

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities Regulation Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES

CHAPTER VIII - FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

6 CCR 1011-1 Chap 08

~~Part 1. FACILITY FOR THE MENTALLY RETARDED~~

~~LICENSE. All facilities specifically for the mentally retarded shall be licensed in accordance with the requirements specified in Chapter II, Licensure.~~

~~License applications shall be submitted to the appropriate local health department for review and recommendations prior to licensure.~~

~~The Department of Health shall not issue a license unless approval shall first have been received from the Director of the Department of Institutions on the proposed program of the facility, together with his recommendations as to licensure. Such approval and recommendations shall be an annual requirement for reissuance of the license.~~

~~Subchapter 2. INTERMEDIATE CARE FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES~~

DEFINITIONS

~~Facility for Persons with Developmental Disabilities means a facility specifically designed for the active treatment and habilitation of persons with developmental disabilities.~~

~~Plan review means the review by the Department, or its designee, of new construction, previously unlicensed space, or remodeling to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life Safety Code and with this Chapter VIII, Subchapter 2. Plan review consists of the analysis of construction plans/documents and onsite inspections, where warranted. For the purposes of the National Fire Protection Association requirements, the Department is the authority having jurisdiction for state licensure.~~

~~Structural element, for the purposes of plan review, means an element relating to load bearing or to the scheme (layout) of a building as opposed to a screening or ornamental element. Structural elements of a building include but are not limited to: floor joists, rafters, wall and partition studs, supporting columns and foundations.~~

~~1. GOVERNING BODY~~

~~DEFINITION. Governing body means the individual(s) or group in whom the ultimate authority and legal responsibility is vested for the conduct of the facility for persons with developmental disabilities.~~

~~1.1 ORGANIZATION. When the Governing Body includes more than one individual, the group shall be organized formally with written constitution or articles of incorporation and by-laws, have meetings at regularly stated intervals, and maintain records of these meetings. The facility's for persons with developmental disabilities ownership shall be disclosed fully on file with the~~

Department. In the case of corporation, the corporate officers shall be disclosed fully on file with the Department.

1.2 ~~ADMINISTRATIVE OFFICER. The Governing Body shall appoint an Administrative officer, duly licensed in the State of Colorado, who shall be responsible on a full-time basis to the Governing Body and who by training, at least one year's experience, and continuing education is qualified in health care administration; and delegate to him the executive authority and responsibility for the administration of the facility for persons with developmental disabilities.~~

1.3 ~~FACILITIES. The governing body shall provide the necessary facilities, qualified personnel, and services for the welfare and safety of patients and in compliance with these standards.~~

The Governing Body has a responsibility for the program of all groups performing functions within the facility for persons with developmental disabilities.

1.4 ~~EVALUATION COMMITTEE. The Facility shall have an Evaluation Committee which is a standing committee composed of representatives of all professional and program departments. This committee shall be responsible for the acquiring of comprehensive social, medical, and psychological data for optimum program planning for each individual.~~

2 ~~ADMINISTRATIVE OFFICER~~

2.1 ~~RESPONSIBILITY. The Administrative Officer shall be responsible on a full-time basis to the Governing Body for planning, organizing, developing, and controlling the operations of the facility for persons with developmental disabilities.~~

2.2 ~~ORGANIZATION. The facility for persons with developmental disabilities shall be organized formally to carry out its responsibilities. The plan of organization with the authority, responsibility, and functions of each category of all personnel shall be clearly in writing.~~

2.3 ~~POLICIES. The Administrative Officer, in consultation with one or more physicians and one or more registered professional nurses and other related professional health care personnel, shall develop and at least annually review appropriate written policies and procedures for the care of residents, i.e. admission and transfer of residents; dental, diagnostic, dietary, medical and emergency care, nursing, pharmaceutical, physical and occupational therapy, training, and social services as applicable.~~

2.4 ~~ACCOUNTING. A recognized system of accounting shall be used to accurately reflect the details of the business. A fiscal audit shall be performed at least annually by a qualified auditor independent of the facility for persons with developmental disabilities.~~

3 ~~PHYSICIAN SERVICES~~

3.1 ~~SUPERVISION BY PHYSICIAN. Each resident shall have benefit of initial evaluation and at least quarterly reevaluation by a physician and benefit of continuing health care under the supervision of a physician.~~

3.2 ~~MEDICAL CARE IN CASE OF EMERGENCY. There shall be written policies for provision of necessary medical care in case of emergency when a resident's physician is not available immediately. The management of the facility should consult with an appropriate medical society or hospital staff for guidance in establishing these policies.~~

3.3 ~~MEDICAL RECORDS. 1) The medical record shall contain sufficient information to properly identify the resident; to provide and support the diagnosis(es); to cover orders for medications,~~

1 treatments, restorative services, diet, special procedures, activities, plans for continuing care and
2 discharge; and to indicate the resident's progress at appropriate intervals as specified in the
3 written policies of the facility; 2) Only physicians shall write or dictate medical histories and
4 physical examinations, dentists the dental histories; 3) Telephone orders written by the licensed
5 nurse receiving them, shall be countersigned by the physician within 48 hours; 4) Each record
6 shall be authenticated and signed by a licensed physician. Those on dental treatment shall be
7 signed by a licensed dentist.

8 3.4 ~~DIAGNOSTIC SERVICES.~~ Written policies shall provide for obtaining necessary diagnostic
9 services for the resident when prescribed by a physician or dentist. Arrangements shall be made
10 for the transportation of the resident to and from the source of diagnostic services.

11 **4 ~~MEDICAL RECORDS~~**

12 4.1 ~~FACILITIES.~~ As a responsibility of administration, with periodic consultation from a medical
13 record librarian, the facility for persons with developmental disabilities shall provide a medical
14 record room or other medical record accommodations, supplies, and equipment adequate for
15 medical record functions.

16 4.2 ~~ENTRIES.~~ All orders for diagnostic procedures, treatments, and medications shall be entered into
17 the medical record and shall be signed by the physician. All reports, X-ray, laboratory, EKG, etc.,
18 shall be incorporated into the medical record and authenticated by the individual submitting such
19 reports.

20 All entries in the medical record shall be the original ink or typed copy of valid copies thereof, kept
21 current, dated and signed or authenticated. The completion of a medical record shall be the
22 responsibility of the attending physician and the administration of the facility. Authentication may
23 be by written signature, identifiable initials or computer key. The use of rubber stamp signatures
24 is acceptable under the following strict conditions:

25 1. ~~The physician whose signature the rubber stamp represents is the only one who has~~
26 ~~possession of the stamp and is the only one who uses it; and~~

27 2. ~~The physician places in the administrative offices of the facility a signed statement to the~~
28 ~~effect that he is the only one who has the stamp and is the only one who will use it.~~

29 4.3 ~~CONTENT.~~ A complete medical record shall be maintained on every resident from the time of
30 admission through discharge. All resident records shall contain:

31 1. ~~Identification and Summary Sheet that includes:~~

32 1) ~~Resident's name, social security number, marital status, age, race, sex, home~~
33 ~~address, date of birth, place of birth, religion, occupation, name of informant and~~
34 ~~other available identifying sociological data, e.g. citizen of what country, Father's~~
35 ~~name, Mother's maiden name, U.S. Armed Forces (if yes, give dates).~~

36 2) ~~Name, address and telephone number of referral source.~~

37 3) ~~Name, address and telephone number of attending physician and dentist.~~

38 4) ~~Name of next of kin or other responsible person.~~

39 5) ~~Date and time of admission and discharge.~~

- 6) ~~Admitting diagnosis, final diagnosis(es), condition on discharge and disposition,~~
 - 7) ~~Signature of attending physician.~~
 2. ~~Medical Data when applicable, e.g:~~
 - 1) ~~Medical history.~~
 - 2) ~~Medical evaluation reports on admission and at least quarterly thereafter,~~
 - 3) ~~Reports of any special examinations, including laboratory reports, X-ray reports, etc.~~
 - 4) ~~Reports of consultations by consulting physicians, when applicable.~~
 - 5) ~~Reports of special treatments; physical therapy, occupational therapy, etc.~~
 - 6) ~~Dental reports, when applicable.~~
 - 7) ~~Treatment and progress notes written and signed by the attending physician at the time of each visit.~~
 - 8) ~~Authentication of hospital diagnosis(es) in a hospital summary sheet or transfer form when applicable, and a summary of the course of treatment followed in the hospital if resident hospitalized.~~
 - 9) ~~Physician orders for all medications, treatments, diet, restorative and special procedures.~~
 - 10) ~~Autopsy protocol, if any, and authorization for autopsy,~~
 - 11) ~~Social service notes,~~
 3. ~~Nursing records that include:~~
 - ~~All medications and treatments administered, special procedures performed, notes of observations, time and circumstance of death. All such entries shall be recorded, dated and properly signed by nursing personnel.~~
 4. ~~Accidents and incidents resulting in possible resident injury shall be reported on special report forms. The report shall include date, time and place of incident; circumstances of the occurrence, signature of witness; time doctor was notified; physician's report; signature of person making the report, A copy of report shall be filed in the resident's medical record.~~
- 4.4 ~~FACILITY'S FOR PERSONS WITH DEVELOPMENTAL DISABILITIES RECORDS.~~
- ~~The following facility for persons with developmental disabilities records shall be maintained;~~
1. ~~Daily census.~~
 2. ~~Admission and discharge records.~~
 3. ~~Resident master card file.~~

5 PERSONNEL

5.1 OBJECTIVES. The purpose and objectives of the facility for persons with developmental disabilities shall be explained to all personnel.

There shall be written personnel policies; job descriptions that clarify the type of functions to be preformed; and rules and regulations that govern the conditions of employment, the management of employees, and the quality and quantity of resident services to be maintained. Following approval by the Governing Body copies should be distributed to all employees.

5.2 DEPARTMENTAL. Each department of the facility for persons with developmental disabilities shall be under the direction of a person qualified by training, experience, and ability to direct effective services.

Sufficient qualified personnel shall be available in each department to properly operate the department.

All personnel shall have an appropriate annual screening test for tuberculosis and should have a pre-employment physical examination and such interim examinations as may be required by the facility for persons with developmental disabilities administration. The examining physician should certify that the employee, before returning from illness to duty, is free from infectious disease.

Employment health policies should be arranged so personnel are free to report their illness without fear of income loss.

There shall be an education program for all personnel to keep all employees abreast of changing methods and new techniques.

All personnel shall have an appropriate annual screening test for tuberculosis and should have a pre-employment physical examination and such interim examinations as may be required by the facility's administration. The examining physician should certify that the employee, before returning from illness to duty, is free of infectious disease. Employment health policies should be arranged so personnel are free to report their illness without fear of income loss.

5.3 RECORDS. There shall be personnel records on each person of the facility persons with developmental disabilities staff including employment application with resume of employee's training and experience, verification of credentials, and evidence of adequate health supervision.

6 ADMISSIONS

6.1 POLICIES. The facility's written policies shall specify that only those individuals are admitted for care whose needs can be met within the accommodations and services the facility provides.

6.2 RESIDENT INFORMATION. When a resident is admitted, prior to or upon admission, essential information, including medical evaluation report, pertinent to the care of the resident, shall be made available to the facility by the referring agent,

6.3 IDENTIFICATION. Upon admission, adequate measures shall be taken to insure proper identification.

6.4 RESIDENT BEDROOM. No resident shall be admitted for care to any room or area other than one regularly designated as a bedroom. There shall be no more residents admitted to a bedroom than the number for which the room is designed and equipped.

~~7 — DIETARY SERVICES~~

~~7.1 — ORGANIZATION. There shall be an organized food service planned, equipped, and staffed to serve adequate meals to residents according to physician's orders when applicable to an individual resident. At least three meals or their equivalent are served daily, at regular times, with not more than an approximate 14-hour span between the evening and breakfast meals. Between-meal snacks of nourishing quality are offered. When the "four or five meal a day" plan is in effect, meals and snacks provide nutritional value equivalent to the daily food guide.~~

~~7.2 — PERSONNEL. A person qualified by training and experience shall be designated by the administrator to be responsible for the dietary services. When this person is not a professional dietitian, frequent regularly scheduled consultation should be obtained from a professional dietitian who meets the American Dietetic Association's qualifications standards or from a person graduated from a baccalaureate degree program with major studies in foods and nutrition.~~

~~A sufficient number of trained food service personnel shall provide services over a period of 12 hours or more per day.~~

~~7.3 — POLICIES. Policies and procedures for dietary practices shall be written.~~

~~7.4 — ORDERS. All diets and nourishments shall be provided and served as prescribed by the attending physician, when applicable.~~

~~7.5 — DIET MANUAL. A diet manual should be maintained by the facility for fulfilling dietary prescriptions.~~

~~7.6 — MENU. Menus shall be planned at least one week in advance. Personal tastes, desires, and cultural patterns of residents shall be considered and reasonable menu adjustments made.~~

~~The menus shall be posted in the kitchen area, and after use shall be filed and maintained for at least four weeks. Menus should meet the requirements of the Recommended Dietary Allowances For Food and Nutrition Board, National Research Council, 1968. Rotating menus are recommended.~~

~~Recipes appropriate to the needs of the facility shall be available to the cook.~~

~~7.7 — SPACE. Adequate space shall be provided to allow for fixed and movable equipment and employee functions; for receiving, storage, refrigeration, food preparation, tray assembly, cart storage when applicable; and for dishwashing and scullery.~~

~~7.8 — REGULATIONS. Food Service design, equipment, and practices and dishwashing shall be in accordance with the Rules and Regulations Governing the Maintenance and Operation of Restaurants In the State of Colorado, Colorado Department of Health, May 1964, See Section 10, Infectious Disease Control.~~

~~7.9 — FOOD SUPPLIES. All food in nursing care facilities shall be from sources approved or considered satisfactory by the health authority, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption. No hermetically sealed, nonacid and low-acid food which has been processed in a place other than a commercial food-processing establishment shall be used.~~

~~7.10 — STORAGE. Adequate, clean, well-ventilated food storage space shall be provided. Containers of food shall be stored above the floor on clean shelves, dollies, or other clean surfaces to protect them from contamination.~~

