

Licensing

**Inspection Instrument
For Community Homes
For Individuals with
*Mental Retardation Regulations***

CHAPTER 6400

**OFFICE OF DEVELOPMENTAL PROGRAMS
DEPARTMENT OF PUBLIC WELFARE
COMMONWEALTH OF PENNSYLVANIA**

(Last Modified July 12, 2011)

This Licensing Inspection Instrument (LII) is a series of Questions designed to measure compliance with Pennsylvania's Community Homes for Individuals with Mental Retardation Licensing Regulations (Title 55, Chapter 6400).

SOURCE OF INSPECTION

Compliance with regulations can be measured through three methods.

“Site” is direct observation during an inspection. “Records” is inspection of written information. “Interview” is asking the provider questions to determine compliance. If this instrument is being administered by the provider, the “Interview” questions should be directed to a Program Specialist at the home. The most reliable method of measuring compliance is through “Site” observation; the second most reliable method is through “Records” inspection; the least reliable is through “Interview”.

Column 2 of this manual identifies the method by which compliance is to be determined.

The inspector should hold private interviews with individuals and direct care staff if practical. The inspector should observe individual and staff interaction if practical.

RECORDING

All recording of information is done on the scoresheet. The manual is to be used repeatedly.

1. If the home is in compliance with the instrument item, circle the “C” on the scoresheet next to the corresponding instrument item in blue or black ink.
2. If the home is not in compliance with the instrument item, circle the number on the scoresheet next to the corresponding item, using blue or black ink.
3. If the instrument item is not applicable to the home being inspected (e.g. number 109, no fireplace), draw a line through the entire item on the scoresheet.
4. If an instrument item is not measured or not observed (e.g. the item could not be measured during your inspection), make no mark by that item on the scoresheet. Leave that item blank.
5. Use the last page of the scoresheet for any comments about a specific regulation or citation. Usually you will need to note specific comments on all numbered items.

For example, if you circle item number on any ratio item (staff: individuals, toilets: Individuals, etc.), be sure to note on the comment page the exact ratio you observed.

6. If there is repeated non-compliance with the instrument item, note “RNC” to the left of the number of the instrument item.
7. If there is non-compliance with more than one area within any one scoresheet item (e.g. 73 (a) – 2 handrails; 110(a) – 2 smoke detectors missing), the scoresheet item should still be counted only once. All areas of non-compliance should, however, be specified on the Licensing Inspection Summary (L.I.S.).
8. If there is one non-compliance area that could include two or more regulations (e.g. 141- physical exam and 213 –content of records), the non-compliance area should be cited only once on the scoresheet and L.I.S. The most appropriate citation should be selected. It is possible that more than one non-compliance may be cited.
9. Mark any non-compliance areas that are now in compliance by circling “C” in red ink. The final changes you have recorded, including the red corrections, will be the final inspection results that will be used to determine the licensure recommendation.

RECORD SAMPLING PROCEDURES

For Community Home Agencies, a minimum of one staff record and one individual record must be reviewed for each home that is inspected as part of the sampling process. If there are concerns regarding compliance, additional records should be reviewed.

For Large Community Homes, a minimum of ten percent of all staff records must be reviewed. However, at least 2 staff records must be reviewed. For Large Community Homes, a minimum sampling of individual records for review shall be: 9 through 49 individuals – 10% but at least 2 records; 50 through 99 individuals – 7 records; 100 through 149 individuals – 9 records; 150 or more individuals – 10 records.

For staff records select a sample of new hires, staff from different shifts, various positions, and length of employment. For individual records, select a sample of individuals for whom restrictive procedures are used, individuals with complex medical conditions, individuals who were recently admitted, and individuals who were recently transferred or discharged.

NEW HOME

If the home is new and is not yet serving individuals, administer as many items that you can actually observe. For those items that cannot be observed, check the records or conduct an interview. It is essential that you administer and check as many items as possible in the instrument.

PROVISIONAL INSPECTION

Record the results of a Provisional inspection on a new scoresheet. If a partial inspection is done, record only those items measured.

TIME LINES

“Annually” as used throughout this instrument means at least once every 12 months. In order to determine compliance with any regulation that is required annually (e.g. 106, 108 (b), 109 (b), 181(a), etc.), the inspector should review the current year and previous year documentation. If the difference in time between the two documents is 12 months or less, compliance should be noted. An automatic 15 day flex or grace period will be allowed before non-compliance should be noted.

“Semi-annually” as used in 142 (a) means once every 6 months. Compliance should be determined according to the preceding instructions, allowing an automatic 15 day flex or grace period.

A 15 day flex or grace period will automatically allowed for 186 (a) relating to 3-month ISP reviews and 151 (a) relating to staff physical examination.

These special instructions are not applicable to 46 regarding staff training.

GRANDPARENTING PROVISIONS

If community homes are transferred from one legal entity to another legal entity, or if a legal entity is taken-over by or reincorporated as a new legal entity after November 7, 1991, the grandparent provisions (e.g. 81 (d), 81 (e) do not apply to the new legal entity.

