERGENCY
- 1090 PROCEDURES AS FOLLOWS:
- 1091 (A) EACH NEW STAFF MEMBER OR VOLUNTEER SHALL BE TRAINED IN EMERGENCY PROCEDURES
- 1092 PRIOR TO PROVIDING UNSUPERVISED RESIDENT CARE.
- 1093 (B) EACH RESIDENT CAPABLE OF SELF-EVACUATION SHALL BE TRAINED IN EMERGENCY
- 1094 PROCEDURES WITHIN SEVEN (7) DAYS OF MOVING INTO THE FACILITY.
- 1095 (C) SUCH TRAINING SHALL BE DOCUMENTED IN EITHER THE PERSONNEL FILE OR RESIDENT RECORD,
- 1096 AS APPLICABLE.

Commented [A110]: Modified from below, to acknowledge standards that exist elsewhere, such as DFPC.

Commented [A111]: A documented annual mock exercise

Commented [A112]: Also added to Part 7, training for the documentation requirement--

1097 19.45 The facility shall conduct and document a monthly paper review of its response to the items listed
 1098 in ~~PART~~Section 19.1 of this chapter including its policies and procedures and training of staff and
 1099 residents.

1100 ~~19.6~~ The facility shall conduct and document quarterly fire drills and an annual mock exercise that
 1101 addresses all the items listed in Section 19.1 of this chapter.

Commented [A113]: Moved to 19.3(E)

1102 ~~Section 20~~—Reserved

1103

1104 ~~PART~~Section 240 – Compliance with FGI Guidelines

1105 Any construction or renovation of a facility for persons with intellectual and developmental disabilities
 1106 initiated on or after July 1, 2020, shall conform to Part 3 of 6 CCR 1011-1, Chapter 2, unless otherwise
 1107 specified in this current Chapter.

1108

1109 ~~PART~~Section 221 – Physical Environment

1110 221.1 The facility shall maintain a home-like environment that is clean, sanitary, and free of hazards to
 1111 health and safety.

1112 221.2 All interior areas including basements and garages shall be safely maintained to protect against
 1113 environmental hazards.

1114 221.3 All exterior areas shall be safely maintained to protect against environmental hazards including,
 1115 but not limited to, the following:

1116 (A) Exterior premises shall be kept free of high weeds and grass, garbage, and rubbish.

1117 (B) Grounds shall be maintained to prevent hazardous slopes, holes, snow, ice, or other
 1118 potential hazards.

1119 (C) Staircases and porches shall be kept in good repair.

1120 221.4 Compliance with State and Local Laws/Codes.

1121 (A) Facilities shall be in compliance with all applicable zoning regulations of the municipality,
 1122 city and county, or county where the home is situated. Failure to comply with applicable
 1123 zoning regulations shall constitute grounds for the denial of a license to a home
 1124 consistent with Section ~~27-10.5-109.5~~ 25.5-10-215, C.R.S.

Commented [BF114]: Incorrect citation found during review.

1125 (B) Facilities shall be in compliance with all applicable state and local plumbing laws and
 1126 regulations. Plumbing shall be maintained in good repair, free of the possibility of
 1127 backflow and backsiphonage, through the use of vacuum breakers and fixed air gaps, in
 1128 accordance with state and local codes.

1129 (C) Facilities shall be in compliance with all applicable state and local sewage disposal
 1130 requirements. Sewage shall be discharged into a public sewer system or disposed of in a
 1131 manner approved by state and local health authorities in compliance with the Water
 1132 Quality Control Division's Guidelines on Individual Sewage Disposal Systems, 5 CCR
 1133 ~~4003-6~~1002-43.