- 1 7.11 ~~REFRIGERATION. A minimum of two units of refrigeration shall be provided to protect foods kept~~
2 ~~on hand. Refrigerators and walk-in boxes used for perishable foods shall be equipped with~~
3 ~~reliable thermometers.~~
- 4 7.12 ~~REFRIGERATOR SAFETY. Walk-in refrigerators and freezers shall have inside lighting and~~
5 ~~inside lock releases, and should have audio-visual signal system as a secondary safety device.~~
- 6 7.13 ~~PERISHABLE FOODS. Potentially hazardous foods including eggs, shall be maintained at a~~
7 ~~temperature of 45°F or below, or 140°F. or above, except when being prepared or served. Home~~
8 ~~canned vegetables and home canned meats shall not be served.~~
- 9 7.14 ~~TOXIC MATERIALS. Poisonous and toxic materials' shall be labeled, stored separately from~~
10 ~~food, and used only in such ways that they will neither contaminate food nor be hazardous to~~
11 ~~employees.~~
- 12 7.15 ~~UTENSILS. Convenient and suitable utensils, including self-service, such as forks, knives, tongs,~~
13 ~~and spoons shall be used to handle food at all points where food is prepared and served.~~
- 14 7.16 ~~DISPLAYED FOOD. Unwrapped food on display for service shall be protected against~~
15 ~~contamination by counter-protector devices.~~
- 16 Food being conveyed should be covered, completely wrapped or packaged to protect from
17 contamination.
- 18 Appropriate precautionary measures shall be taken to protect food from contamination when
19 feeding patients.
- 20 7.17 ~~HANDWASHING. Employees shall wash their hands thoroughly in an approved handwashing~~
21 ~~facility before starting work and as often as may be necessary to remove soil and contamination.~~
22 ~~Each employee shall wash his hands before resuming work after visiting the toilet room.~~
23 ~~Handwashing facilities shall be provided in the kitchen areas.~~
- 24 7.18 ~~HEAD PROTECTION. All dietary employees shall wear hair nets, caps, or other effective hair~~
25 ~~restraints.~~
- 26 7.19 ~~TOBACCO. Employees shall not use tobacco in any form while engaged in food preparation,~~
27 ~~service, or equipment washing.~~
- 28 7.20 ~~EQUIPMENT. Adequate equipment shall be provided for efficient preparation of meals. Food~~
29 ~~contact surfaces of equipment and utensils shall be non-toxic, smooth, free from breaks, open~~
30 ~~seams, cracks, chips, and similar imperfections; and free of difficult-to-clean. internal corners and~~
31 ~~crevices. Cutting blocks, boards, and table tops shall be of impervious material which is non-toxic,~~
32 ~~smooth, and free of cracks, crevices, and open seams.~~
- 33 7.21 ~~COUNTER EQUIPMENT. Equipment on tables or counters, unless readily movable, shall be~~
34 ~~installed so as to facilitate cleaning and safety.~~
- 35 7.22 ~~FLOOR MOUNTED EQUIPMENT. Floor-mounted equipment, unless readily movable, shall be~~
36 ~~sealed to the floor to prevent liquids or debris from settling under the equipment. Lubricated~~
37 ~~bearings and gears shall be constructed so that lubricants cannot get into the food.~~
- 38 7.23 ~~SILVERWARE. Facilities and systems for storage of silverware shall be designed and maintained~~
39 ~~to prevent contamination.~~

- 1 ~~7.24 CUPS AND GLASSES. Clean cups and glasses shall not be stored with entrapped moisture.~~
- 2 ~~7.25 EQUIPMENT AND UTENSIL SANITIZATION. Portable equipment and utensils shall be cleaned,~~
3 ~~sanitized, and stored above the floor in a clean, dry location. Utensils shall be air-dried before~~
4 ~~storing. Stored containers and utensils shall be covered or inverted.~~
- 5 ~~7.26 ISOLATION. Food served to patients in isolation, because of infectious diseases, shall be served~~
6 ~~in disposable utensils or in utensils that shall be sterilized.~~
- 7 ~~7.27 MECHANICAL WASHING. Commercial-type mechanical dishwashing equipment shall be~~
8 ~~provided separate from food preparation and serving areas, and equipped with an easily readable~~
9 ~~thermometer in each tank. Equipment and utensils shall be preflushed or prescraped and, when~~
10 ~~necessary, presoaked to remove soil. A suitable detergent in effective concentration shall be~~
11 ~~used. Wash water shall be kept reasonably clean, and washing cycle properly timed. The wash~~
12 ~~water temperature shall be compatible with the detergent used. The final rinse water shall be~~
13 ~~unused water at temperature not less than 180°F manifold temperature, 170°F on surface of the~~
14 ~~dishes. Rinsing cycles shall be timed accurately. The use of automatic dishwashing machines~~
15 ~~using chemical sanitization is acceptable if properly installed and maintained; the chemical~~
16 ~~sanitizer applied in such concentration and for such a period of time as to provide effective~~
17 ~~bactericidal treatment of the equipment and utensils.~~
- 18 ~~Only air drying shall be employed after washing and rinsing. All dishes and utensils shall be~~
19 ~~stored in clean, dry areas free of contamination,~~
- 20 ~~7.28 MANUAL WASHING. Utility ware, pots, pans, and similar utensils shall be cleaned in an area~~
21 ~~separated from the dishwashing operation. Separate two-compartment sinks are required for~~
22 ~~manual washing operations, and they shall be of such length, width, and depth to permit complete~~
23 ~~immersion of equipment and utensils. Each compartment shall be supplied with hot-cold mixing~~
24 ~~faucet.~~
- 25 ~~7.29 DRAINBOARDS. Separate drainboards shall be used for soiled utensils prior to washing, and for~~
26 ~~clean utensils following disinfecting.~~
- 27 ~~7.30 LIGHTING. Areas for preparing food, and storing and cleaning utensils shall be adequately~~
28 ~~lighted.~~
- 29 ~~7.31 VENTILATION. Rooms for preparing and serving food and washing utensils shall be well~~
30 ~~ventilated. Ventilation hood, ducts, and devices shall be designed to comply with, or equal to,~~
31 ~~NEPA Bulletin No. 96, 1964. Filters shall be readily removable for cleaning or replacement.~~
- 32 ~~7.32 TOILET FACILITIES. Adequate, clean toilet facilities shall be provided,~~
- 33 ~~7.33 HANDWASHING FACILITIES. Approved handwashing facilities with soap and sanitary hand-~~
34 ~~drying accommodations shall be conveniently provided.~~
- 35 ~~7.34 HASTE. Garbage and refuse shall be placed in impervious containers equipped with tightly fitting~~
36 ~~covers when filled or stored, or not in continuous use. Containers shall be stored in a safe area or~~
37 ~~refrigerated space pending removal and shall be removed from the premises and cleaned at~~
38 ~~frequent intervals.~~
- 39 ~~7.35 WASTE GRINDERS. Food waste grinders shall, be installed in compliance with applicable laws~~
40 ~~and regulations.~~

~~7.36 INFESTATIONS. Storage rooms, loading docks, and premises shall be free from rodent and insect infestation, odors, dust, and other sources of contamination.~~

~~7.37 MILK. Milk may be served in the containers to the resident if the container is no larger than an individual serving.~~

~~7.38 DINING AND RECREATION FACILITIES. Dining and recreation areas shall be provided, shall be readily accessible to all residents, and should not be in a hallway or lane of traffic in or out of the facility. The dining and recreation areas may be separate or combined.~~

~~8~~ **8 EMERGENCY SERVICES**

~~8.1 EMERGENCY CARE POLICIES. Statements of policies for the care of residents in an emergency shall be developed and incorporated into a manual for staff use. See Section 2.3, 3.1, and 3.7. The manual should include but not be limited to: 1) Arrangements for the necessary medical care when a resident's physician is not available immediately; 2) Procedures and training programs which cover immediate care of the resident; 3) Persons to be notified.~~

~~8.2 FIRE AND INTERNAL DISASTER PLAN. Written policies and procedures shall be formulated for the protection of persons within the building in case of fire, explosion, or other emergency in the building, and shall consist of the following:~~

~~8.2.1 Brief, written instructions to be posted at appropriate places, of persons to be notified, and other immediate steps to be taken before the fire department or other assistance arrives.~~

~~8.2.2 A schematic plan of the building, or portions thereof, to be posted at appropriate places showing evacuation routes, smoke stop and fire doors, exit doors, and the location of fire extinguishers and fire alarm pull boxes.~~

~~8.2.3 Other policies and procedures that need not be posted but must include: procedures for evacuating helpless residents, assignment of specific tasks and responsibilities to the personnel of each shift, provision for at least annual training and instruction sessions to keep employees informed of their duties, and provision for conducting simulated fire drills at least three times annually.~~

~~The above policies, procedures, and plan must be developed with the assistance of qualified fire and safety experts.~~

~~8.3 MASS CASUALTY PROGRAM. Each facility for persons with developmental disabilities should develop a written mass casualty plan for the management of residents and the treatment and disposition of casualties in the event of an external or community disaster. This program should be developed in cooperation with other health facilities of the area and with official and non-official agencies concerned.~~

~~9~~ **9 INFECTIOUS DISEASE CONTROL**

~~9.1 CONTROL. The facility shall have an infection control program which provides for policies, procedures and training programs.~~

~~9.2 POLICIES. There shall be written policies including but not limited to the following: 1) The non-admission of residents having an infectious disease and the protective isolation of residents who, subsequent to admission, are discovered to have an infectious disease; 2) The reporting of~~

~~diseases as required by Laws and Regulations, pertaining to Disease Control, Colorado Department of Health.~~

~~9.3 RESIDENT ISOLATION. Intermediate Health Care Facilities for the Mentally Retarded shall observe the rules pertaining to isolation as required by Laws and Regulations, pertaining to Disease Control, Colorado Department of Health.~~

~~10 RESIDENT SERVICES~~

~~10.1 ORGANIZATION. The facility for persons with developmental disabilities shall be organized to provide effective services to each resident. The authority and responsibility of personnel shall be defined clearly in written job descriptions.~~

~~10.2 MASTER STAFFING PLAN. There shall be a master staffing plan, including provision for licensed nurses, for providing 24-hour resident services.~~

~~A registered professional nurse or licensed practical nurse shall be employed full time by the facility and responsible for the residents' needs.~~

~~Licensed practical nurses and auxiliary nursing personnel shall be assigned only those duties for which they are qualified.~~

~~Supplemental staff shall be available to assure that treatments, medications, and other services prescribed by the resident's physician are properly carried out and recorded.~~

~~If the facility utilizes more than one building for the care of residents, there shall be personnel on duty in each building 24 hours daily. The care required by residents shall be the major consideration in determining the number, quality, and category of personnel that are needed in any given situation.~~

~~10.3 WRITTEN PROCEDURES. There shall be written procedures that establish the standards of performance for safe, effective care of residents. These procedures shall be reviewed periodically and revised as necessary.~~

~~There should be a written plan for continuous evaluation of resident services including nursing services. There should be periodic evaluation of the facility in terms of residents' needs.~~

~~11 PROGRAMMING~~

~~11.1 OCCUPATIONAL THERAPY. When occupational therapy services are provided, the following requirements shall be observed;~~

~~11.1.1 MEDICAL DIRECTION. Direct resident care requires a physician's referral,~~

~~11.1.2 POLICIES. There shall be written policies identifying the organization, administration, performance standards, and direction and supervision of resident care rendered.~~

~~11.1.3 PERSONNEL. Occupational therapy shall be rendered only by a registered occupational therapist. All personnel assisting with the occupational therapy of residents shall be under the direct supervision of a registered occupational therapist.~~

~~11.1.4 RECORDS. Occupational therapy records shall include a physician's referral for treatment, resident progress notes, and results of special tests and measurements.~~

~~11.1.5 FACILITIES. There shall be adequate facilities, space, appropriate equipment and storage areas for the treatment of referred residents. The occupational therapy services shall be located in an area readily accessible to residents,~~

~~11.1.6 EQUIPMENT. Commonly used therapeutic equipment necessary for the occupational therapy service shall be properly maintained to insure the safety of both residents and employees using the equipment.~~

~~11.2 PHYSICAL THERAPY. When physical therapy services are offered and when the term "physical therapy" is used in any type of advertisement or as a door sign, the following requirements shall be observed:~~

~~11.2.1 MEDICAL DIRECTION. Direct resident care requires a referral from a physician or dentist.~~

~~11.2.2 POLICIES. There shall be written policies governing the services.~~

~~11.2.3 PERSONNEL. Physical therapy shall be rendered only by a licensed physical therapist. All personnel assisting with the physical therapy of residents must be under the supervision of a physical therapist.~~

~~11.2.4 TREATMENT RECORDS. Treatment records shall include the physician's referral, evaluation and progress notes of the physical therapist and result of special tests and measurements,~~

~~11.2.5 FACILITIES. There shall be adequate facilities, space, appropriate equipment and storage area for the care and treatment of referred residents. If a special room is used it shall be located where it is readily accessible for residents.~~

~~11.3 RESIDENT ACTIVITIES~~

~~11.3.1 GENERAL, the facility involves planning for individual residents in terms of determined abilities and disabilities, potentials for future growth and development, specific services needed, resources available and potentials for release to the community involves homogeneous grouping of the resident population and providing appropriate services for the respective groups.~~

~~The above programs should be available either in the facility or in the community.~~

~~11.3.2 THERAPIES AND ACTIVITIES. Programming should include the following: Volunteer Services, Library Services, Music Therapy, Industrial Therapy, and Recreational Therapies. Physical and Occupational Therapy are included in a separate section. The purpose shall be to plan and administer a comprehensive schedule of activities, suited to the individual and group needs of the residents, and contribute to their maximum growth and development. The purposes of such activities are:~~

~~Provide Leisure Time Activities.~~

~~Facilitate the Development of Social Skills.~~

~~Develop Tension-reducing Activities.~~

~~Promote Physical Health.~~

~~Provide Experiences in Avocational Skills.~~

~~Promote the Development of Motor Skills.~~

~~Promote Functional Skills.~~

~~Provide for Normalization.~~

~~These therapies and activities should be planned in relation to other specialized services, and should play a supporting role to such services and to the total program.~~

~~11.3.3 EDUCATION AND TRAINING SERVICES. Education and training programming within the facility should be conceived and conducted as an integral part of the total facility-community effort leading to the mental, emotional, physical, social and vocational growth of each resident. Education and training services should constitute a clearly defined area. Its basic responsibility is to provide education and training services to all residents deemed capable of benefiting from such a program.~~

~~The education and training should include the following according to the needs of the residents and the scope of the program:~~

~~Qualified School Administrators.~~

~~Special Education Teachers at all Levels.~~

~~Vocational Instructors.~~

~~Vocational Guidance Counselors.~~

~~Home Economics Teachers.~~

~~Music Teachers.~~

~~Physical Education Teachers.~~

~~Speech and Hearing Therapists.~~

~~Special Teachers Proficient in Working With Those Who Have Emotional, Visual and Orthopedic Handicaps.~~

~~All education and training personnel should meet the certification requirement of the State of Colorado~~

~~11.3.4 RECREATION SERVICES. Recreation programming should provide each resident with enjoyable leisure time activities and promote mental and physical health through interesting and worthwhile recreational pursuits,~~

~~11.3.5 PSYCHOLOGICAL SERVICES. Programming should include psychological services to the residents of the facility, to the administration, and to other departments whose responsibilities involve the day-to-day care and training of the residents.~~

~~Responsibility may vary somewhat in facility settings according to the administrative organization of the facility. The professional background of a department of psychological services equips it to fulfill the following responsibilities:~~

- 1 Intellectual Classification
- 2 Consultation and Reporting
- 3 Counseling and Therapy

4 **12 — RESIDENT CARE UNIT**

5 **DEFINITION.** Resident care unit means a designated area of an Intermediate Health Care Facility for the
 6 Mentally Retarded that consists of a bedroom or grouping of bedrooms with supporting facilities and
 7 services that are planned, organized, operated, and maintained to provide adequate resident care and to
 8 accommodate no more than 60 residents.

9 **12.1 — RESIDENT BEDROOMS.** There should be no more than four beds per resident bedroom.