LICENSING EXEMPTIONS

In accordance with 55 Pa. Code Ch 6400, 6400.3 (f), the Community homes regulations do not apply to the following:

- (1). Private homes of persons providing care to a relative with mental retardation.
- (2). Residential facilities operated by the Department.
- (3) Intermediate care facilities for the mentally retarded licensed by the Department in accordance with Chapter 6600 (relating to intermediate care facilities for the mentally retarded).
- (4) Foster family care homes licensed by the Office of Children, Youth and Families of the Department that serve only foster care children.
- (5). Summer camps.
- (6). Facilities serving exclusively personal care home, drug and alcohol, mental health or domiciliary care residents.
- (7). Residential homes for three or fewer people with mental retardation who are 18 years of age or older and who need a yearly average of 30 hours or less direct staff contact per week per home.

Explanation: For purposes of clarifying 6400.3 (f) 7, “direct staff contact” includes all staff support provided to any individuals in the home or while providing support services away from the home (such as shopping, banking, transportation). If volunteers are providing staff support services and not just visiting/companionship, the volunteer’s time counts toward the 30 hour requirement. “Direct staff contact does not include housekeeping, specialized therapies (PT, OT) provided by a therapist, or personal care required for individuals because of a physical disability, unless those activities are combine with staff supervision.

In order to assess homes for this exemption the following guidelines should be used:

For new homes, if 30 hours or less is reasonably anticipated as an average during the upcoming year, a license is not required.

For existing homes, review information (primarily staffing schedules) from the previous 12 months to assess for the exemption. If individuals in the home have changed during the previous 12 months, review data based only on the amount of time the current individuals have lived in the home to assess for the exemption (e.g., if only 1 month, look at data for 1 month to assess 30 hours or less per week on average over 1 month period). Hours of paid staff time should be counted.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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GENERAL REQUIREMENTS

11	Site Records	<p>Is the home in violation with any requirements specified in CH.20?</p> <p>Explanation: Ch. 20 regulations are the Department's Licensure and Approval of Facilities and Agencies regulations. record as non-compliance only if there are known violations. It is not necessary to monitor compliance with all the requirements in CH. 20 during the licensing inspection.</p>
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13	Site Records	<p>Has the home exceeded its maximum licensed capacity as specified on the certificate of compliance since the previous annual licensing inspection?</p> <p>Explanation: This does not include overnight visitors this does not include respite care.</p>
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14(a)	Records	<p>Does the home have a valid fire safety occupancy permit from the Department of Labor and Industry, the Department of Health, the local Department of Public Safety in Pittsburgh, the local Department of Licensing and Inspection in Philadelphia, or the Department of Community Development in Scranton?</p> <p>Explanation: All homes except those located in Scranton, Pittsburgh, or Philadelphia:</p> <ol style="list-style-type: none"> 1. If the home serves 4 through 8 individuals, <u>all</u> of whom are capable of
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
14(a)	(Cont'd)	<p>self-preservation, there must be a C-3 Certificate of Occupancy. A C -1, C-2, C- 4,or Small Personal Care Home (SPCH) Certificate of Occupancy is also acceptable for homes serving 4 through 8 self-preserving individuals.</p> <ol style="list-style-type: none"> 2. If the home serves 9 or more individuals, all of whom are capable of self-preservation, there must be a C-2 Certificate of Occupancy. A C1,C-4, or Large Personal Care Home (LPCH) Certificate of Occupancy is also acceptable for homes serving 9 or more self-preserving individuals. 3. If the home serves 4 or more individuals, and one or more of the individuals is not capable of self-preservation, there must be a C-1 Certificate of Occupancy. 4. If the home serves 1, 2, or three Individuals and the home is a multiple family dwelling, or is located in a multiple family dwelling there must be a C-2 or C 4 Certificate of Occupancy applicable for the entire building. 5. If the home serves 1, 2 or 3 individuals and the home is <u>not</u> a multiple family dwelling, and is <u>not</u> located in a multiple family dwelling, no Certificate of Occupancy is required. 6. If the home serves 1, 2 or 3 individuals and is located above or below another business (e.g., garage, bakery, retail store), the home must have a C-2 or C-4 Certificate of Occupancy. One Certificate of Occupancy listing several

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
14(a)	(Cont'd)	<p>occupancies for the entire building, that includes C-2 or C-4, is acceptable.</p> <ol style="list-style-type: none"> 7. The type of occupancy required by the Department of Labor and industry is defined by use and not by structure. If a portion of a building is unoccupied (e.g. one story of a 2 story multiple family dwelling) the unoccupied portion does not fall under the jurisdiction of Labor and Industry. Therefore, if one story of a 2 story apartment building is unoccupied, no C-2 Certificate of Occupancy is required. However, a c-2 is required <u>prior to</u> occupancy of the other story. 8. C-2, C-3, and C-4 occupancies are inspected and approved by the department of Labor and Industry. 9. C-1 occupancies are inspected and approved as follows: <ol style="list-style-type: none"> a. The Department of Labor and Industry is responsible for the following: inspecting any complaint received on a home inspected and approved as C-1 prior to May 1, 1981. b. The Department of Health is responsible for the following: <ul style="list-style-type: none"> - inspecting and approving any existing home which need to have a C-1 occupancy. - inspecting and approving any existing home which currently serves non-self-preserving individuals but does not have C-1 occupancy.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
14(a)	(Cont'd)	- inspecting and approving all renovations after May 1, 1981 to existing C-1 homes.

The following building occupancy codes are applicable for Community Homes, except for homes located in the cities of Scranton, Pittsburgh, and Philadelphia.