1134 221.5 Electrical equipment/devices

1135 (A) —Reserved

1136 (B) —Reserved

- 1137 ~~(C)~~ — A heating pad or electric blanket shall not be used in a resident room without both staff
1138 supervision and documentation that the administrator believes the resident to be capable
1139 of appropriate and safe use.
- 1140 ~~(D)~~ Electric or space heaters shall not be permitted within resident bedrooms and may only
1141 be used in common areas of the facility if owned, provided, and maintained by the facility.
- 1142 221.6 Waste Disposal/Combustibles
- 1143 (A) All interior areas shall be free from accumulations of extraneous materials such as
1144 refuse, discarded furniture, and old newspapers.
- 1145 (B) Combustibles, such as cleaning rags and compounds, shall be kept in closed metal
1146 containers.
- 1147 ~~(C)~~(D) Kerosene heaters shall not be permitted within the facility.
- 1148 ~~(D)~~(E) All garbage and rubbish not disposed of as sewage shall be collected in impervious
1149 containers in such manner that it is not a nuisance or health hazard, and shall be
1150 removed to an approved storage area at least once a day. The refuse and garbage
1151 storage area shall be kept clean and free from nuisance. The facility shall have a
1152 sufficient number of impervious containers with tight fitting lids that shall be kept clean
1153 and in good repair.
- 1154 ~~(E)~~(F) Carts used to transport refuse shall be enclosed, constructed of impervious materials,
1155 used solely for refuse, and maintained in a sanitary manner.
- 1156 ~~(F)~~(G) Incinerators shall comply with state and local air pollution regulations and be constructed
1157 in a manner that prevents insect and rodent occupation.
- 1158 ~~(G)~~(H) If private sewage disposal systems are used, system design plans and records of
1159 maintenance shall be kept on the premises and available for inspection.
- 1160 (H) No exposed sewer line shall be located directly above working, storage, or eating
1161 surfaces in kitchens, dining rooms, pantries, or where medical supplies or drugs are
1162 prepared or stored.
- 1163 221.7 Infestation and hazardous substances
- 1164 (A) The facility shall be maintained free of infestation of insects and rodents, and all openings
1165 to the outside shall be screened.
- 1166 (B) The facility shall have a pest control program **AS NEEDED**, provided by maintenance
1167 personnel or by contract with a pest control company, using the least toxic and least
1168 flammable effective pesticides.
- 1169 ~~(1) — If kept onsite, the pesticides shall be labeled and kept in a locked space away
1170 from resident or food areas.~~
- 1171 (C) Solutions, cleaning compounds, **PESTICIDES**, and **OTHER** hazardous substances shall be
1172 labeled and stored in a safe manner.
- 1173 221.8 Heating, Lighting, Ventilation
- 1174 (A) Each room in the facility shall have heat, lighting, and ventilation sufficient to
1175 accommodate its use and the needs of the residents.

- 1176 (B) All interior and exterior steps, interior hallways, and corridors shall be adequately
1177 illuminated.
- 1178 (C) Intermediate Care Facilities for Persons with Developmental Disabilities submitting an
1179 initial license application after May 1, 2011, shall have nightlights that are controlled at
1180 the door of the bedroom.
- 1181 221.9 Water
- 1182 (A) There shall be an adequate supply of safe, potable water available for domestic
1183 purposes.
- 1184 (B) Water temperatures shall be maintained at comfortable temperatures. Hot water shall not
1185 measure more than 110 degrees Fahrenheit at taps that are accessible by residents.
- 1186 (C) There shall be a sufficient supply of hot water during peak usage demands.
- 1187 221.10 Common Areas
- 1188 (A) If the facility has one or more residents using a wheelchair, it shall provide a minimum of
1189 two entryways for wheelchair access and egress from the building.
- 1190 (B) The facility shall provide common areas that are sufficient to reasonably accommodate all
1191 residents.
- 1192 (C) The facility shall provide furnishings in all common areas that meet the needs of the
1193 residents and are in good repair.
- 1194 (D) All common areas and dining areas shall be accessible to residents utilizing an auxiliary
1195 aid without requiring transfer from a wheelchair to walker or from a wheelchair to a
1196 regular chair for use in dining areas. All doors to those rooms requiring access shall be at
1197 least 32 inches wide.
- 1198 (E) Residents shall be allowed free use of all common living areas with due regard for
1199 privacy, personal possessions, and safety of all residents.
- 1200 (F) The facility shall have liquid soap and paper towels available in the common bathrooms
1201 of the facility.
- 1202 221.11 Bedrooms
- 1203 (A) ~~THE FACILITY SHALL ENSURE THAT EACH RESIDENT RESIDES IN~~ No resident shall be assigned
1204 ~~to any room other than a regularly designated bedroom.~~
- 1205 (B) ~~Effective May 1, 2014, a~~All bedrooms shall meet the following square footage
1206 requirements:
- 1207 (1) Single occupancy bedrooms shall have at least 100 square feet.
- 1208 (2) Double occupancy bedrooms shall have at least 80 square feet per person.
- 1209 (3) Bathroom areas and closets shall not be included in the determination of square
1210 footage.
- 1211 (C) The facility shall provide each resident with a clean comfortable mattress, maintained in a
1212 sanitary condition.