10 **12.1.1 — SIZE.** Minimum room area (exclusive of closets, lockers, ward robes of any type,
 11 vestibules, and toilet room) shall be 100 sq. ft. for a single bedroom and 80 sq. ft. per bed
 12 in multiple bedrooms.

13 **12.1.2 — WINDOWS.** Each resident bedroom shall have an exterior window with area not less
 14 than 1/8 of the floor area. The sills of such windows shall not be located below the
 15 finished ground level and shall not be more than 32 inches above the floor level. The
 16 ground level shall be maintained at or below the window sill for a distance of at least eight
 17 feet measured perpendicular to the window. One-half of the required area shall be
 18 openable without the use of tools.

19 If a mechanical ventilation system is provided, a portion of the required window shall be
 20 openable without the use of tools. Privacy for the resident and control of light shall be
 21 provided at each window.

22 **12.1.3 — ENTRIES.** Doors to resident bedrooms shall be at least 2'6" in width (3'0" width is
 23 recommended). If residents are non-ambulatory, 3'8" doors are required.

24 **12.1.4 — LIGHTING.** Artificial light shall be provided and include: 1) General illumination; 2) Other
 25 sources of illumination for reading, observations, examinations, and treatments; 3) Night
 26 light controlled at the door of the bedroom; 4) Quiet operating switches.

27 **12.1.5 — HANDWASHING FACILITIES.** A lavatory complete with mixing faucet, blade controls,
 28 soap and sanitary hand-drying accommodations shall be provided. If centralized, the
 29 hand-washing facilities must be in the ratio of 1-10 residents.

30 **12.1.6 — TOILET FACILITIES.** Toilet rooms may be adjacent to patient bedrooms. If adjacent to
 31 bedrooms, one toilet may serve two bedrooms but not more than four beds. If toilet
 32 rooms are centralized, the ratio of toilets to residents must be not less than one (1) per
 33 eight (8). The toilet room shall be provided with: 1) Toilet; 2) Grab bars convenient for
 34 safety of the residents (optional for ambulatory residents);

35 **12.1.7 — RESIDENT FURNISHINGS.** Resident bedrooms shall be equipped with the following for
 36 each resident: 1) Comfortable bed (roll away type beds, cots, and folding beds shall not
 37 be used) equipped with comfortable, clean mattress and pillow and with side rails when
 38 appropriate to the safety of the resident; 2) Cabinet or bedside table; 3) Waste paper
 39 receptacle with impervious, disposable liner or disposable waste receptacle; 4)
 40 Comfortable chair; 5) Storage facilities adequate for residents' personal and grooming
 41 articles.

~~12.1.8 CLOSET. Each bedroom shall be provided with a closet or locker space for each resident.~~

~~12.1.9 RESIDENT CALL SIGNAL SYSTEM. Calling stations (that register a visual signal at the clean and soiled holding rooms and a visual and audible signal at the nurses' station) should be located in toilet rooms and at each tub and shower.~~

~~12.2 RESIDENT SERVICE FACILITIES. The following service areas shall be provided on each floor housing residents and located conveniently for resident care:~~

~~12.2.1 RESIDENT CARE CONTROL CENTER. The Resident Care Control Center shall be designed and equipped for resident record charging, communications, and storage of supplies.~~

~~12.2.2 MEDICATION PREPARATION AREA. When provided, the medication preparation area shall be equipped with: 1) Cabinets with suitable locking devices to protect drugs stored therein; 2) Refrigerator equipped with thermometer and used exclusively for pharmaceutical storage; 3) Counter work space; 4) Sink with approve: handwashing facilities; 5) Antidote, incompatibility, and metriapothecary conversion charts.~~

~~Only medications, equipment, and supplies for their preparation and administration shall be stored in the medication preparation area.~~

~~Test reagents, general disinfectants, cleaning agents, and other similar products shall not be stored in the medication area.~~

~~12.2.3 CLEAN HOLDING ROOM. The clean supply holding room shall be equipped with: 1) Counter sink with mixing faucet, blade controls, soap, and sanitary hand-drying facility; 2) Waste container with cover (foot controlled recommended) and impervious, disposable liner; 3) Cupboards or carts for supplies.~~

~~12.2.4 CLEAN LINEN. There shall be a separate closed area (in the clean supply holding room, on a cart, or in a separate closet) for clean linen supplies.~~

~~12.2.5 SOILED HOLDING ROOM. The soiled holding room shall be equipped with: 1) Suitable counter double-sink with mixing faucet, blade controls, soap, and sanitary hand-drying facility; 2) Waste container with cover (foot controlled recommended) and impervious, disposable liner; 3) Soiled linen cart or hamper with impervious liner; 4) Accommodations and provisions for enclosed soiled articles; 5) Space for short-time holding of specimens awaiting delivery to laboratory; 6) Adequate shelf and counter space.~~

~~12.2.6 JANITOR'S CLOSET. The janitor's closet shall be equipped with: 1) Sink, preferably depressed or floor mounted, with mixing faucets; 2) Hook strip for mop handles from which soiled mopheads have been removed; 3) Shelving for cleaning materials; 4) Approved handwashing facilities; 5) Waste receptacle with impervious liner.~~

~~The floor area should be adequate to store mop buckets on a roller carriage, wet and dry vacuum machine, and floor scrubbing machine.~~

~~12.2.7 STORAGE. A storage room should be provided. Storage space for wheel chairs should be recessed off the corridor,~~

~~12.2.8 NOURISHMENT STATION. Nourishment stations should be provided with storage space and sink for serving between-meal nourishments.~~

~~12.3 RESIDENT BATHING FACILITIES. Resident bathing facilities shall be provided in the ratio of one tub or one shower for each fifteen (15) residents. Approved grab bars shall be installed at each tub or shower. The tubs are to have non-slip surfaces. The room shall provide privacy and be sufficiently large to provide space for wheelchair movement. The entry door shall be at least 30" in width. Curbs should be omitted from showers. There shall be toilet and lavatory facilities in the bathroom with mixing faucet, blade controls, soap, and sanitary hand-drying accommodations,~~

~~12.4 PERSONNEL TOILET FACILITIES. Toilet facilities shall be provided for personnel on each resident unit.~~

~~12.5 PHYSICIAN ORDERS. Medications and treatments shall be administered only on the order of a physician. Orders shall be received by a house physician or licensed nurse; shall be written; and shall include the date, time and specifications of the order. Verbal orders shall be designated as such, shall be signed by the person receiving, and shall be countersigned within 48 hours by the ordering physician.~~

~~12.6 RESIDENT MEDICATION. Resident medications shall be self-administered and only upon written order of the resident's physician and under guidance of a licensed nurse.~~

~~However, in those transitory instances when self-administered medication(s) would endanger the health, welfare, and safety of an individual resident, medication(s) may be administered the individual resident, provided, however, that such medication(s) shall be administered only in accordance with applicable Colorado laws and shall be recorded on the resident's medical record and include the name, strength, dosage, mode of administration of the medication; date, time, and signature of the person administering~~

~~Written policies shall specify the delegated person authorized for the requisition, receipt, control, and management of drugs. Resident drugs shall be obtained from a licensed pharmacy on an individual prescription basis for a specific resident. These drugs shall bear a label affixed in or to the container, which contains at least the following: Name of pharmacy, name of the resident, name of the prescribing physician, date filled and refilled, number of the prescription, and such directions as prescribed by the physician. The label shall be brought into accord with the current directions of the physician each time the prescription is refilled.~~

~~The facility shall protect each resident's drugs from use by other residents, visitors, and personnel.~~

~~Resident drugs shall be destroyed in accordance with documented procedures when: 1) The label is mutilated or indistinct; 2) The medicine has deteriorated or gone beyond its safe shelf life; 3) Unused portions remain due to death, discharge, or discontinuance of medication as reflected on the resident's record.~~

~~12.7 INCIDENT REPORTS. Medication errors, drug reactions, and resident accidents shall be reported immediately to the resident's physician and an entry thereof recorded in the resident's medical record and on an incident report.~~

~~12.8 EMERGENCY EQUIPMENT AND SUPPLIES. The following shall be readily available at all times: 1) Oxygen; 2) Suction; 3) Portable emergency equipment, supplies and medications,~~

~~12.9 THERMOMETER. A disinfected thermometer shall be used each time a resident's temperature is taken,~~

~~12.10 DRESSING. There shall be individual resident equipment and supplies for changing dressings.~~

~~12.11 RESIDENT CARE PLAN. In addition to physician orders, there shall be a written plan of care for each individual resident. The plan should indicate what care is needed, how it can best be accomplished for the resident, how the resident likes things done; what methods and approaches are most successful with the resident and what modifications are necessary to ensure best results. The resident care plan should be retained as specified by the facility's written policies.~~

~~12.12 RESTRAINTS. Confinement of residents to physical restraints shall be used only when necessary to prevent injury to the resident or others, and only when other measures are not sufficient to accomplish the purpose. Written policies shall be established relative to the use of restraints,~~

~~12.13 RESTORATIVE CARE. There shall be a continuous program of restorative care directed toward assisting the residents to achieve and maintain their optimum level of independence.~~

~~12.14 WRITTEN POLICIES. Written policies for resident care shall be established.~~

~~13 SOCIAL SERVICES~~

~~13.1 PROVISIONS. The facility for persons with developmental disabilities shall provide appropriate social services to residents and families and consultation to the staff. The social services may be provided by a qualified social worker on the facility staff or by a designated staff member for whom the facility has an effective arrangement for consultation from a qualified social worker of an outside agency.~~

~~13.2 RECORDS. Pertinent social information shall be recorded on the resident's record.~~

~~14 MICROBIAL CONTROL~~

~~14.1 INFECTION CONTROL PROGRAM. The facility for persons with developmental disabilities shall have a microbial and infection control program which provides for policies, procedures and in-service training programs for microbial and infectious disease control.~~

~~14.2 SANITATION OF NURSING AND RESIDENT CARE EQUIPMENT. Resident care equipment shall be properly cleaned, stored, sanitized, disinfected or sterilized. Resident care equipment that is to be used internally shall be properly cleaned, sterilized and stored after each use; thermometers shall be properly disinfected.~~

~~14.3 DISPOSABLE EQUIPMENT AND SUPPLIES. Single service disposable equipment shall be used only once and shall be disposed of in an approved manner. Other disposable resident care equipment shall be used only for the resident to which assigned. Disposable sterile equipment shall be certified by the distributor as sterile and be destroyed after initial use.~~

~~14.4 PRESSURIZED STEAM. When pressurized steam sterilizers or equivalent are used, they shall be of approved type and necessary capacity for adequate sterilization and all sterilization equipment shall be maintained in good operating condition.~~

~~Bacteriological methods shall be used to evaluate the effectiveness of sterilization, by at least monthly cultures with records" maintained.~~

~~14.5 STERILIZATION METHODS. Boiling water, chemical disinfectants, and dry heat are prohibited as methods of sterilization.~~

~~14.6 STERILE SOLUTIONS. Water used for sterile solutions shall be distilled and sterilized in flasks. These flasks shall be resistant to heat, chemical, and electrical action; and shall be properly sealed, labeled, and stored. Commercially prepared sterile solutions are highly recommended.~~

14.7 ~~HANDWASHING. Personnel shall wash their hands after contact with a resident or with a contaminated object and observe the following techniques: 1) Remove watches and rings, and roll sleeves of clothing above elbow; 2) Wash hands and forearms with soap or detergent, with friction, not a brush, and rinse under running water; 3) Repeat the washing procedure two or more times; 4) Dry hands with a disposable towel.~~

14.8 ~~SANITATION OF AIR. Design, installation, and operation of a ventilation system should insure adequate microbial control of the air.~~

15 ~~HOUSEKEEPING SERVICES~~

15.1 ~~ORGANIZATION. Each facility shall establish organized housekeeping services planned, operated, and maintained to provide a pleasant, safe, and sanitary environment. Adequate housekeeping personnel shall be provided. Housekeeping personnel, using accepted practices and procedures, shall keep the facility free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards. Deodorizers shall not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices.~~

15.2 ~~EQUIPMENT AND SUPPLIES. Suitable equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition.~~

15.3 ~~GERMICIDES. Germicides shall be registered with the Colorado Department of Agriculture and stored in an approved manner,~~

15.4 ~~STORAGE. Storage areas, attics, and cellars shall be kept safe and free from accumulations of extraneous materials such as refuse, discarded furniture, and old newspapers. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers. Solutions, cleaning compounds, and hazardous substances shall be labeled properly and stored in safe places. Paper towels, tissues, and other supplies shall be stored in a manner to prevent their contamination prior to use.~~

15.5 ~~CLEANING METHODS. Cleaning shall be performed in a manner to minimize the spread of pathogenic organisms. Floors shall be cleaned regularly. Polishes on floors shall provide a non-slip finish; throw or scatter rugs shall not be used except for non-slip entrance mats.~~

15.6 ~~HANDWASHING. All personnel shall wash their hands thoroughly after handling waste products.~~

15.7 ~~TRAINING AND SUPERVISION. Housekeeping personnel shall receive adequate supervision. Continuous in-service training programs shall be established for housekeeping personnel.~~

16 ~~LINEN AND LAUNDRY~~

16.1 ~~LAUNDRY FACILITIES. Laundry facilities and/or contract with commercial laundry shall be provided with the necessary washing, drying, and ironing equipment having sufficient capacity to process a continuous seven-day supply based on ten pounds of dry laundry per resident bed per day. Laundry equipment shall be provided with all safety appliances and sanitary requirements. The equipment shall be designed and installed to comply with all state and local laws. Laundry equipment, processing and procedures shall render soiled linen and resident clothing clean and free of detergents and soap. Laundry facilities and operations shall be located in areas separated from Resident Care Units.~~

~~There should be proper spacing and placing of the equipment to minimize material transportation and operation, to avoid all cross traffic between clean and soiled linen, to provide balance of operations, and to provide storage between operations. The general air movement shall be from~~