	1, 2, or 3 Individuals	4 through 8 Individuals	9 or more Individuals
All individuals are capable of self-preservation	No Occupancy Requirements*	3-3 Occupancy	C-2 Occupancy
One or more individuals are not capable of self-preservaion	No Occupancy requirements*	C-1 Occupancy	C-1 Occupancy

*Exceptions: Multiple family dwellings, Locations above or below a business.

DEFINITIONS:

Capable of self preservation:

-individual is able evacuate the entire building without assistance from another person, within 2 ½ minutes or within an evacuation time specified in writing by the local fire department or other fire safety authority; verbal prompting, gesturing, and signing are permitted; no physical assistance is permitted.

Not capable of self-preservation:

-individual is not able to evacuate the entire building without assistance from another person, within 2 ½ minutes or within an evacuation time specified in writing by the local fire department or other fire safety authority.

Multiple family dwelling:

- A building in which 2 or more living units are vertically stacked.

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14(a)	(Cont'd)	<p>A horizontal row of rowhouses, townhouses, or single-story apartments is not considered a multiple family dwelling. A duplex in which the living units are located side by side is not considered a multiple family dwelling unless the living units have a common basement or common attic with no separation between the two living units.</p>
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If a duplex has a common attic or common basement it is considered a multiple family dwelling, and a C-2 occupancy certificate is required. If there are only 2 vertically stacked dividing units and one is occupied by the owner as the owner's principal residence, the building is not considered a multiple family dwelling, and therefore not Certificate of Occupancy is required.

- If there is a duplex building with no common attic or basement and a 1 hour fire separation between the two sides, with townhouse on one side and two vertically stacked units on the other side, a C-2 is required for the two vertically stacked units, but no Certificate of Occupancy is required for the townhouse.

ACCEPT ABLE DOCUMENTATION OF FIRE SAFETY OCCUPANCY PERMIT:

- C-2 and C-4 Occupancies

For buildings built after 1980, only the actual Fire Safety Occupancy permit is acceptable. Other preliminary inspection reports or letters are not acceptable.

A letter of final approval issued by the Department of Labor and Industry is acceptable instead of an occupancy permit if the letter was issued prior to 1980. Inspection reports or letters are not acceptable.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
14(a)	(Cont'd)	<p>C-2 and C-4 occupancy permits are signed and issued by the Department of Labor and Industry, Bureau of Occupational and Industrial Safety field inspector at the time of or shortly following the final inspection.</p> <p><u>- C-3 Occupancies</u> A standard final inspection letter developed and signed by the Director of the Bureau of Occupational and Industrial Safety, stating compliance with the Fire and Panic regulations and that an occupancy permit will be issued upon receipt of the proper fee, is acceptable.</p> <p>For C-3 Occupancies, a final inspection letter will be issued to the owner of the building by the Labor and Industry field inspector at the time of final inspection and approval. The actual Certificate of Occupancy is not issued until a few weeks later after the fee has been collected.</p> <p><u>- C-1 Occupancies</u> A copy of the "Occupancy Inspection Report" stating compliance with approves plans and applicable code, signed by the Department of Health Division of Safety and</p> <p>Inspection field inspector or a final approval letter signed by the Director, Division of Safety and Inspection is acceptable. The Occupancy Inspection Report is completed by the field inspector at the facility and left with the building owner.</p> <p>This inspection report of final approval letter is acceptable only for initial DPW licensure. Upon renewal of the license an actual Certificate of Occupancy is required.</p>

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14(a) (Cont'd)

HOMES LOCATED IN SCRANTON, PITTSBURGH, OR PHILADELPHIA:

A valid fire safety approval is required if required by local codes. The inspector should verify that the type of fire safety approval issued is appropriate for the type of home.

The Department of Labor and Industry and the Pennsylvania Department of Health do not have jurisdiction.

The Department of Public Safety in the city of Pittsburgh, the Department of Licensing and Inspection in the city of Philadelphia, and the Department of Community Development in the city of Scranton are responsible for fire safety inspections and requirements in these 3 cities.

The regional OMR should be in close and frequent contact with these city agencies to be sure that the correct documentation and codes required by the local agencies is being accepted.

PROCEDURE FOR ACCESSING OCCUPANCY TYPE:

It is the responsibility of the home to obtain and maintain the type of occupancy that applies for each Community Home. The procedure for assessing appropriate occupancy is as follows:

- Capacity for self-preservation should be closely observed and assessed over a period of several fire drills, under various conditions, at different times of the day and night, using varied exit paths.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
14(a)	(Cont'd)	<ul style="list-style-type: none"> - In an existing home, the home should determine capacity for self-preservation using the definitions listed. A written list of each individual's capacity for self preservation should be kept current. The home should then determine appropriate occupancy based on the criteria listed previously. If the current occupancy certificate is inappropriate or non-existent, or if the number or conditions of the individuals change, the home should contact the appropriate fire safety authority for inspection. - In a new home where individuals are not yet present, the home should establish an admission policy and determine whether individuals are capable of self-preservation. Appropriate occupancy should be determined by the criteria listed previously the appropriate fire safety authority should then be contacted for plan review and inspection. Within five days after the individuals are living at the home, the home should prepare a list of each individual's capacity of self-preservation and keep it current. - As part of the annual licensing inspection, the Regional Licensing Inspector must review the written list of individuals and whether each individual is capable of self-preservation. The Regional Licensing Inspector shall assess the appropriate occupancy according to the written list. If the inspector suspects possible problems with the building related to fire safety, the inspector must notify the appropriate fire safety agency (Labor and Industry, Health or local fire safety departments in Scranton, Pittsburgh, and Philadelphia) in writing of the suspected problem or concern.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
14(b)	Records	<p>If the fire safety occupancy permit was withdrawn, restricted or revised since the previous annual licensing inspection, did the home notify the Department orally within 1 working day and in writing within 2 working days?</p>
14(c)	Records	<p>If a building was structurally renovated or altered after the initial fire safety occupancy permit was issued, did the home have a new occupancy permit or written approval if required from the Department of Labor and Industry, the Department of Health, the Department of Public Safety of the city of Pittsburgh, the Department of Licensing and Inspection of the city of Philadelphia or the Department of Community Development of the City of Scranton?</p> <p>Explanation: With the exception of C-1 occupancies, an on-site inspection by the Department of Labor and Industry and the issuance of a new Certificate of occupancy is required for approval of all building renovations to buildings with existing Certificates of Occupancy. A plan approval by itself for building renovations is not acceptable. A new Certificate of Occupancy must be issued.</p> <p>For C-1 occupancies, an on-site inspection and the issuance of a new Certificate of Occupancy or a final letter of approval from the Department of Health is required.</p> <p>This applies to changes such as partitioning, removing or adding walls, and changing the swing of interior or exterior doors. This does not apply to cosmetic improvements such as carpeting, painting, wall papering, new roof, etc.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
15(a)	Records	Did the agency complete a self-assessment of each home the agency operates serving eight or fewer individuals, within 3 to 6 months prior to the expiration date of the agency's certificate of compliance, to measure and record compliance with these regulations?
15(b)	Records	Did the agency use the Department's licensing inspection instrument for the community homes regulations to measure and record compliance?
15(c)	Records	Is a copy of the agency's self-assessment results and a written summary of corrections made kept by the agency for at least 1 year after the self-assessment was completed?
16	Site Records	<p>Has there been any abuse of any individual since the previous annual licensing inspection, for Interview for which appropriate corrective action was not taken?</p> <p>Explanation: Abuse is any act or omission of an act that willfully deprives an individual of rights or human dignity or which may cause or causes actual physical injury or emotional harm to an individual, such as striking or kicking an individual; neglect; rape; sexual molestation,, sexual exploitation or sexual harassment of an individual; sexual contact between a staff person and an individual: restraining an individual without following the requirements in these regulations; financial exploitation of an individual; humiliating an individual; or withholding regularly scheduled meals.</p> <p>Actions of one individual to another individual, including rape, sexual molestation, sexual exploitation and intentional actions causing</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
16	(Cont'd)	<p>physical injury that require medical attention by medical personnel, including an RN or LPN, are considered abuse.</p> <p>Relating to improper use of restraints, this regulationshould be cited if there is serious or widespread use of restraints without following the requirements of this chapter. Otherwise the specific section(s) of 191-206 should be cited.</p> <p>If the abuse is widespread throughout the agency or home, if there are many cases of abuse, or if the abuse is very serious, 16 should be cited. If there is a one time, less serious, isolated incident of abuse, 33(a) should be cited.</p> <p>If an agency requires an individual to pay for items covered as part of room and board charges under CH.6200, titled "Room and Board Charges", or covered by a county contract, a private contract, or an out of state contract, this is a violation of 16/33 (a). This is abuse under the definition of abuse as "financial exploitation of an individual".</p> <p>If an individual is not covered by the Room and Board regulations (e.g. out of state, private pay) the agency is free to make whatever payment contract both parties agree to. However, the agency must adhere to the contract.</p> <p>"Financial exploitation" includes any situation in which the individual is required to pay for the same item/service twice. Examples of items covered as part of Room and Board Charges under CH.6200:</p> <ul style="list-style-type: none"> - Utility costs, including trash removal, furniture linens (blankets, towels, washcloths, sheets, pillowcases). Lawn

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16	(Cont'd)	<p>and housekeeping service, including snow removal. Cleaning, laundry and other household supplies, including laundry of linens and laundry supplies of linens. Basic telephone services, Special telephone services such as call waiting if installed for benefit of the agency staff. Food choice items (within reasonable household budget limits) Special dietary supplements necessary for individual's basic health and nutrition, going out to dinner at staff's request or for agency convenience.</p>
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Note: The items listed as examples covered by room and board charges are also eligible for reimbursement under CH. 4300, titled "County Mental Health and Mental Retardation Fiscal Manual".

Other expenses such as pharmaceutical items, laundry supplies and services for individual's personal clothing, diapers, adult bladder control protection, summer camp, etc. are not covered by room and board charges but may be eligible for reimbursement under CH. 4300.

If an individual is required to purchase an item used for the benefit of the household, this is financial exploitation. An individual may voluntarily make purchases separately or jointly with other persons for items which benefit the household. Ownership or partial ownership of the items purchased by an individual remains with the individual.