- 1213 (D) Resident bedrooms shall contain furnishings that meet the needs of the resident.
- 1214 (E) Each bedroom shall have adequate storage space or closets for a resident's clothing and
1215 personal articles.
- 1216 (F) Each bedroom shall have at least one window of eight (8) square feet, which shall have
1217 opening capability. All escape windows shall be maintained unobstructed on the interior
1218 and exterior of the facility.
- 1219 (G) The ground level outside of any basement resident bedroom shall be maintained at or
1220 below the window sill for a distance of at least eight feet measured out from the window.
- 1221 **22.1.12 Bathrooms**
- 1222 (A) A full bathroom shall consist of at least the following fixtures: toilet, hand washing sink,
1223 toilet paper dispenser, mirror, tub or shower, and towel rack.
- 1224 (B) The facility shall ensure compliance with the following criteria regarding the number of
1225 bathrooms per residents:
- 1226 (1) ~~The community residential~~ **GROUP** home shall provide toilet and bathing facilities
1227 appropriate in number, size, and design to meet the needs of the residents,
- 1228 (2) There shall be at least one full bathroom for every four (4) residents, and
- 1229 (3) ~~Community residential~~ **GROUP** homes utilizing more than one level or floor for
1230 resident services and/or sleeping rooms shall have at least one full bathroom per
1231 floor.
- 1232 (C) The facility shall ensure the following accessibility criteria:
- 1233 (1) There shall be at least one bathroom adjacent to the common living space that is
1234 available for resident use.
- 1235 (2) In any facility that is occupied by one or more residents utilizing an auxiliary aid,
1236 the facility shall provide at least one full bathroom as defined herein with fixtures
1237 positioned so as to be fully accessible to any resident utilizing an auxiliary aid.
- 1238 (D) The facility shall ensure each bathroom has the following safety features:
- 1239 (1) Non-skid surfaces on all bathtub and shower floors; and
- 1240 (2) Grab bars properly installed at each tub and shower, adjacent to each toilet, and
1241 as otherwise indicated by the needs of the resident population; and
- 1242 (3) Toilet seats constructed of non-absorbent material and free of cracks.
- 1243 (E) The facility shall ensure that each resident is furnished with personal hygiene and care
1244 items.
- 1245 **22.1.13 Housekeeping, Linen, and Laundry**
- 1246 (A) Each facility shall establish organized housekeeping services that are planned and
1247 performed to provide a pleasant, safe, and sanitary environment.

- 1248 (B) The facility shall either contract with a commercial laundry or maintain its own laundry
1249 that meets the following criteria:
- 1250 (1) All laundry equipment shall be designed and installed to comply with state and
1251 local laws and possess appropriate safety devices.
- 1252 (2) Laundry operations shall be located in an area that is separated from resident
1253 care units.
- 1254 (3) The laundry procedures shall be performed in such a way that soiled linen and
1255 resident clothing emerge clean and free of detergents according to the laundry
1256 manufacturer instructions.
- 1257 (4) Soiled laundry shall be processed frequently enough to prevent unsanitary
1258 accumulations.
- 1259 (5) The temperature of the water during the washing and rinsing process shall **BE**
1260 based upon the recommendations of the laundry detergent and the items being
1261 laundered.
- 1262 (C) There shall be a resident linen supply consisting of at least two complete changes times
1263 the number of resident beds. All linens shall be maintained in good repair.
- 1264 (D) Bed linens shall be changed as often as necessary; but in no case less than once a
1265 week.
- 1266 (E) The facility shall have a **SECURED** maintenance area separated from living quarters with
1267 adequate floor storage area that is equipped with the following:
- 1268 (1) ~~A hook strip for mop handles from which soiled mop heads have been~~
1269 ~~removed~~ **STORAGE SPACE FOR HOUSEKEEPING EQUIPMENT, SUPPLIES, AND**
1270 **CHEMICALS;**
- 1271 (2) ~~Shelving for cleaning materials~~ **AN AREA FOR HANDLING CHEMICALS;**
- 1272 (3) Hand washing ~~tools~~ **SUPPLIES; and**
- 1273 (4) A waste receptacle with impervious liner; **AND**
- 1274 (5) For facilities with more than eight (8) beds, the ~~maintenance closet~~ **SECURED**
1275 **MAINTENANCE AREA** shall also contain a sink (preferably depressed or floor
1276 mounted) with mixing faucet.
1277
1278