- 1 ~~the cleanest areas to the most contaminated areas and exhausted to the exterior. Soiled laundry~~
2 ~~shall be processed frequently enough to prevent unsanitary accumulations.~~
- 3 16.2 ~~WASHING TEMPERATURE. The temperature of water during the washing and hot rinsing~~
4 ~~process shall be a minimum of 165°F and for a combined period of time of at least 25 minutes,~~
- 5 16.3 ~~COMMERCIAL LAUNDRY SERVICES. If laundry facilities are not provided in the facility for~~
6 ~~persons with developmental disabilities, any contract with a commercial laundry service shall~~
7 ~~provide for these standards.~~
- 8 16.4 ~~RESIDENT LINEN SUPPLY. Linen supply shall be at least two complete changes times the~~
9 ~~number of resident beds. All linens shall be maintained in good repair,~~
- 10 16.5 ~~RESIDENT LINEN HANDLING. In removing and handling soiled linen from a resident's bed,~~
11 ~~there shall be minimum shaking of the linen. Soiled linen, including blankets, shall be placed in~~
12 ~~bags tightly closed before removal from a resident's room. The bags shall remain closed, shall be~~
13 ~~removed from the Resident Care Unit at least every eight hours.~~
- 14 16.6 ~~INFECTIOUS DISEASE LINEN. All linens and blankets from residents with infectious disease~~
15 ~~shall be placed in special bags identified "contaminated" and transported in these closed bags.~~
16 ~~Special measures shall be taken to insure the disinfection of contaminated laundry.~~
- 17 16.7 ~~SORTING AND PRE-RINSING. Pre-rinsing shall be permitted only in a designated room where~~
18 ~~approved facilities are provided. Sorting and all other linen and laundry operations shall be~~
19 ~~confined to the laundry facility and shall not be permitted in the resident's room, bathtub, shower,~~
20 ~~lavatory or janitor's closets.~~
- 21 16.8 ~~LINEN CHUTES. If linen chutes are used, all soiled linen shall be enclosed in bags before placing~~
22 ~~them in chute. Laundry chutes shall be cleaned regularly by approved methods.~~
- 23 16.9 ~~SOILED LINEN CARTS. Carts and hampers used to transport soiled linen shall be constructed of~~
24 ~~or lined with impervious materials, cleaned and disinfected after use, and used only for~~
25 ~~transporting soiled linen.~~
- 26 16.10 ~~SOILED LINEN STORAGE. The facility shall provide separate storage for soiled linen and~~
27 ~~clothing. In facilities over ten beds a soiled linen storage and sorting room, mechanically~~
28 ~~ventilated to the outside atmosphere, shall be provided, Recirculation of air from this room shall~~
29 ~~not be permitted.~~
- 30 16.11 ~~HANDWASHING EQUIPMENT, Handwashing facilities shall be provided in or convenient to the~~
31 ~~laundry facility,~~
- 32 16.12 ~~HANDWASHING, All personnel shall wash their hands thoroughly after handling any soiled linen,~~
- 33 16.13 ~~RESIDENT CLOTHING, Resident clothing and other laundry shall be processed and stored in an~~
34 ~~approved manner,~~
- 35 16.14 ~~CLEAN LINEN STORAGE, A clean linen storage room shall be provided separate from the~~
36 ~~laundry room. Storage for clean linen for current use shall be provided on each Resident Care~~
37 ~~Unit,~~
- 38 17 ~~INSECT, PEST, AND RODENT CONTROL~~

~~INSECT, PEST AND RODENT CONTROL. The facility shall be maintained free of infestations of insects, pests and rodents. The facility shall have a pest control program provided by maintenance personnel or by contract with a pest control company using the least toxic and least flammable effective pesticides. The pesticides shall not be stored in resident or food areas and shall be kept under lock and only properly trained, responsible personnel shall be allowed to apply insecticides and rodenticides. In the absence of other effective controls, screens shall be provided on all exterior openings.~~

~~18~~ — WASTE DISPOSAL

~~18.1~~ — SEWAGE AND SEWER SYSTEMS.

~~1) All sewage shall be discharged into a public sewer system, or if such is not available, shall be disposed of in a manner approved by the State and local health authorities and the Colorado State Water Pollution Control Commission,~~

~~2) When private sewage disposal systems are in use, records of maintenance and the system design plans shall be kept on the premises.~~

~~3) No exposed sewer line shall be located directly above working, storage, or eating surfaces in kitchens, dining rooms, pantries, or food storage rooms, or where medical or surgical supplies are prepared, processed or stored,~~

~~18.2 REFUSE. All garbage and rubbish not as sewage, shall be collected in impervious containers in such manner as not to become a nuisance or a health hazard and shall be removed to an approved storage area at least once a day. The refuse and garbage storage area shall be kept clean and free from nuisance. A sufficient number of impervious containers with tight fitting lids shall be provided and kept clean and in good repair.~~

~~18.3 REFUSE CART. Carts used to transport refuse shall be constructed of impervious materials, shall be enclosed, used solely for refuse, and maintained in a sanitary manner.~~

~~18.4 PLUMBING. All plumbing in the facility for persons with developmental disabilities shall be installed and maintained in accordance with the Colorado State and local plumbing code. All plumbing shall be maintained so that it is free of the possibility of backflow and backsiphonage, through the use of vacuum breakers and fixed air gaps, as in accordance with state and local codes.~~

~~18.5 INCINERATORS. Incinerators shall comply with state and local air pollution regulations and be so constructed to prevent insect and rodent breeding and harborage.~~

~~19~~ — LIFE SAFETY CODE REQUIREMENTS

~~19.1 COMPLIANCE WITH THE LIFE SAFETY CODE. Facilities shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety Code (2000), which is hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.~~

~~19.1.1 Facilities licensed before March 11, 2003 shall meet either Chapter 19, Existing Health Care Occupancies or Chapter 33, Existing Residential Board and Care Occupancies, NFPA 101 (2000). The basis for the applicability of Chapter 19 or Chapter 33 shall be the self-preservation capability of as few as one resident.~~

~~19.1.2 Facilities licensed on or after March 11, 2003 shall meet either Chapter 18, New Health Care Occupancies, or Chapter 32, New Residential Board and Care Occupancies, NFPA~~

101 (2000). The basis for the applicability of Chapter 18 or Chapter 32 shall be the self-preservation capability of as few as one resident.

19.1.3 This section applies to portions of facilities that undergo remodeling on or after October 1, 2003. For facilities that are health care occupancies, if the remodel represents a modification of more than 50 percent of the smoke compartment, or more than 4,500 square feet, the entire smoke compartment shall be renovated to meet Chapter 18, NFPA 101 (2000). For facilities that are board and care occupancies, additions or remodeling of more than 25 percent of the habitable floor space shall meet Chapter 32, NFPA 101 (2000).

19.1.4 Notwithstanding NFPA 101, Life Safety Code provisions to the contrary:

(1) when differing fire safety standards are imposed by federal, state or local jurisdictions, the most stringent standard shall apply.

(2) any story containing an exterior door or an exterior window that opens to grade level shall be counted as a story.

(3) licensed facilities shall be separated from unlicensed contiguous occupancies by an occupancy separation with a fire resistance rating of not less than two hours.

19.2 PLAN REVIEW AND PLAN REVIEW FEES. Plan review and plan review fees are required as listed below. If the facility has been approved by the Department to use more than one building for the direct care of residents on its campus, each building is subject to the applicable base fee plus square footage costs. Fees are nonrefundable and shall be submitted to the Department prior to initiating a plan review for a facility.

19.2.1 Initial Licensure, Additions, Relocations

(1) Plan review is applicable to the following, and includes new facility construction and new occupancy of existing structures:

(a) applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.

(b) additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.

(c) relocations of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009. Such relocations shall meet either Chapter 18 or Chapter 32, NFPA 101 (2000).

(2) Initial licensure, addition, and relocation plan review fees

(a) For facilities that are health care occupancies: base fee of \$2,500, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
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0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 25,000 sq ft.

- (b) For facilities that are board and care occupancies: base fee of \$2,300, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 25,000 sq ft.

19.2.2 Remodeling

- (1) Plan review is applicable to remodeling for which the application for the building permit from the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009. Remodeling includes, but is not limited to:

- (a) Alteration, in patient sleeping areas, of a structural element subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.
- (b) Relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.
- (c) Conversion of existing space to resident sleeping areas.
- (d) Changes to egress components, specifically the alteration of a structural element, relocation, or addition of an egress component. Examples of egress components include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.
- (e) Installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.
- (f) Installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.
- (g) Installation, removal or renovation of any kitchen hood suppression system.

(h) Essential electrical system: replacement or addition of a generator or transfer switch. However, replacement of either the generator or transfer switch with one having the same exact performance specifications is considered maintenance and not subject to plan review.

(i) Alteration of an existing area of the facility into a resident services area that restricts resident egress through the use of locking devices. In addition to construction plans, the following information shall also be submitted:

(i) cut sheets and sequence operations for locking devices for egress and egress access doors.

(ii) location of locked egress and egress access doors.

(iii) if applicable, how the fencing or other enclosure around the secured outdoor area designed to prevent elopement will be installed such that it protects the safety and security of the residents.

(2) Remodeling plan review fees

(a) For facilities that are health care occupancies: base fee of \$2,000, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-20,000 sq ft	\$0.08	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 20,000 sq ft.

(b) For facilities that are board and care occupancies: base fee of \$1,800, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-20,000 sq ft	\$0.08	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 20,000 sq ft.

19.3 The "Guidelines for Design and Construction of Health Care Facilities" (2006 Edition), American Institute of Architects (AIA), may be used by the Department in resolving health, building, and life safety issues for construction initiated or systems installed on or after July 1, 2009. The AIA Guidelines are hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.

RQ

Part 3. REPEALED

~~Repealed Effective 05/30/2009.~~

Subchapter 5. COMMUNITY RESIDENTIAL HOMES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

1 DEFINITIONS

~~Definition: "Community residential home for persons with developmental disabilities" means a facility housing at least four and no more than eight persons, licensed by the state, where services and supports are provided to persons with developmental disabilities.~~

~~1.1 "Developmental disability" means a disability that is manifested before the person reaches twenty-two years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation, or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in the impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.~~

~~1.2 Plan review means the review by the Department, or its designee, of new construction, previously unlicensed space, or remodeling to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life Safety Code and with this Chapter VIII, Subchapter 5. Plan review consists of the analysis of construction plans and onsite inspections, where warranted. For the purposes of the National Fire Protection Association requirements, the Department is the authority having jurisdiction for state licensure.~~

~~1.3 Structural element for the purposes of plan review, means an element relating to load bearing or to the scheme (layout) of a building as opposed to a screening or ornamental element. Structural elements of a building include but are not limited to: floor joists, rafters, wall and partition studs, supporting columns and foundations.~~

2 GOVERNING BODY

~~"Governing body" means the service agency or community centered board when acting as a service agency in which authority and responsibility are vested for the conduct of a community residential home. The governing body shall establish policies and procedures for the operation of such homes. The governing body shall appoint an administrator with the authority and responsibility for the implementation of policies and procedures in, and for the day to day management of, such community residential home.~~

2.1 LICENSE

~~(a) In addition to meeting the requirements of this chapter VI II part 5, a community residential home shall be licensed in accordance with the requirements specified in Chapter II. A community residential home shall also meet the requirements of the "Medication Administration Law," 25-I-107(l)(ee) and the related rules in Chapter XXIV. A community residential home shall also verify to the Department that it has obtained approval from the Department of Human Services to provide services through the "Colorado Medical Assistance Act" governing the home and communitybased services program. Community residential homes shall be licensed biennially.~~

~~(b) A community residential home shall demonstrate compliance with local codes prior to initial licensure and licensure renewal. In addition to local requirements there shall be a minimum distance between such homes of seven hundred and fifty (750) feet Evidence of such local compliance shall be submitted to the Department in the manner requested.~~

~~2.2 — ADMISSIONS AND DISCHARGE~~

- ~~(a) — The governing body shall create policies and procedures for admission and discharge of residents. Such policies and procedures shall be consistent with state statutes governing resident rights, admission, and discharge, pursuant to article 10.5 of title 27 of the Colorado Revised Statute.~~

~~2.3 — CLOSURE OF A COMMUNITY RESIDENTIAL HOME~~

- ~~(a) — In the event of voluntary closure of a community residential home, such home shall notify the Department thirty (30) days prior to closure and submit a plan for resident transfer at that time. Such plan shall provide for transfers that protect the health and safety of the residents.~~

- ~~(b) — In the event of a denial, suspension, or revocation of the community residential home's license by the Department, the Department shall assist the Department of Human Services and the community residential home in the coordination of the relocation of the residents.~~

3 — RESIDENT RIGHTS

~~3.1 — GENERAL RESIDENT RIGHTS~~

~~The community residential home shall adhere to a policy on resident rights consistent with article 10.5 of title 27 and 2CCR 503-1 chapter 6 of the Department of Human Services' Developmental Disabilities Services rules and regulations governing the rights of persons receiving services. The community residential home shall demonstrate, during any inspection by the Department, that appropriate measures have been taken to ensure all residents' rights are protected. In addition to the these standards, such policy on rights shall include the following:~~

~~3.2 — CARE AND TREATMENT RIGHTS~~

- ~~(a) — The right to medical care and treatment pursuant to section 27-10.5-114 C.R.S. shall also include the right to be administered medications in a manner compliant with Chapter XXIV of the Department's regulations. In addition, each community residential home shall ensure the right of a person with developmental disabilities to be free from excessive medication.~~

- ~~(b) — A community residential home shall disclose, during any inspection by the Department, the safeguards provided to any resident participating in experimental, hazardous, or research treatment programs, when applicable.~~

~~3.3 — OTHER RIGHTS~~

- ~~(a) — Every resident shall be entitled to care that is free from abuse and consistent with section 27-10.5-115 C.R.S.~~

- ~~(b) — Every resident shall be entitled to communications and visits consistent with section 27-10.5-117 C.R.S. This shall include the right to receive visitors in the community residential home in accordance with the reasonable rules of the home, and the right to privacy for such visits.~~

- ~~(c) — Every resident shall be entitled the right to personal property consistent with section 27-10.5-121 C.R.S.~~

~~4 FIRE SAFETY AND ENVIRONMENTAL REQUIREMENTS~~

~~4.1 FIRE SAFETY~~

~~4.1.1 COMPLIANCE WITH THE LIFE SAFETY CODE. Facilities shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety Code (2000), which is hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.~~

~~(1) Facilities licensed before July 1, 2009 shall meet Chapter 33, Existing Residential Board and Care Occupancies, NFPA 101 (2000).~~

~~(2) Facilities licensed on or after July 1, 2009 shall meet Chapter 32, New Residential Board and Care Occupancies, NFPA 101 (2000). Also, additions or remodeling of more than 25 percent of the habitable floor space shall meet Chapter 32, NFPA 101 (2000).~~

~~(3) Notwithstanding NFPA 101, Life Safety Code provisions to the contrary:~~

~~(a) when differing fire safety standards are imposed by federal, state or local jurisdictions, the most stringent standard shall apply.~~

~~(b) any story containing an exterior door or an exterior window that opens to grade level shall be counted as a story.~~

~~(c) licensed facilities shall be separated from unlicensed contiguous occupancies by an occupancy separation with a fire resistance rating of not less than two hours.~~

~~4.1.2 PLAN REVIEW AND PLAN REVIEW FEES. Plan review and plan review fees are required as listed below. If the facility has been approved by the Department to use more than one building for the direct care of residents on its campus, each building is subject to the applicable base fee plus square footage costs. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.~~

~~(1) Initial Licensure, Additions, Relocations~~

~~(a) Plan review is applicable to the following, and includes new facility construction and new occupancy of existing structures:~~

~~(i) applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.~~

~~(ii) additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.~~

~~(iii) relocations of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009.~~

(b) Initial licensure, addition, and relocation plan review fees: base fee of \$2,300, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 25,000 sq ft.

(2) Remodeling

(a) Plan review is applicable to remodeling for which the application for the building permit from the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009. Remodeling includes, but is not limited to:

(i) Alteration, in patient sleeping areas, of structural elements subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.

(ii) Relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.

(iii) Conversion of existing space to resident sleeping areas.

(iv) Alteration of a structural element, relocation, or addition of an egress component. Examples of egress components include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.

(v) Installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.

(vi) Installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.

(vii) Installation, removal or renovation of any kitchen hood suppression system.

(viii) Essential electrical system: replacement or addition of a generator or transfer switch. However, replacement of either the generator or transfer switch with one having the same exact performance specifications is considered maintenance and not subject to plan review.