Providers are not required to pay the individual's co-payment amounts for prescription drugs and medical/dental services. Individuals are responsible for co-payment amounts unless the provider chooses to pay

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16	(Cont'd)	<p>the co-payment or the pharmacy/hospital waives the co payment.</p> <p>If the provider charges the individual a handling fee for handling individual accounts, it is a violation of 16.</p> <p>If the provider does not help the individual apply for a Medical Assistance card and then individual must pay his/her own medical expenses, this is financial exploitation under 16.</p> <p>Record as non-compliance if there is any founded evidence of abuse since the previous annual licensing inspection for which appropriate corrective action was not taken. If appropriate corrective action was taken non-compliance should not be cited. If are part of abuse is investigate and determined to be unfounded, record as compliance.</p> <p>If a report of abuse is still under investigation at the time of the inspection, record it as a non-compliance on the LIS and score sheet and later withdraw the non-compliance if abuse is either unfounded or if appropriate corrective action was taken.</p>
17	Site Records Interview	Does the home immediately report any abuse or suspected abuse of an individual 17 years of age or younger to Child Line?
18(b)	Records	<p>Are written policies and procedures on the prevention, reporting, investigation and management of unusual incidents developed and kept at the home?</p> <p>Explanation: An unusual incident is abuse or suspected abuse of an individual; injury, trauma or illness of an individual requiring</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
18(b)	(Cont'd)	<p>inpatient hospitalization suicide attempt by an individual; violation or alleged violation of an individual's rights; an individual who is missing for more than 24 hours or who could be in jeopardy if missing at all; alleged misuse or misuse of individual funds or property: outbreak of a serious communicable disease as defined in 28 Pa. Code 527.2 (relating to reportable diseases): an incident requiring the services of a fire department or law enforcement agency: and any condition that results in closure of the home for more than one day. "Requiring inpatient hospitalization" applies to injury, trauma, and illness.</p> <p>This entire definition applies even if there is an individual to individual action. Scheduled inpatient hospitalization that is not due to an injury, trauma, or illness is not considered an unusual incident.</p> <p>Closure means preventing individuals from living in the home. Closure does not include situations in which all individuals take extended vacations.</p> <p>Outbreak means two or more individuals at the home have contracted the same disease since moving into the home. Identification of individuals by name is not required.</p>

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**Reportable diseases as defined in 28 Pa. Code 27.2
include the following:**

<p>AIDS (Acquired Immune Deficiency Syndrome). Amebiasis. Animal bite. Anthrax Botulism. Brucellosis. Campylobacteriosis Cancer. Cholera. Diphtheria. Encephalitis. Food poisoning. Giardiasis. Gonococcal infections. Guillain-Barre syndrome. Haemophilus influenzae Type b/disease. Hepatitis non-A non-B.</p>	<p>Hepatitis, viral, including Type A and Type B. Histoplasmosis. Kawasaki disease. Legionnaires' disease. Leptospirosis. Lyme disease. Lymphogranuloma venereum. Malaria. Measles. Meningitis—all types. Meningococcal disease. Mumps. Pertussis (whooping cough). Plague. Poliomyelitis Psittacosis (Ornithosis).</p>	<p>Rabies. Reye's syndrome. Rickettsial diseases including Rocky Mountain Spotted Fever Rubella (German Measles) and congenital rubella syndrome. Salmonellosis. Shigellosis. Syphilis—all stages. Tetanus. Toxic shock syndrome. Toxoplasmosis. Trichinosis. Tuberculosis—all forms. Tularemia. Typhoid Yellow Fever.</p>
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Testing HIV positive is not-included as a serious communicable disease. Only the active disease of AIDS is considered a serious communicable disease. Reporting of AIDS is required to the extent that confidentiality laws permit (P.L. 585, No. 149).

18(c)	Records Interview	<p>Does the home orally notify the county mental retardation program of the county in which the home is located the funding agency and the appropriate Regional Office of Mental Retardation, within 24 hours after abuse or suspected abuse of an individual or an incident requiring the services of a fire department or law enforcement agency occurs?</p>
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Explanation: Notification by FAX is acceptable in place of oral notification.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
18(c)	(Cont'd)	<p>Allegations of abuse or other unusual incidents received by a licensed facility must be reported in accordance with the procedures in the regulations, regardless of the location of the alleged unusual incident or abuse (e.g. even if the alleged unusual incident or abuse occurred at another licensed facility, while on vacation, or while living with or visiting friends or relatives, etc.). The licensed facility where the unusual incident or abuse allegedly occurred is also responsible for reporting the alleged abuse or unusual incident on an unusual incident form in accordance with the procedures in the regulations, upon receipt of the allegation. The licensed home where the unusual incident or abuse occurred is responsible for conducting the investigation.</p> <p>Individuals may not always feel comfortable or safe reporting allegations of abuse or other unusual incidents to the facility or location where the incident occurred. It is therefore critical that all allegations of abuse or unusual incidents be recorded immediately and forwarded to appropriate authorities for investigation.</p> <p>It is recommended, but not required, that the facility receiving the initial allegation:</p> <ol style="list-style-type: none"> 1. If appropriate, report the allegation to the licensed facility where the alleged abuse/unusual incident occurred. 2. Follow-up with the County Office or Regional Office to be certain the alleged abuse/unusual incident was received and properly investigated.
18(d)	Records Interview	Does the home initiate an investigation of the unusual incident and complete and send copies of an unusual incident report on a form specified by the Department to

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18(d)	(Cont'd)	<p>the county mental retardation program of the county in which the home is located, the funding agency and the appropriate Regional Office of Mental Retardation, within 72 hours after an unusual incident occurs?</p> <p>Explanation: This written report is required for all unusual incidents, including those reported orally in 18(c).</p> <p>DPW Form MR 8-7/88 must be used to report unusual incidents. No other form is acceptable. The home or agency may use a computerized replica of DPW Form MR 8-7/88 if it is an exact duplication (same data content, location of data, headings, spacing, etc.). An attachment to the form or the back of the form may be used for additional information.</p> <p>If an individual is admitted to a hospital for surgery, and is readmitted a few days later due to medical complications related to the surgery, one unusual incident report with an amendment or addendum can be completed.</p> <p>If a report of abuse involves a child, and Child line is notified, the provider must still conduct an investigation. Any investigation procedures specified by Child line should be followed.</p>
18(e)	Records Interview	<p>Does the home send a copy of the final unusual incident report to the county mental retardation program of the county in which the home is located, the funding agency and the appropriate Regional Office of Mental Retardation, at the conclusion of the investigation?</p>

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18(e)	(Cont'd)	<p>Explanation: This final report is not required if the written report in 18(d) is marked "final report". The final report must be on DPW Form MR 8-7/88 or on a separate document identified by the agency's letterhead that includes the findings, evidence to support the findings, and if founded, corrective actions taken.</p>
18(f)	Records	<p>Is a copy of each unusual incident report relating to an individual kept in the individual's record?</p> <p>Explanation: Copies of unsubstantiated and non-founded reports of abuse, as well as founded reports, must be kept; unsubstantiated and non-founded reports may be kept in a separate file and not in the individual's record.</p> <p>This is a duplicate requirement with 213(2). If there is noncompliance, cite 18(f), not 213(2).</p>
18(g)	Records	<p>Are copies of unusual incident reports relating to the home itself, such as those requiring the services of a fire department, kept?</p>
18(h)	Records Interview	<p>Is the individual's family or guardian immediately notified in the event of an unusual incident relating to the individual, if appropriate?</p> <p>Explanation: Oral or written notification is acceptable.</p>
19(a)	Records Interview	<p>Does the home complete and send copies of a death report on a form specified by the Department to the county mental retardation program of the county in which the home is located, the funding agency, and the Regional</p>

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19(a)	(Cont'd)	<p>Office of Mental Retardation, within 24 hours after a death of an individual occurs?</p> <p>Explanation: DPW Form MR 8A-7/88 must be used to report deaths. No other form is acceptable. The home or agency may use a computerized replica of DPW Form MR 8A-7/88 if it is an exact duplication (same data content, location of data, headings, spacing, etc.). An attachment to the form or the back of the form may be used for additional information.</p>
19(b)	Records Interview	<p>Does the home investigate and orally notify the county mental retardation program of the county in which the home is located, the funding agency and the appropriate Regional Office of Mental Retardation, within 24 hours after an unusual or unexpected death occurs?</p> <p>Explanation: For purposes of 19(b), an unusual or unexpected death is one that does not have a history of progressive degenerative or terminal nature.</p> <p>Notification by FAX is acceptable in place of oral notification.</p>
19(c)	Records	Is a copy of the death report kept in the individual's record?
19(d)	Records Interview	Is the individual's family or guardian immediately notified in the event of a death of an individual?
20	Records	Does the home maintain a record of individual illnesses, seizures, acute emotional traumas and accidents requiring medical attention but