(ix) Alteration of an existing area of the facility into a resident services area that restricts resident egress through the use of

locking devices. In addition to construction plans, the following information shall also be submitted:

(A) — cut sheets and sequence operations for locking devices for egress and egress access doors.

(B) — location of locked egress and egress access doors.

(C) — if applicable, how the fencing or other enclosure around the secured outdoor area designed to prevent elopement will be installed such that it protects the safety and security of the residents.

(b) — Remodeling plan review fees: base fee of \$1,800, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-20,000 sq ft	\$0.08	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 20,000 sq ft.

(3) — The “Guidelines for Design and Construction of Health Care Facilities” (2006 Edition), American Institute of Architects (AIA), may be used by the Department in resolving health, building, and life safety issues for construction initiated or systems installed on or after July 1, 2009. The AIA Guidelines are hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.

4.2 — ENVIRONMENT AND MAINTENANCE REQUIREMENTS

(a) — The community residential home shall maintain a home-like environment.

(b) — The community residential home shall have furnishings in all living areas, including but not limited to the living room and dining a that meet the needs of the residents. Furnishings throughout the community residential home shall be kept in good repair.

(c) — Community residential homes admitting residents who use wheelchairs or other assistive technology shall have the necessary modifications to be accessible and safe for all residents.

(d) — Residents shall be allowed free use of all common living areas within the community residential home, with due regard for privacy, personal possessions, and safety of all residents.

(e) — Lighting, heat, and ventilation consistent with resident needs shall be provided in all living areas.

- (f) ~~A sufficient supply of hot water shall be available for the peak demand of resident use. The water shall be kept at a temperature that protects the safety of the residents.~~
- (g) ~~The community residential home shall be maintained free of infestations of insects and rodents and all openings to the outside shall be adequately screened.~~
- (h) ~~The community residential home shall develop and implement procedures for handling soiled linen and clothing, storing personal care items, and general cleaning which minimize the spread of pathogenic organisms. The community residential home shall be kept free from offensive odors and accumulations of dirt and rubbish.~~
- (i) ~~The community residential home shall ensure that each resident is furnished with personal hygiene and care items.~~
- (j) ~~The community residential home interior, exterior, and grounds, shall be maintained safely and in good repair. Hazardous substances shall be labeled properly and stored safely.~~
- (k) ~~Bed linens shall be changed as often as necessary, but in no case less than once a week. Mattresses and pillows shall be of washable material and/or provided with a cover that can be removed and laundered.~~
- (l) ~~There shall be at least one full bathroom, containing shower or bathtub, for each four residents. In community residential homes of more than one level there shall be no less than one toilet room on each level containing any resident bedroom. Each bathroom shall be equipped with liquid soap and paper towels and other items necessary for staff and resident sanitation.~~
- (m) ~~Bathtubs and showers shall be equipped with handrails or handholds as needed. Such equipment shall be installed to meet the needs of all residents. Bathtub and shower floors shall have non-skid surfaces.~~

~~4.3 RESIDENT BEDROOMS~~

- (a) ~~There shall be no more than two residents occupying a bedroom. Each resident shall occupy a regularly designated bedroom.~~
- (b) ~~Bedrooms with two occupants shall be at least 120 square feet exclusive of space occupied by closets, vestibules, and toilet rooms. All bedrooms shall be of a size that accommodates the needs of the resident and any of his/her adaptive equipment.~~
- (c) ~~Resident bedrooms shall contain furnishings that meet the needs of the resident.~~
- (d) ~~Each bedroom shall contain storage adequate for the resident's clothing and personal articles.~~
- (e) ~~The ground level outside of any basement resident bedroom shall be maintained at or below the window sill for a distance of at least eight feet measured out from the window.~~

~~5 PERSONNEL~~

~~5.1 STAFFING~~

1 ~~(a) The governing body shall employ staff who are qualified by education, training, and~~
2 ~~experience. The community residential home shall have staff on duty as necessary to~~
3 ~~meet the needs of all residents at all times, so that provision of residential services is not~~
4 ~~dependent upon the use of residents to perform staff functions. Volunteers may be~~
5 ~~utilized in the community residential home, but shall not be included in the home's~~
6 ~~staffing plan in lieu of employees.~~

7 ~~(b) The governing body shall have written personnel policies. Each staff member shall be~~
8 ~~provided a copy upon employment and the administrator shall explain such policies~~
9 ~~during the initial staff orientation period.~~

10 5.2 TUBERCULIN TESTING

11 ~~(a) All staff and any volunteer providing direct resident care shall be tested for tuberculosis~~
12 ~~upon initial employment unless such person produces documentation of a Purified~~
13 ~~Protein Derivative (PPD) Mantoux test administered and read in the previous twelve (12)~~
14 ~~months. Such documentation shall give results including the measure of induration and~~
15 ~~be signed by a licensed physician or other licensed authorized practitioner.~~

16 ~~I) All staff unable to produce documentation of a test in the previous twelve (12)~~
17 ~~months shall undergo the 2-step method of PPD Mantoux tuberculin testing. This~~
18 ~~2-step process shall be initiated prior to contact with the residents.~~

19 ~~II) In the event of a positive result of a PPD Mantoux test, evidence of a chest x-ray~~
20 ~~and/or other appropriate follow-up shall be required.~~

21 ~~(b) All staff testing negative and having any contact with the residents or the community~~
22 ~~residential home shall be retested with the PPD Mantoux test for tuberculosis on an~~
23 ~~annual basis. The results of such tests, including the measure of induration, shall be~~
24 ~~maintained in a central registry in the community residential home's or the service~~
25 ~~agency's main office.~~

26 5.3 PERSONNEL TRAINING

27 ~~(a) The governing body shall establish and implement requirements for initial orientation and~~
28 ~~on-going staff training of a scope that ensures all duties and responsibilities are carried~~
29 ~~out competently. Such requirements shall include but not be limited to:~~

30 ~~I) extent and type of orientation for all new employees prior to unsupervised contact~~
31 ~~with residents;~~

32 ~~II) job training specific to the needs of the residents for each staff person. Such~~
33 ~~training shall be related to the health, safety, and services for the resident. Such~~
34 ~~training shall include, but not be limited to, resident rights, individual resident's~~
35 ~~care issues, abuse and neglect prevention, and the community residential~~
36 ~~home's policies and procedures to be completed in the first ninety (90) days of~~
37 ~~employment.~~

38 ~~III) all staff training and inservices shall be documented.~~

39 ~~(b) The administrator shall document that orientation and training in emergency procedures~~
40 ~~has been provided for each new staff member and each newly admitted resident capable~~
41 ~~of self-preservation. Training shall occur within seven (7) working days of employment or~~
42 ~~admission to the community residential home.~~

~~6~~ **EMERGENCY PLANS AND PROCEDURES**

~~6.1~~ **EMERGENCY PLANS AND PROCEDURES**

~~(a) The governing body shall develop written emergency plans and procedures for fire, serious illness, severe weather, disruption of essential utility services, and missing persons. Such plans shall include but not be limited to:~~

~~I) assignments of staff and residents to specific tasks and responsibilities;~~

~~II) instruction relating to the use of alarm systems and signals;~~

~~III) instruction on appropriate methods of fire containment;~~

~~IV) plans for the overnight or short-term resettlement or relocation of residents; and~~

~~V) procedures for notification of appropriate persons in emergencies.~~

~~(b) Staff and residents shall have training on, and practices of, emergency plans and procedures, in addition to fire drills, at intervals throughout the year. All such practices and training shall be documented. Such documentation shall include any difficulties encountered and any needed adaptations to the plan. Such adaptations shall be implemented immediately upon identification.~~

~~6.2 First aid equipment shall be available on the premises in a readily accessible location and staff shall be instructed in its use.~~

~~7~~ **DIETARY**

~~7.1~~ **GENERAL**

~~(a) All food shall be procured, stored, and prepared safely. At least a three-day supply of food shall be available in the community residential home in case of an emergency.~~

~~(b) Meals shall be planned in advance in a manner which incorporates resident involvement and provides a nutritionally adequate diet for all residents.~~

~~(c) Meals shall vary daily and shall be adjusted for seasonal changes and holidays.~~

~~(d) Residents shall have reasonable access to food supplies.~~

~~(e) Staff support shall be assured to all residents who need assistance during meals.~~

~~(f) Records of meals prepared including available options shall be kept by community residential home staff and shall be available for review for a period of thirty (30) days.~~

~~(g) The community residential home shall provide for the special dietary needs of the residents.~~

~~7.2~~ **SPECIAL DIETS**

~~(a) The prescription of therapeutic diets shall be documented and such information shall be made available to staff preparing meals.~~

~~(b) The community residential home shall establish procedures for informing all staff, including volunteers and temporary staff, of any resident's food allergies and/or special dietary requirements.~~

~~8 MEDICATIONS AND MEDICAL SERVICES~~

~~8.1 MEDICATIONS. Unless otherwise specified, medications refers to all non-prescription (over the counter) and prescription drugs as defined in 12-22-102 C.R.S.~~

~~(a) The governing body shall establish, and the administrator shall implement, policies and procedures which ensure the appropriate procurement, storage, and administration of medications to include but not be limited to:~~

~~I) administration and storage of medications, including the use of locked storage areas and refrigeration;~~

~~II) documentation of medication administration to residents, including time and dosage given, documentation of staff administering, or medication refusal by resident;~~

~~III) reporting medication errors and refusals to program or consulting nurse and/or physician;~~

~~IV) administration and transport of medications to facilitate community integration and other activities such as day programs, vacation, and home visits; and~~

~~V) the proper disposal and documentation of discontinued, out-dated, or expired medications.~~

~~(b) Unless self-administered by residents capable of self-administration, medications shall be administered only by qualified medication administration staff members.~~

~~I) For residents who are independent in the administration of medications, the community residential home staff shall provide at least quarterly monitoring or review of medications to determine that medications are taken properly.~~

~~(c) Medications shall be administered only upon the written order of a licensed physician or other licensed authorized practitioner.~~

~~(d) Prescription medications shall be administered from containers or packages that are lawfully labeled.~~

~~I) Any drug container or package having a damaged label shall be returned to the issuing pharmacy for relabeling.~~

~~II) The contents of any drug container or package having no label, or with an illegible label, shall be immediately removed from use and destroyed.~~

~~(e) Non-prescription (over the counter) medications administered to a resident shall meet the following conditions:~~

~~I) the medication has been ordered by a physician or other licensed authorized practitioner;~~

~~II) the medication is maintained in the original container; and~~

~~III) the medication is labeled with a single resident's full name in a way that does not obscure the original label.~~

~~(f) Non-prescription (over the counter) medications may be purchased by residents capable of self-administration.~~

~~(g) Medications shall be reviewed annually or more frequently as necessary by the primary care physician or other licensed authorized practitioner designated to coordinate resident's care.~~

~~(h) If authorized by the physician or other licensed authorized practitioner, medications belonging to a resident shall be given to his or her legal guardian, or to a qualified medication administration staff at the new residence at the time of discharge or transfer. Such authorization shall be documented in the resident's record~~

~~8.2 MEDICAL SERVICES~~

~~(a) Prescribed medical services shall be provided.~~

~~(b) Each resident shall have a primary care physician or other licensed authorized practitioner designated to coordinate resident's care.~~

~~(c) Each resident shall be assisted in obtaining a dental examination at least annually.~~

~~(d) Other medical, dental, and therapeutic assessments, services, and follow-up shall be obtained as the need for such services is identified by the physician or other authorized practitioner.~~

~~(e) The community residential home shall arrange for a medical evaluation by a physician or other licensed authorized practitioner of the resident annually unless a greater or lesser frequency is specified by the primary care physician or other licensed authorized practitioner designated to coordinate resident's care. If it is determined an annual evaluation is not needed, a medical evaluation shall be conducted no less frequently than every two (2) years. Results of such evaluations shall be documented and include any follow-up services required.~~

~~(f) There shall be a record of any specialized care or treatment therapies prescribed by a physician or other authorized practitioner and carried out by community residential home staff. Such records shall include a list of staff members trained for such care.~~

~~(g) All therapeutic and health services utilized by residents shall be provided by persons or facilities licensed, certified, or otherwise authorized by law to provide such services.~~

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

~~(i) Wheelchairs and other assistive technology devices shall be maintained in good repair.~~

~~(j) Changes in resident's physical condition that could affect his/her health shall be reported to the program or consulting nurse and/or physician, or other licensed authorized practitioner.~~

~~(k) The governing body shall develop, and the community residential home shall implement, a policy for monitoring each resident's weight, except all residents under 22 years of age shall have height and weight measurements every quarter.~~

9 RESIDENT RECORDS

9.1 INITIAL RECORD REQUIREMENTS

~~(a) The following minimum information shall be recorded in the resident's program or medical record upon admission to the community residential home:~~

~~I) name, previous address, and birth date;~~

~~II) name, address, and phone number of legal guardian (if any), person to contact in an emergency; physician, dentist, and case manager; and~~

~~III) special needs, allergies, and current medication. If a resident has an allergy to any substance, a notice shall be placed in a conspicuous place on the resident's record.~~

~~(b) To the extent possible, the following shall also be obtained:~~

~~I) the results of assessments conducted within the previous 12 months;~~

~~II) all Individual Service and Support Plans (I.S.S.P.) developed within the previous 12 months;~~

~~III) record of prescriptions of medications within the previous 12 months;~~

~~IV) dates and descriptions of illnesses, accidents, treatments thereof, and immunizations for the previous 12 months;~~

~~V) summary of hospitalizations for the previous 12 months, to include recommendations for follow-up and treatment; and~~

~~VI) any other information relevant to the health of the resident.~~

9.2 CONTINUING RECORD REQUIREMENTS

~~(a) The community residential home shall maintain program and medical records for each resident which also contain the following:~~

~~I) all information contained in subparagraph (a) and (b) of this section;~~

~~II) a record of the use of the resident's funds, if such use is supervised by the administrator;~~

~~III) Current Individualized Plan (I.P.) And Individual Service and Support Plans (I.S.S.P.);~~

~~IV) current photo of resident;~~

~~V) general physical characteristics;~~

~~VI) general description of personality characteristics;~~

~~VII) quarterly weight and height measurement of residents under twenty-two years of age;~~

~~VIII) records of prescriptions ordered and medication administered in the previous twelve (12) months; and~~

~~IX) when applicable, date, time, and circumstances of resident's death.~~

~~(b) All entries in any resident record shall be dated and authenticated. Acceptable authentication shall be the staffs written signature, identifiable initials, computer key, or other appropriate technological means.~~

~~(c) All records specifically required by these standards shall be made available to the Colorado Department of Public Health and Environment for purposes of enforcing these regulations.~~

~~9.3 MEDICAL RECORD RETENTION. Medical records are those records pertaining to the health status and related medical services and treatments of the resident. Such records do not include documents involving services and programs.~~

~~(a) All medical records for adults (persons eighteen (18) years of age or older) shall be retained for no less than ten (10) years after the last date of service or discharge from the community residential home. All medical records for minors shall be retained after the last date of service or discharge from the community residential home for the period of minority plus ten (10) years.~~

THE FOLLOWING TEXT IS INTENDED TO REPLACE IN ITS ENTIRETY THE CURRENT CHAPTER VIII, THAT IS STRICKEN ABOVE.