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20	(Cont'd)	<p>not inpatient hospitalization that occurs at the home?</p> <p>Explanation: “Requiring medical attention but not inpatient hospitalization” applies <u>only</u> to accidents. Individual incident reports or ongoing incident logs or records are acceptable. Separate records for each individual are not required.</p>
21(a)	Records	<p>Is an application for a Pennsylvania criminal history record check submitted to the State Police for prospective employees of the home who will have direct contact with individuals, including part time and temporary staff persons who will have direct contact with individuals, within 5 working days after the person’s date of hire?</p> <p>Explanation: This is applicable for employees hired on or after November 8, 1991.</p> <p>This is applicable for Pennsylvania residents as well as out of state residents.</p> <p>“Working days’ means the days the employee works.</p> <p>Checks are transferable from an agency to another agency as long as they are completed within 1 year prior to date of hire at the new agency.</p> <p>No checks are required if an employee Transfers positions within the same agency, since the employee is not considered a new employee.</p> <p>An FBI check may not be substituted for a State Police check.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
21(a)	(Cont'd)	<p>The home should keep a record of the dates applications were submitted, in order to verify compliance.</p> <p>This does not apply to volunteers.</p> <p>For additional guidance, see OMR Bulletin #00 8807 issued 6/24/88 titled "Obtaining Criminal Clearances on Prospective Employees".</p>
21(b)		<p>If a prospective employee who will have direct contact with individuals resides outside of Pennsylvania, is an application for a Federal Bureau of Investigation (FBI) criminal history record check submitted to the FBI in addition to the Pennsylvania criminal history record check, within 5 working days after the person's date of hire?</p> <p>Explanation: This is applicable for employees hired on or after November 8, 1991.</p> <p>State of residency is determined by the address where the person lives; there is no minimum length of time in determining residency.</p> <p>This requirement applies to prospective employees who reside (primary residence) outside of the United States.</p> <p>College students who attend college in Pennsylvania and live in Pennsylvania while attending classes, but return home to another state for vacations or breaks, are considered residents of Pennsylvania for purpose of the criminal history record check. There is no period of time requirement associated with residency. Noncompliance may not be cited if an FBI check is not done on someone who currently resides in Pennsylvania. If there is doubt concerning a person's criminal history,</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
21(b)	(Cont'd)	<p>further information could be required by the provider, in the form of the FBI check, if the person recently moved to Pennsylvania.</p> <p>The home or agency should keep a record of the dates applications were submitted, in order to verify compliance.</p> <p>This does not apply to volunteers.</p>
21(c)	Records	<p>Were the Pennsylvania and FBI criminal history record checks completed no more than 1 year prior to the person's date of hire?</p> <p>Explanation: Checks are transferable from one agency to another agency as long as they are completed within 1 year prior to date of hire at the new agency.</p>
21(d)	Records	<p>Are copies of the final reports received from the State Police, and the FBI if applicable, kept?</p>
21(e)	Records	<p>If the home serves primarily individuals who are 17 years of age or younger, is the home in compliance with The Child Protective Services Law (11 P.S. §§2201-2224)?</p> <p>Explanation: The Child Protective Services Law applies if more than 50% of the individuals living in the home, or in any separate area or unit of the home, are 17 years of age or younger.</p> <p>For specific requirements regarding The Child Protective Services Law (Act 33 of 1985 and Act 80 of 1987) refer to the Licensing Policy and Procedure Manual, p. 45 and OMR Bulletin #6000-88-02 titled Mandatory Child</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
21(e)	(Cont'd)	Abuse and Criminal History Clearances" issued on May 31, 1988.
22(a)	Records	<p>Is there a written policy that establishes procedures for the protection and adequate accounting of individual funds and property and for counseling the individual concerning the use of funds and property?</p> <p>Explanation: As a guideline, refer to OMR Bulletin #6000-88-08 titled "Administration and Management of Client Funds" issued October 5, 1988.</p>
22(b)	Records	Does the home's policy prohibit the individual's right to manage his or her own finances?
22(c)	Records	<p>Are the individual's funds and property used solely for the individual's benefit?</p> <p>Explanation: If the individual's money is kept in an account with other individual's monies, and the account is interest bearing, the amount of interest earned must be prorated according to each individual's balance. An item (television, VCR, exercise equipment, etc.) purchased by an individual may be used jointly by other individuals if the individual chooses to share. However, if there is reason to suspect that the individual was asked to purchase the item for everyone or if the individual purchased the item for his/her own use but it is shared without consent of the individual, this may be a violation of 22(c). Each situation must be evaluated individually based on the individual's choice.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
22(d)(1)	Records	<p>Is there an up-to-date financial and property record for each individual that includes personal possessions and funds received by or deposited with the home?</p> <p>Explanation: Only the record of receipt of individual personal possessions exceeding \$15 that the agency receives or purchases on behalf of the individual must be kept. Record of funds of any amount on behalf of an individual must be kept. No inventory of possessions is required.</p> <p>Only the receipt of possessions and funds must be recorded. Homes are not required to keep ongoing personal property inventories.</p> <p>This applies whenever the agency receives funds or property on behalf of the individual. It does not apply if an item/cash is given directly to the individual or purchased by the individual.</p> <p>Up-to-date means kept current; as possessions and funds are received, the record must be amended. Records should be amended the same day of, or next weekday following, receipt.</p>
22(d)(2)	Records	<p>Is there an up-to-date financial and property record for each individual that includes disbursements made to or for the individual?</p> <p>Explanation: This includes disbursements of any amount.</p> <p>Cash of any amount given to an individual or used to purchase items for the individual must be recorded.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
22(e)(1)	Records	<p>If the home assumes the responsibility for maintaining an individual's financial resources, is there a separate record of financial resources including the dates and amounts of deposits and withdrawals?</p> <p>Explanation: The agency balances and interest must also keep a separate record of earned.</p>
22(e)(2)	Records	<p>If the home assumes the responsibility for maintaining an individual's financial resources and money is given directly to an individual from a withdrawal, is there a record indicating that funds were given directly to the individual?</p>
22(e)(3)	Records	<p>If the home assumes the responsibility for maintaining an individual's financial resources, is there documentation, by actual receipt or expense record, of each single purchase exceeding \$15.00 made on behalf of the individual carried out by or in conjunction with a staff person?</p>
22(f)	Records	<p>Is there any co-mingling of the individual's personal funds with home or staff person's funds?</p> <p>Explanation: The individual's funds may not be kept in a bank account with staff, agency or home funds. This regulation does not however require separate bank accounts for each individual. If one account for all individuals is maintained, separate records of deposits, withdrawals, and interest earned must be kept.</p>
22(g)	Records	<p>Is there any borrowing of the individual's personal funds by staff persons or by the home?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
23	Records	<p>Are there written grievance procedures for individuals, individual's families, advocates and staff persons that assure investigation and resolution of complaints?</p> <p>Explanation: This requires general agency grievance procedures on any issues persons wish to grieve. This includes all staff persons including clerical, office, maintenance, etc.</p>