Section 1 – Statutory Authority and Applicability

1.1 The statutory authority for the promulgation of these rules is set forth in section 25-1.5-103 and 25-3-101, *et seq.*, C.R.S.

1.2 A facility for the developmentally disabled, as defined herein, shall comply with all applicable federal and state statutes and regulations, including, but not limited to, the following:

(a) This Chapter VIII as it applies to the type of facility licensed.

(b) 6 CCR, 1011-1, Chapter II, General Licensure Standards, unless otherwise modified herein.

(c) 6 CCR, 1011-1, Chapter XXIV, Medication Administration Regulations.

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

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

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

Section 2 – Definitions

- 2.1 Administrator – A person who is responsible for the overall operation and daily administration, management and maintenance of the facility.
- 2.2 Community Residential Home for Persons with Developmental Disabilities – a group living facility accommodating at least four but no more than eight adults, licensed by the state, where services and supports are provided to persons with developmental disabilities.
- 2.3 Construction Plan Review - a review by the Department, or its designee, of new construction or substantial remodeling to determine the facility's compliance with the applicable National Fire Protection Association (NFPA) Life Safety Code and with this Chapter VIII.
- 2.4 Department – the Colorado Department of Public Health and Environment or its designee.
- 2.5 Developmental Disability – a disability that is manifested before the person reaches twenty-two years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.
- 2.6 Governing Body – the individuals, service agency or community centered board when acting as a service agency that have the ultimate authority and legal responsibility for the management and operation of the facility.
- 2.7 Intermediate Care Facility for Persons with Developmental Disabilities – a residential facility that provides habilitative, therapeutic and specialized support services to adults with developmental disabilities.
- 2.8 Resident – an individual admitted to and receiving services from a facility for persons with developmental disabilities.

Section 3 – Department Oversight

- 3.1 License Types
- (A) A facility for persons with developmental disabilities shall be licensed as either an Intermediate Care Facility for Persons with Developmental Disabilities or a Community Residential Home for Persons with Developmental Disabilities, depending upon the services offered. Unless otherwise specified, each facility shall meet the general requirements in sections 1 through 10 of this Chapter, as well as the additional specific requirements in sections 11 or 12 depending upon the type of license issued.

3.2 General License Requirements

- (A) Prior to licensure, a facility for persons with developmental disabilities shall verify to the department that it has obtained program approval from the Colorado Department of Human Services, Division of Developmental Disabilities to provide the relevant services.
- (B) A facility for persons with developmental disabilities shall demonstrate compliance with local codes prior to initial licensure and license renewal.
- (C) In addition to local requirements, there shall be a minimum distance between such homes of seven hundred and fifty (750) feet. Evidence of such local compliance shall be submitted to the Department in the manner requested.
- (D) A facility for persons with developmental disabilities shall comply with the requirements of 6 CCR 1011-1, Chapter II, sections 2.4 and 2.6 at the time of the request for initial or renewal licensure, and section 2.7 at the time of any change in ownership.

3.3 License Term

- (A) An intermediate care facility for persons with developmental disabilities license shall be valid for twelve (12) months unless otherwise suspended or revoked.
- (B) A community residential home license shall be valid for twenty-four months unless otherwise suspended or revoked.
- (C) In the event of a denial, suspension, or revocation of a facility's license or the facility's program approval, the Department shall assist the Department of Human Services or the Department of Health Care Policy and Financing in overseeing the relocation of the residents.

3.4 License Fees - reserved

3.5 Revisit fee

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

Section 4 – Fire Safety

- 4.1 Each facility for persons with developmental disabilities shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety Code (2000), which is incorporated by reference.
- 4.2 Intermediate Care Facilities for Persons with Developmental Disabilities shall meet the following Life Safety Code requirements:
 - (A) A facility initially licensed before March 11, 2003, shall meet Chapter 19, Existing Health Care Occupancies or Chapter 33, Existing Residential Board and Care Occupancies,

1 NFPA 101 (2000). The applicability of Chapter 19 or Chapter 33 shall be based upon the
2 self-preservation capability of as few as one resident.

3 (B) A facility initially licensed on or after March 11, 2003, shall meet Chapter 18, New Health
4 Care Occupancies or Chapter 32, New Residential Board and Care Occupancies, NFPA
5 101 (2000). The applicability of Chapter 18 or Chapter 32 shall be based upon the self-
6 preservation capability of as few as one resident.

7 (C) For any facility that undergoes remodeling on or after October 1, 2003, the following shall
8 apply:

9 (1) If the facility is deemed a health care occupancy and the remodel involves a
10 modification of more than 50 percent of the smoke compartment or more than 4,
11 500 square feet, the entire smoke compartment shall be renovated to meet
12 Chapter 18, NFPA 101 (2000).

13 (2) If the facility is deemed a board and care occupancy, additions or remodeling
14 involving more than 25 percent of the habitable floor space shall meet Chapter
15 32, NFPA 101 (2000).

16 4.3 Community Residential Facilities for Persons with Developmental Disabilities shall meet the
17 following Life Safety Code requirements:

18 (A) A facility initially licensed before July 1, 2009, shall meet Chapter 33, Existing Residential
19 Board and Care Occupancies, NFPA 101 (2000).

20 (B) A facility initially licensed on or after July 1, 2009, shall meet Chapter 32, New Residential
21 Board and Care Occupancies, NFPA 101 (2000).

22 (C) Additions or remodeling involving more than 25 percent of the habitable floor space shall
23 meet Chapter 32, NFPA 101 (2000).

24 4.4 Notwithstanding NFPA 101, Life Safety Code provisions to the contrary:

25 (A) When differing fire safety standards are imposed by federal, state, or local jurisdictions,
26 the most stringent standard shall apply.

27 (B) Any story containing an exterior door or an exterior window that opens to grade level
28 shall be counted as a story.

29 (C) Licensed facilities shall be separated from unlicensed contiguous occupancies by an
30 occupancy separation with a fire resistance rating of not less than two hours.

31 **Section 5 – Plan Review and Applicable Fees**

32 5.1 Plan review and plan review fees are required as listed below. If the facility has been approved
33 by the Department to use more than one building for the direct care of residents on its campus,
34 each building is subject to the applicable base fee plus square footage costs. Fees are
35 nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.

36 5.2 Plan review for Initial Licensure, Additions and Relocations

37 Plan review includes new facility construction and new occupancy of existing structures and shall
38 apply to the following:

- (A) Applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.
- (B) Additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.
- (C) Relocation of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009. Such relocations shall meet either Chapter 18 or Chapter 32, NFPA 101 (2000).

5.3 Plan Review Fees for Initial Licensure, Addition, or Relocation

- (A) For facilities that are deemed health care occupancies: A base fee of \$2,500, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-25,000 sq. ft.	\$0.10	This is the cost for the first 25,000 sq. ft. of any plan submitted.
25,001+ sq. ft.	\$0.01	This cost is applicable to the additional square footage over 25,000 sq. ft.

- (B) For facilities that are deemed board and care occupancies: A base fee of \$2,300, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-25,000 sq. ft.	\$0.10	This is the cost for the first 25,000 sq. ft. of any plan submitted.
25,001+ sq. ft.	\$0.01	This cost is applicable to the additional square footage over 25,000 sq. ft.

5.4 Plan Review for Remodeling

- (A) Plan review for remodeling shall be submitted when the application for the building permit from the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009. Remodeling includes, but is not limited to:
- (1) Alteration, in patient sleeping areas, of a structural element subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.
 - (2) Relocation, removal or installation of walls that result in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.
 - (3) Conversion of existing space to resident sleeping areas.
 - (4) Changes to egress components, specifically the alteration of a structural element, relocation, or addition of an egress component. Examples of egress

components include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.

(5) Installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.

(6) Installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.

(7) Installation, removal or renovation of any kitchen hood suppression system.

(8) Essential electrical system: replacement or addition of a generator or transfer switch. However, replacement of either the generator or transfer switch with one having the same exact performance specifications is considered maintenance and not subject to plan review.

(9) Alteration of an existing area of the facility into a resident services area that restricts resident egress through the use of locking devices. In addition to construction plans, the following information shall also be submitted:

(a) Cut sheets and sequence operations for locking devices for egress and egress access doors.

(b) Location of locked egress and egress access doors.

(c) If applicable, how the fencing or other enclosure around the secured outdoor area designed to prevent elopement will be installed such that it protects the safety and security of the residents.

5.5 Plan Review Fees for Remodeling

(A) For facilities that are health care occupancies: A base fee of \$2,000, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-20,000 sq. ft.	\$0.08	This is the cost for the first 20,000 sq. ft. of any plan submitted.
20,001+ sq. ft.	\$0.01	This cost is applicable to the additional square footage over 20,000 sq. ft.

(B) For facilities that are board and care occupancies: A base fee of \$1,800, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-20,000 sq. ft.	\$0.08	This is the cost for the first 20,000 sq. ft. of any plan submitted.
20,001+ sq. ft.	\$0.01	This cost is applicable to the additional square footage over

		20,000 sq. ft.
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- 1 5.5 The "Guidelines for Design and Construction of Health Care Facilities" (2006 Edition), American
 2 Institute of Architects (AIA) may be used by the Department in resolving health, building and life
 3 safety issues for construction initiated or systems installed on or after July 1, 2009. The AIA
 4 Guidelines are hereby incorporated by reference.

5 **Section 6 - Emergency Plan**

- 6 6.1 The governing body shall develop, and the administrator shall implement and update as
 7 necessary, an emergency preparedness plan that addresses the facility's response and staff
 8 duties in the following emergencies:

9 (A) Fire.

10 (B) Severe weather, including but not limited to tornados, blizzards and flooding.

11 (D) Security threats.

12 (D) Explosions.

13 (E) Internal system failures, such as electrical outages and internal structural collapse or
 14 flooding.

15 (F) Communicable disease outbreaks.

16 6.2 The emergency plan shall specify arrangements for alternative housing, transportation and the
 17 provision of necessary medical care if a resident's physician is not immediately available.

18 6.3 The administrator shall develop procedures that ensure notification of families or guardians in an
 19 emergency.

20 6.4 The administrator shall provide training for all staff regarding their responsibilities under the
 21 emergency plan within three (3) working days of date of hire or commencement of volunteer
 22 service.

23 6.5 The facility shall conduct and document a monthly review of all components of the emergency
 24 plan.

25 6.6 Each facility shall develop a written mass casualty plan for the management of residents and the
 26 treatment and disposition of casualties in the event of an external or community disaster. This
 27 program should be developed in cooperation with other health facilities in the area and with any
 28 relevant state and local agencies.

29 **Section 7 - Facility Reporting Requirements**

30 7.1 The facility shall comply with the occurrence reporting requirements set forth in 6 CCR 1011-1,
 31 Chapter II, Part 3.2.

32 7.2 The facility shall notify the Department within 48 hours of the relocation of one or more residents
 33 due to any portion of the facility becoming uninhabitable for any reason, including but not limited
 34 to, fire or other disaster.

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

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

Section 8 - Resident Rights

8.1 Each facility shall have written policies and procedures for residents' rights. Those policies and procedures shall address the patient rights set forth in 6 CCR, Chapter II, Part 6, and the standards listed in Section 27-10.5-112 through 128, C.R.S. and 2 CCR 503-1, 16.310 through 16.312. Such policies and procedures shall also include specific provisions regarding the following:

- (A) The right to have medications administered in a manner consistent with state and federal law and regulation.
- (B) The right to resident notice at least 15 days prior to the effective date when there is a decision to terminate services or transfer the resident.
- (C) Assurance that any resident transfer shall be in the best interests of the resident and not for the convenience of the facility.
- (D) A monitoring mechanism to detect instances of abuse, mistreatment, neglect and exploitation. Monitoring shall include, at a minimum, a review of the following items.
 - (1) Incident reports;
 - (2) Verbal and written reports from residents, advocates, families, guardians, friends of residents or others; and
 - (3) Verbal and written reports of unusual or dramatic changes in behaviors or residents.
- (E) Procedures for identifying, reporting, reviewing and investigating all allegations of abuse, mistreatment, neglect and exploitation.
- (F) Procedures for timely and appropriate disciplinary action up to and including termination of staff and appropriate legal recourse against any staff member who has engaged in abuse, mistreatment, neglect or exploitation of a resident.

8.2 The facility administrator shall ensure implementation of the following items.

- (A) All staff members are aware of applicable state law and facility policies and procedures related to abuse, mistreatment, neglect and exploitation,
- (B) The facility adheres to the established policies and procedures for residents' rights,

- 1 (C) The facility demonstrates that the residents are informed of their rights and those rights
2 are protected.
- 3 (D) Immediate reporting to the facility administrator or designee by any staff member who
4 observes, or is aware of, abuse, mistreatment, neglect or exploitation of a resident, and
5 prompt action to protect the safety of the affected resident;
- 6 (E) Reporting of any alleged incident or occurrence to the parent, guardian or authorized
7 representative within 24 hours, and to the department by the next business day
8 consistent with 6 CCR 1011-1, Chapter 2, section 3.2; and
- 9 (F) All alleged incidents of abuse, mistreatment, neglect, injuries of unknown origin or
10 exploitation shall be thoroughly investigated within five (5) working days. An investigative
11 report shall be prepared that includes, at a minimum:
- 12 (1) The preliminary results of the investigation;
- 13 (2) A summary of the investigative procedures utilized;
- 14 (3) The full investigative findings, including recommendations;
- 15 (4) The administrative review;
- 16 (5) The action(s) taken.

17 **Section 9 – Resident Records**

18 9.1 Initial Record Requirements

- 19 (A) The following minimum information shall be recorded in the resident's program or medical
20 record upon admission to the community residential home:
- 21 (1) Name, previous address, and birth date;
- 22 (2) Name, address, and phone number of legal guardian (if any), person to contact
23 in an emergency, physician, dentist, and case manager; and
- 24 (3) Special needs, allergies, and current medication. If a resident has an allergy to
25 any substance, a notice shall be placed in a conspicuous place on the resident's
26 record.
- 27 (B) To the extent possible, the following shall also be obtained:
- 28 (1) The results of assessments conducted within the previous 12 months,
- 29 (2) All Individual Service and Support Plans (ISSP) developed within the previous 12
30 months,
- 31 (3) Record of prescriptions of medications within the previous 12 months;
- 32 (4) Dates and descriptions of illnesses, accidents, significant changes of condition,
33 treatments thereof, and immunizations for the previous 12 months;

1 (5) Summary of hospitalizations for the previous 12 months, to include
2 recommendations for follow-up and treatment; and

3 (6) Any other information relevant to the health of the resident.

4 9.2 Continuing Record Requirements

5 (A) The community residential home shall maintain program and medical records for each
6 resident that also contain the following:

7 (1) All information required by Section 14.1 of this Chapter;

8 (2) A record of the use of the resident's funds, if supervised by the administrator;

9 (3) Current Individualized Plan (IP) and Individual Service and Support Plans (ISSP);

10 (4) Current photo of resident;

11 (5) General physical characteristics;

12 (6) General description of personality characteristics;

13 (7) Quarterly weight and height measurement of residents under twenty-two years of
14 age;

15 (8) Records of prescriptions ordered and medication administered in the previous 12
16 months; and

17 (9) Date, time and circumstances of resident's death, when applicable.

18 (B) All entries in any resident record shall be dated and authenticated. Acceptable
19 authentication shall be the staff's written signature, identifiable initials, computer key, or
20 other appropriate technological means.

21 (C) All records specifically required by these standards shall be made available to the
22 department for purposes of enforcing these regulations. If records are maintained
23 electronically, they shall be made available to the Department in manners that allows for
24 a timely and complete review.

25 9.3 Medical Record Retention

26 (A) Medical records are those records pertaining to the health status and related medical
27 services and treatments of the resident. Such records do not include documents involving
28 services and programs.

29 (B) All medical records for adults (persons eighteen (18) years of age or older) shall be
30 retained for no less than ten (10) years after the last date of service or discharge from the
31 facility. All medical records for minors shall be retained after the last date of service or
32 discharge from the facility for the period of minority plus ten (10) years.

33 **Section 10 Microbial and Infectious Disease Control**

34 10.1 The administrator shall develop and implement a microbial and infectious control program that
35 includes procedures and in-service training programs for microbial and infectious disease control.

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10.2 The facility shall have written policies addressing infectious control including, but not limited to, the following:

- (A) The protective isolation of residents who have an infectious disease, and
- (B) The reporting of diseases as required by the Department's Rules and Regulations Pertaining to Epidemic and Communicable Disease Control, 6 CCR 1009-1.

Section 11 – Additional Specific Requirements for Community Residential Homes for Persons with Developmental Disabilities

11.1 Governing Body

- (A) The composition and authority of the governing body shall be defined in policy.
- (B) The governing body shall oversee the policy, budget and operational direction of the facility. If a governing board oversees more than one facility, it shall maintain documentation concerning the oversight of each facility.
- (C) The governing body shall establish a system for monitoring and reviewing the medical care and health of the residents receiving services at the facility.
- (D) The governing body shall appoint an administrator who shall have the authority to implement the policies and procedures and be responsible for the day to day management of the facility.
- (E) The governing body shall create policies and procedures for admission and discharge of residents that fully comply with state and federal law.

11.2 Personnel and Staffing

- (A) The governing body shall establish a written personnel policy.
- (B) The administrator shall only employ staff members who are qualified by education, training, and experience.
- (C) The administrator shall ensure that a background check is performed for each staff member prior to the staff member's contact with residents.
 - (1) If any background check reveals prior convictions of a violent, fraudulent or abusive nature, the administrator shall inquire further to determine the potential impact on resident safety in accordance with facility policy.
 - (2) If an individual is hired despite a background check that reveals a prior conviction of a violent, fraudulent or abuse nature, the administrator shall document the reasons for hire and plans for supervision.
- (D) The administrator shall provide a copy of the written personnel policy to each staff member when hired and shall explain the policy during the initial staff orientation period.
- (E) The administrator shall ensure that there is sufficient trained staff on duty to meet the needs of all residents at all times. At least one employee shall be available and on duty whenever any resident is in the home.

1 (F) The administrator shall ensure that the facility does not depend upon residents to perform
2 staff functions.

3 (G) A facility may use volunteers, but any volunteer shall not be included in the facility's
4 staffing plan in lieu of employees.

5 11.3 Tuberculin Testing

6 The administrator shall develop and implement a procedure for tuberculin testing that is
7 consistent with the Centers for Disease Control "Guidelines for Preventing the Transmission of
8 *Mycobacterium tuberculosis* in Health-Care Settings, 2005."

9 11.4 Training

10 (A) The administrator shall develop and implement a policy and procedure for the initial
11 orientation and on-going training of staff to ensure that all duties and responsibilities are
12 accomplished in a competent manner. The policy and procedure shall include, but not be
13 limited to, the following:

14 (1) The extent and type of orientation for all new staff prior to unsupervised contact
15 with residents;

16 (2) Job training specific to the residents' needs shall be provided to all staff prior to
17 working with the residents. Such training shall include, at a minimum, medical
18 protocols, therapy programs, activities of daily living needs, special services, and
19 each resident's evacuation capabilities.

20 (3) Within the first 30 days of employment, staff shall receive training in resident
21 rights, abuse and neglect prevention, reporting abuse, neglect, mistreatment and
22 exploitations.

23 (B) The administrator shall develop and implement a process for staff monitoring including an
24 annual written evaluation of staff competency.

25 (1) If a staff member fails the annual competency evaluation, the administrator shall
26 provide retraining and reevaluate to demonstrate competency is achieved.

27 (C) The administrator shall document that orientation and training in emergency procedures
28 has been provided for each new staff member and each newly admitted resident capable
29 of self-preservation.

30 (D) The administrator shall document all staff training including in-service training.

31 11.5 Dietary

32 (A) All food shall be procured, stored and prepared safely. At least a three-day supply of
33 food shall be available in the facility in case of emergency.

34 (B) Meals shall be planned seven (7) days in advance and in a manner that incorporates
35 resident involvement.

36 (C) Meals shall provide a nutritionally adequate diet for all residents, incorporating the
37 "Dietary Guidelines for Americans, 2005" that is jointly published by the U.S. Department
38 of Health and Human Services and Department of Agriculture.

- 1 (D) Records of meals prepared including available options and substitutions shall be kept by
2 the facility staff and shall be available for review for a period of 30 days.
- 3 (E) Meals shall vary daily and be appropriate for holidays and seasonal conditions.
- 4 (F) Residents shall have reasonable access to food supplies. Between meal snacks of
5 nourishing quality shall be available.
- 6 (G) Staff support shall be available to all residents who need assistance during meals.
- 7 11.6 Special Diets
- 8 (A) The prescription of therapeutic diets shall be documented and such information shall be
9 made available to facility staff preparing meals.
- 10 (B) The administrator shall ensure that all staff, including volunteers and temporary staff, are
11 aware of and adhere to any resident's food allergies and/or special dietary requirements.
- 12 (C) The facility shall ensure that it is providing food that meets the special dietary needs of
13 the residents.
- 14 11.7 Drugs
- 15 (A) Unless otherwise specified, "drugs" refers to substances defined in section 12-22-
16 102(11)(a), C.R.S., as well as dietary and nutritional supplements.
- 17 (B) On at least a quarterly basis, facility staff shall review the drugs and dosage taken by
18 residents who are self-administering.
- 19 (C) Prescription drugs shall be administered from containers or packages that are lawfully
20 labeled.
- 21 (D) The primary care physician or other authorized, licensed practitioner designated to
22 coordinate a resident's care shall review each resident's drug regimen on a quarterly
23 basis.
- 24 (E) If authorized by the prescribing physician or other practitioner, drugs belonging to a
25 resident shall be given to the resident's legal guardian, nurse or to a qualified medication
26 administration staff member at the new residence at the time of discharge or transfer.
27 Such authorizations shall be documented in the resident's record.
- 28 (F) The governing body shall establish policies and procedures which ensure the appropriate
29 procurement, storage, administration and disposal of all drugs including, but not limited
30 to, the following:
- 31 (1) All drugs shall be stored in locked containers according to the appropriate light
32 and temperature conditions and all controlled drugs shall be double locked.
- 33 (2) Documentation of drug administration to residents including time and dosage
34 give, name of staff administering and, if applicable, drug reaction or refusal by
35 the resident. Drugs shall be administered only by persons authorized by law to
36 do so. Qualified medication administration staff members (QMAPs) may be
37 utilized provided each QMAP has passed a competency examination approved

1 by the Department prior to hire and at least every five years thereafter in
2 compliance with section 25-1.5-302(2), C.R.S.

3 (3) Reporting drug errors and refusals to the program director or consulting nurse
4 and primary care physician.

5 (4) Administration and transport of drugs to facilitate community integrations and
6 other activities such as day programs, vacation and home visits.

7 (G) The administrator shall implement and monitor compliance with all policies and
8 procedures related to controlled drug receipt, storage, administration and disposal.

9 (H) There shall be a medication preparation area that is equipped with cabinets with suitable
10 locking devices to protect the drugs stored therein; a refrigerator equipped with
11 thermometer and used exclusively for medication storage; counter work space; and
12 antidote, incompatibility and metric apothecary conversion charts.

13 (1) Only medications, equipment and supplies for their preparation and
14 administration shall be stored in the medication preparation area.

15 (2) Test reagents, general disinfectants, cleaning agents and other similar products
16 shall not be stored in the medication area.

17 (I) Non-prescription (over-the counter) drugs administered to a resident shall meet the
18 following conditions:

19 (1) The drug is maintained in the original container with the original label visible, and

20 (2) The drug is labeled with a single resident's full name.

21 (J) Non-prescription drugs may be purchased by residents capable of self-administration.

22 11.8 Medical Services

23 (A) The governing body shall establish and the administrator shall implement policies and
24 procedures for medical and health services based on documented applicable standards
25 of practice.

26 (B) Medical treatment and diagnostic services shall be provided in a timely manner or as
27 ordered by the licensed prescriber.

28 (C) Each resident shall have a primary care physician or other authorized, licensed
29 practitioner designated to coordinate resident's care.

30 (D) The facility shall assist each resident shall in obtaining an annual dental examination. If
31 the dentist determines that an annual examination is unnecessary, a dental examination
32 shall be conducted at least every two (2) years. The facility shall document the
33 prescribed frequency, results of all dental examinations and any required follow-up
34 services.

35 (E) Other medical, dental, and therapeutic assessments, services, and follow-up shall be
36 obtained as ordered by the primary care physician or other authorized, licensed
37 practitioner.

(F) The facility shall arrange for a medical evaluation of each resident on an annual basis unless a greater or lesser frequency is specified by the primary care physician or other licensed, authorized practitioner designated to coordinate resident's care. If it is determined an annual evaluation is not needed, a medical evaluation shall be conducted at least every two (2) years. The facility shall document the results of such evaluations and any required follow-up services.

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

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

(2) All therapeutic and health services provided by trained, unlicensed staff shall be supervised and monitored semi-annually by a person licensed, certified or otherwise authorized by law to provide such services.

(H) Residents who use wheelchairs or other assistive technology services shall receive professional reviews, at a prescribed or recommended frequency, to ensure the continued applicability and fitness of such devices.

(I) Wheelchairs and other assistive technology devices shall be maintained in good repair.

(J) Changes in resident's physical condition that could affect his/her health shall be reported to the program director or consulting nurse and primary care physician in a timely manner.

(H) The governing body shall develop, and the administrator shall implement, a policy for monitoring each resident's weight. The policy shall include the following:

(1) Residents shall have a weight measurement every quarter.

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

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

(I) The facility shall have provisions for emergency medical care and procedures to be followed in rendering emergency medical care.

(J) Each resident shall have dentures, eyeglasses, hearing aids and other aids as needed and prescribed by the appropriate professional.

11.9 Nursing Services

(A) The facility shall have licensed nursing staff available.

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

- 1 (C) Licensed nursing staff shall monitor the care and treatment provided by unlicensed staff
2 who shall be trained and demonstrate competency in all procedures they perform.

3 11.10 Special Care Services

- 4 (A) Special care services shall include but not be limited to:

- 5 (1) Catheter care,
6 (2) Ostomy care,
7 (3) Trachostomy care,
8 (4) Breathing treatments,
9 (5) Oxygen saturation monitoring,
10 (6) Blood pressure monitoring, and
11 (7) Preventive skin care including appropriate pressure relieving/reducing devices.

- 12 (B) There shall be a record of any specialized care or treatment therapies prescribed by a
13 physician or other authorized, licensed practitioner.

- 14 (1) Specialized care may be provided by unlicensed staff only if such staff has been
15 trained by a person licensed, certified, or otherwise authorized by law to provide
16 such services.

- 17 (2) All specialized care provided by trained, unlicensed staff shall be monitored at
18 least quarterly by a person licensed, certified, or otherwise authorized by law to
19 provide such services.

- 20 (C) The provision of specialized services shall be documented by the staff providing the
21 service.

22 11.11 Gastrostomy Services

- 23 (A) Gastrostomy services shall not be administered by an unlicensed individual unless that
24 individual is trained and supervised by a licensed physician, nurse or other authorized,
25 licensed practitioner.

- 26 (B) The facility shall ensure that a physician, licensed nurse or other authorized, licensed
27 practitioner has developed a written individualized gastrostomy service protocol for each
28 resident requiring such service. Each protocol shall include, but not be limited to, the
29 following:

- 30 (1) The proper procedures for preparing, storing and administering nutritional
31 supplements through a gastrostomy tube;
32 (2) The proper care and maintenance of the gastrostomy site;
33 (3) The identification of possible problems associated with gastrostomy services;
34 and

- 1 (4) The names and contact numbers of the resident's physician, licensed nurse or
2 other authorized, licensed practitioner who is responsible for monitoring the
3 unlicensed person(s) performing gastrostomy services.
- 4 (C) The facility shall ensure that a physician, licensed nurse or other authorized, licensed
5 practitioner provides training to any unlicensed individual who may provide gastrostomy
6 services. Documentation of the training shall be kept in the resident's record and shall
7 include:
- 8 (1) The date or dates of when the training occurred,
- 9 (2) Indication that the unlicensed individual has reached proficiency which is defined
10 as performing all aspects of the resident's protocol without error three (3)
11 consecutive times; and
- 12 (3) The signature of the physician, licensed nurse or other authorized, licensed
13 practitioner that provided the training and observed the three (3) trials.
- 14 (D) The facility shall ensure that a physician, licensed nurse, or other authorized, licensed
15 practitioner performs the gastrostomy services for each resident receiving gastrostomy
16 services at least once prior to the unlicensed person providing the services.
- 17 (E) For unlicensed persons performing gastrostomy services for several residents with
18 similar protocols, the facility shall ensure that the physician, licensed nurse or other
19 authorized, licensed practitioner documents the proficiency of the unlicensed person with
20 no less than three observations for each resident.
- 21 (F) The facility shall ensure that the physician, licensed nurse or other authorized, licensed
22 practitioner observes and documents the unlicensed staff performing gastrostomy
23 services for each resident quarterly for the first year and semi-annually thereafter, unless
24 more frequent monitoring is necessary.
- 25 (G) When changes are made to the written order for gastrostomy services and/or in the
26 resident's protocol, the facility shall ensure that the physician, licensed nurse or other
27 authorized, licensed practitioner that provides the training determines the extent of
28 training that the unlicensed person will need to remain proficient in performing all aspects
29 of the gastrostomy services.
- 30 (H) The facility shall ensure that the primary care physician annually reviews and approves
31 the protocol for resident(s) receiving gastrostomy services.
- 32 (I) For each resident, the facility shall ensure the documentation in the resident's record
33 includes, at a minimum:
- 34 (1) A written record of each nutrient and fluid administered;
- 35 (2) The beginning and ending time of nutrient or fluid intake;
- 36 (3) The amount of nutrient or fluid intake;
- 37 (4) The condition of the skin surrounding the gastrostomy site;
- 38 (5) Any problem(s) encountered and action(s) taken; and

1 (6) The date and signature of the person performing the procedure.

2 11.12 Resident Funds

3 (A) The facility shall develop and implement written policies and procedures regarding
4 resident funds.

5 (B) The facility shall establish and maintain an accounting system that ensures a full,
6 complete and separate accounting, according to generally accepted accounting
7 principles, of each resident's personal fund entrusted to the facility on the resident's
8 behalf.

9 (1) The facility shall ensure that its accounting system precludes any commingling of
10 resident funds with facility funds or with the funds of any person other than
11 another resident.

12 (2) The facility shall regularly monitor its accounting system to ensure the policies
13 and procedures are being appropriately implements and resident funds are
14 protected from misuse.

15 (C) Upon request, the facility shall make a resident's financial record available to the
16 resident, the resident's parents or legal guardian.

17 11.13 Interior and Exterior Environment

18 (A) The facility shall maintain a home-like environment that is clean, sanitary, and free of
19 hazards to health and safety.

20 (B) All interior areas including basements and garages shall be safely maintained to protect
21 against environmental hazards including, but not limited to, the following:

22 (1) Electrical equipment/devices

23 (a) Extension cords and multiple use electrical sockets shall not be used in
24 resident bedrooms.

25 (b) Power strips are permitted throughout the facility with the following
26 limitations:

27 (I) The power strip shall be equipped with factory installed over-
28 current protection in the form of a circuit breaker or fuse.

29 (II) The power strip shall have a UL (Underwriters Laboratories)
30 label.

31 (III) The power strips cannot be linked together when used.

32 (IV) Extension cords cannot be utilized in conjunction with a power
33 strip.

34 (V) Power strips must be equipped with six or less simplex
35 receptacles.

- 1 (VI) Use shall be restricted to one power strip per resident per
2 bedroom.
- 3 (c) A heating pad or electric blanket shall not be used in a resident room
4 without both staff supervision and documentation that the administrator
5 believes the resident to be capable of appropriate and safe use.
- 6 (d) Electric or space heaters shall not be permitted within resident bedrooms
7 and may only be used in common areas of the facility if owned, provided,
8 and maintained by the facility.
- 9 (2) Refuse/Combustibles
- 10 (a) All interior areas shall be free from accumulations of extraneous
11 materials such as refuse, discarded furniture, and old newspapers.
- 12 (b) Combustibles such as cleaning rags and compounds shall be kept in
13 closed metal containers.
- 14 (c) Kerosene heaters shall not be permitted within the facility.
- 15 (3) Infestation and hazardous substances
- 16 (a) The facility shall be maintained free of infestations of insects and rodents
17 and all openings to the outside shall be screened.
- 18 (b) Solutions, cleaning compounds and hazardous substances shall be
19 labeled and stored in a safe manner.
- 20 (4) Heating, Lighting, Ventilation
- 21 (a) Each room in the facility shall be installed with heat, lighting and
22 ventilation sufficient to accommodate its use and the needs of the
23 residents.
- 24 (b) All interior and exterior steps, interior hallways and corridors shall be
25 adequately illuminated.
- 26 (5) Water
- 27 (a) There shall be an adequate supply of safe, potable water available for
28 domestic purposes.
- 29 (b) Water temperatures shall be maintained at comfortable temperatures.
30 Hot water shall not measure more than 110 degrees Fahrenheit at taps
31 that are accessible by residents.
- 32 (c) There shall be a sufficient supply of hot water during peak usage
33 demands.
- 34 (C) All exterior areas shall be safely maintained to protect against environmental hazards
35 including, but not limited to, the following:

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

3 (2) Grounds shall be maintained to prevent hazardous slopes, holes, snow, ice or
4 other potential hazards.

5 (3) Porches and exterior staircases of three (3) or more steps shall have handrails.
6 Staircases and porches shall be kept in good repair.

7 11.14 Physical Plant, Furnishings, Equipment, and Supplies

8 Compliance with State and Local Laws/Codes.

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

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

17 (C) Facilities shall be in compliance with all applicable state and local sewage disposal
18 requirements. Sewage shall be discharged into a public sewer system or disposed of in a
19 manner approved by state and local health authorities in compliance with the Water
20 Quality Control Division's Guidelines on Individual Sewage Disposal Systems, 5 CCR
21 1003-6.

22 Common Areas

23 (D) The facility shall provide a minimum of two entryways for wheelchair access and egress
24 from the building if the facility has one or more residents using a wheelchair.

25 (E) Common areas sufficient to reasonably accommodate all residents shall be provided.

26 (F) Furnishings that meet the needs of the residents shall be provided in all common areas,
27 and shall be kept in good repair.

28 (G) All common areas and dining areas shall be accessible to residents utilizing an auxiliary
29 aid without requiring transfer from a wheelchair to walker or from a wheelchair to a
30 regular chair for use in dining area. All doors to those rooms requiring access shall be at
31 least 32 inches wide.

32 (H) Residents shall be allowed free use of all common living areas within the community
33 residential home, with due regard for privacy, personal possessions, and safety of all
34 residents.

35 Bedrooms

36 (I) No resident shall be assigned to any room other than a regularly designated bedroom.

37 (J) All bedrooms shall meet the following square footage requirements:

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- 1 (1) Single occupancy bedrooms shall have at least 100 square feet.
- 2 (2) Double occupancy bedrooms shall have at least 60 square feet per person.
- 3 (3) Bathroom areas and closets shall not be included in the determination of square
- 4 footage.
- 5 (K) All bedrooms shall be of a size that accommodates the needs of the resident and all of
- 6 the resident's adaptive equipment.
- 7 (L) Resident bedrooms shall contain furnishings that meet the needs of the resident.
- 8 (M) Each resident shall have storage facilities adequate for clothing and personal articles
- 9 such as a closet.
- 10 (N) Each bedroom shall have at least one window of eight (8) square feet, which shall have
- 11 opening capability. All escape windows shall be maintained unobstructed on the interior
- 12 and exterior of the facility.
- 13 **Bathrooms**
- 14 (O) A full bathroom shall consist of at least the following fixtures: toilet, hand washing sink,
- 15 toilet paper dispenser, mirror, tub or shower and towel rack.
- 16 (P) The facility shall ensure compliance with the following criteria regarding the number of
- 17 bathrooms per residents:
- 18 (1) The community residential home shall provide toilet and bathing facilities
- 19 appropriate in number, size, and design to meet the needs of the residents,
- 20 (2) There shall be at least one full bathroom for every four (4) residents, and
- 21 (3) Community residential homes utilizing more than one level or floor for resident
- 22 services and/or sleeping rooms shall have at least one full bathroom per floor.
- 23 (Q) The facility shall ensure the following accessibility criteria:
- 24 (1) Bathrooms shall be accessible without requiring access through an adjacent
- 25 bedroom.
- 26 (2) In any facility that is occupied by one or more residents utilizing an auxiliary aid,
- 27 the facility shall provide at least one full bathroom as defined herein with fixtures
- 28 positioned so as to be fully accessible to any resident utilizing an auxiliary aid.
- 29 (R) The facility shall ensure each bathroom has the following safety features:
- 30 (1) Non-skid surfaces on all bathtub and shower floors,
- 31 (2) Grab bars properly installed at each tub and shower, adjacent to each toilet and
- 32 as otherwise indicated by the needs of the resident population, and
- 33 (3) Toilet seats constructed of non-absorbent material and free of cracks.
- 34 (S) The facility shall ensure that each bathroom has the following supplies:

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- 1 (1) Individual personal care items including soap and towels, and
- 2 (2) Toilet paper in a dispenser.
- 3 (3) Liquid soap and paper towels shall be available in the common bathrooms of the
- 4 facility.

5 Hygiene

- 6 (T) The facility shall develop and implement procedures for handling soiled linen and
- 7 clothing, storing personal care items, and general cleaning which minimizes the spread of
- 8 pathogenic organisms.
- 9 (U) The facility shall ensure that each resident is furnished with personal hygiene and care
- 10 items.
- 11 (V) Bed linens shall be changed as often as necessary, but in no case less than once a
- 12 week.
- 13 (X) The facility shall provide each resident with a clean comfortable mattress, maintained in a
- 14 sanitary condition.
- 15 (Y) Personnel shall wash their hands after contact with a resident or with a contaminated
- 16 object.

17 **Section 12 – Additional Specific Requirements for Intermediate Care Facilities for Persons with**

18 **Development Disabilities**

19 12.1 Governing Body

- 20 (A) The Governing Body shall appoint an administrative officer who has an active,
- 21 unrestricted Colorado nursing home administrator license.

22 12.2 Administrator

- 23 (A) The administrator shall be responsible on a full time basis to the governing body for
- 24 planning, organizing, developing and controlling the operations of the facility.
- 25 (B) The administrator shall develop a written plan of organization detailing the authority,
- 26 responsibility, and functions of each category of personnel.
- 27 (C) The administrator, in consultation with one or more physicians and one or more
- 28 registered professional nurses and other related professional health care personnel, shall
- 29 develop and at least annually review appropriate written policies and procedures for the
- 30 care of the residents, including, but not limited to, admission and transfer of residents;
- 31 dental, diagnostic, dietary, medical and emergency care; nursing, pharmaceutical,
- 32 physical and occupational therapy, training and social services as applicable.
- 33 (D) The administrator shall ensure that a recognized system of accounting is used to
- 34 accurately reflect the details of the business. A fiscal audit shall be performed at least
- 35 annually by a qualified auditory independent of the facility.
- 36 (E) The administrator shall ensure that the facility maintains the following records:

- 1 (1) A daily census,
- 2 (2) Admission and discharge records, and
- 3 (3) A master resident database.

4 12.3 Personnel

- 5 (A) The purposed and objectives of the facility shall be explained to all personnel.
- 6 (B) There shall be written personnel policies including, but not limited to job descriptions that
7 clarify the type of functions to be performed, the conditions of employment, management
8 of employees and the quality and quantity of resident services to be maintained. Copies
9 of the personnel policies shall be distributed to all employees.
- 10 (C) The facility shall maintain personnel records on each staff member including employment
11 application, resume of employee's training and experience, verification of credentials, and
12 evidence of adequate health supervision.

13 12.4 Admissions

- 14 (A) The facility shall have a written policy that specifies that it will only admit those individuals
15 whose needs can be met within the accommodations and services the facility provides.
- 16 (B) Prior to or upon admission of a resident, the facility shall ensure that it obtains the
17 essential information pertinent to the care of the resident including a medical evaluation
18 report.
- 19 (C) Upon admission, adequate measure shall be taken to insure the proper identification of
20 the resident.
- 21 (D) No resident shall be admitted for care to any room or area other than one regulatory
22 designated as a bedroom. There shall be no more residents admitted to a bedroom than
23 the number for which the room is designed and equipped.

24 12.5 Resident Care Unit

- 25 (A) All common areas and dining areas shall be accessible to residents utilizing an auxiliary
26 aid without requiring transfer from a wheelchair to walker or from a wheelchair to a
27 regular chair for use in dining area. All doors to those rooms requiring access shall be at
28 least 32 inches wide.
- 29 (B) Artificial lighting shall be supplied and include the following:
 - 30 (1) General lighting;
 - 31 (2) Other forms of lighting for specific tasks such as for reading, observations,
32 examinations and treatment;
 - 33 (3) Nightlights controlled at the door of the bedrooms; and
 - 34 (4) Quiet operating switches.

(C) There shall be a medication preparation area that is equipped with cabinets with suitable locking devices to protect the drugs stored therein; a refrigerator equipped with thermometer and used exclusively for medication storage; counter work space; and antidote, incompatibility and metric apothecary conversion charts.

(1) Only medications, equipment and supplies for their preparation and administration shall be stored in the medication preparation area.

(2) Test reagents, general disinfectants, cleaning agents and other similar products shall not be stored in the medication area.

(D) There shall be a maintenance closet with adequate floor storage area that is equipped with the following:

(1) A sink (preferably depressed or floor mounted) with mixing faucets;

(2) A hook strip for mop handles from which soiling mop heads have been removed;

(3) Shelving for cleaning materials;

(4) Hand washing tools; and

(5) A waster receptacle with impervious liner.

(E) There shall be portable emergency equipment and supplies that are readily available at all times including, but not limited to, oxygen and suction devices.

(F) There shall be individual resident equipment and supplies for changing dressings.

12.6 Social Services

(A) The facility shall provide appropriate social services to residents and families, and consultation to the staff.

12.7 Housekeeping, Linen and Laundry

(A) Each facility shall establish organized housekeeping services that are planned and performed to provide a pleasant, safe, and sanitary environment.

(B) The facility shall either contract with a commercial laundry or maintain its own laundry that has the necessary washing, drying and pressing equipment to process a continuous seven-day supply based upon 10 pounds of dry laundry per resident bed per day.

(1) All laundry equipment shall be designed and installed to comply with state and local laws, and possess appropriate safety devices.

(2) Laundry operations shall be located in an area that is separated from resident care units.

(3) The laundry procedures shall be performed in such a way that soiled linen and resident clothing emerge clean and free of detergents.

(4) Soiled laundry shall be processed frequently enough to prevent unsanitary accumulations.

- 1 (5) The temperature of the water during the washing and hot rinsing process shall be
 2 a minimum of 165 degrees Fahrenheit for a combined period of time of at least
 3 25 minutes.
- 4 (C) There shall be a resident linen supply consisting of at least two complete changes times
 5 the number of resident beds. All linens shall be maintained in good repair.
- 6 12.8 Insect, Pest and Rodent Control
- 7 The facility shall be maintained free of infestations of insects, pests and rodents. The facility shall
 8 have a pest control program provided by maintenance personnel or by contract with a pest
 9 control company using the least toxic and least flammable effective pesticides. If kept onsite, the
 10 pesticides shall be in a locked up and not stored in resident or food areas.
- 11 12.9 Waste Disposal
- 12 (A) Sewage and sewer systems
- 13 (1) All sewage shall be discharged into a public sewer system or, if not available,
 14 shall be disposed of in a manner approved by state and local health authorities in
 15 compliance with the Water Quality Control Division's Guidelines on Individual
 16 Sewage Disposal Systems, 5 CCR 1003-6.
- 17 (2) If private sewage disposal systems are used, system design plans and records of
 18 maintenance shall be kept on the premises and available for inspection.
- 19 (3) No exposed sewer line shall be located directly above working, storage or eating
 20 surfaces in kitchens, dining rooms, pantries, or where medical supplies or drugs
 21 are prepared or stored.
- 22 (B) All garbage and rubbish not disposed of as sewage shall be collected in impervious
 23 containers in such manner that it is not a nuisance or health hazard and shall be removed
 24 to an approved storage area at least once a day. The refuse and garbage storage area
 25 shall be kept clean and free from nuisance. The facility shall have a sufficient number of
 26 impervious containers with tight fitting lids that shall be kept clean and in good repair.
- 27 (C) Carts used to transport refuse shall be enclosed, constructed of impervious materials,
 28 used solely for refuse and maintained in a sanitary manner.
- 29 (D) Facilities shall be in compliance with all applicable state and local plumbing laws and
 30 regulations. Plumbing shall be maintained in good repair, free of the possibility of
 31 backflow and backsiphonage, through the use of vacuum breakers and fixed air gaps, in
 32 accordance with state and local codes.
- 33 (E) Incinerators shall comply with state and local air pollution regulations and be constructed
 34 in a manner that prevents insect and rodent occupation.