INDIVIDUAL RIGHTS

31(a)	Interview	<p>Is each individual, or the individual's parent, guardian or advocate if appropriate, informed of the individual's rights upon admission and annually thereafter?</p>
31(b)	Records	<p>Are there statements signed and dated by the individual, or the individual's parent, guardian or advocate if appropriate, acknowledging receipt of the information on rights upon admission and annually thereafter?</p> <p>Explanation: Any refusals to sign should be documented. If there is documented refusal, this is not a non-compliance.</p>
31(c)	Interview Records	<p>Is each individual encouraged to exercise his or her rights?</p> <p>Explanation: The home must actively encourage the exercise of each individual's rights. The specific right or rights that are not actively encouraged should be specified on the LIS as explanation of the non-compliance with 31(c).</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
32	Interview Records Site	<p>Is any individual ever deprived of his or her rights?</p> <p>Explanation: Record as non-compliance if you observe violation of any rights for any individual. Comment in detail on your observation and note which right has been violated on the comment page of the scoresheet.</p>
33(a)	Interview Records Site	<p>Is any individual ever neglected, abused, mistreated or subjected to corporal punishment?</p> <p>Explanation: Refer to 16 for the definition of abuse. If the abuse is widespread throughout the home or agency, if there are many cases of abuse, or if the abuse is very serious, 16 should be cited. If there is a one time, less serious, isolated incident of abuse, 33(a) should be cited.</p> <p>If an agency requires an individual to pay for items covered as part of room and board charges under CH. 6200 or covered by a private contract or an out-of-state contract, this is a violation of 16/33(a). This is abuse under the definition of abuse as “financial exploitation of an individual”.</p> <p>If an individual is not covered by the Room and Board regulations (e.g. out-of-state, private pay) the agency is free to make whatever payment contract both parties agree to. However, the agency must adhere to the contract.</p> <p>“Financial exploitation” includes any situation in which the individual is required to pay for the same item/service twice.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
33(a)	(Cont'd)	<p>Refer to 16 for specific examples of items covered as part of Room and Board Charges under CH. 6200.</p> <p>Providers are not required to pay the individual's co-payment amounts for prescription drugs and medical/dental services.</p> <p>Individuals are responsible for co-payment amounts unless the provider chooses to pay the co-payment or the pharmacy/hospital waives the co-payment.</p> <p>If the provider charges the individual a handling fee for handling individual accounts, it is a violation of 33(a).</p> <p>If the provider does not help the individual apply for a Medical Assistance card and then individual must pay his/her own medical expenses, this is financial exploitation under 33(a).</p>
33(b)	Interview Records Site	Is any individual ever required to participate in research projects?
33(c)	Interview Records Site	<p>Is each individual given the right to manage his or her personal financial affairs?</p> <p>Explanation: This regulation does not apply if the courts have appointed a guardian to manage the individual's finances. However, the provider should be encouraged to advocate for the individual's best interests.</p> <p>The right to manage funds cannot be restricted even in accordance with a restrictive procedure plan.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
33(c)	(Cont'd)	Agencies/homes have greater leeway to set limits for children vs. adults (e.g. limit setting, curfew, telephone hours, visitors, etc.), as long as they are age appropriate and "normal" limit setting rules (e.g. homework before talking on telephone; bedtime of 10:00 for 12 year old, etc.). No restrictive procedure plan is required. The rules must be appropriate to the age and individual needs of each child.
33(d)	Interview Records Site	Is each individual given the right to participate in program planning that affects himself or herself?
33(e)	Interview Site	Does each individual have privacy in bedrooms, bathrooms, and during personal care? Explanation: Privacy includes honoring male or female staff preferences for assistance during personal care, if the individual has communicated a preference for purposes of privacy and dignity. This does not apply to medical care provided by licensed or certified medical personnel. This does not address preferences of the individual's family.
33(f)	Interview Records Site	Is each individual given the right to receive, purchase, have and use personal property? Explanation: If agencies prohibit adults from drinking alcohol or having pets, these are violations of the individual's property right, unless there is documentation that the individual is not responsible for alcohol consumption or is unable to care for pet. Agency-wide prohibitions are a violation of 33(f). Apartment-wide landlord prohibitions against pets are not a violation of 33(f),

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
33(f)	(Cont'd)	<p>providing that the licensed agency is not the landlord.</p> <p>Agencies may prohibit smoking in the home, as long as smoking outside of the home is permitted.</p> <p>Agencies/homes have greater leeway to set limits for children vs. adults (e.g. limit setting, curfew, telephone hours, visitors, etc.), as long as they are age appropriate and “normal” limit setting rules (e.g. homework before talking on telephone; bedtime of 10:00 for 12 year old. etc.). No restrictive procedure plan is required. <u>The rules must be appropriate to the age and individual needs of each child.</u></p>
33(g)	Interview Site	<p>Is each individual given the right to receive scheduled and unscheduled visitors, communicate, associate and meet privately with their families and persons of their own choice?</p> <p>Explanation: In circumstances in which the individual’s health or safety may be at risk, association may be monitored or denied if done in accordance with 192-206.</p> <p>Agencies/homes have greater leeway to set limits for children vs. adults (e.g. limit setting, curfew, telephone hours, visitors, etc.), as long as they are age appropriate and “normal” limit setting rules (e.g. homework before talking on telephone bedtime of 10:00 for 12 year old, etc.). No restrictive procedure plan is required. <u>The rules must be appropriate to the age and individual needs of each child.</u></p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
33(h)	Interview Site	<p>Is each individual given the right to reasonable access to a telephone and the opportunity to receive and make private calls, with assistance when necessary?</p> <p>Explanation: Access to local calls may not be restricted. Access to long-distance calls may not be restricted unless it is done as part of a restrictive procedure plan in accordance with 195. Access to “900” calls is not required as a “right” in accordance with 33(h). Use of pay phones as the only telephone access is not acceptable. Use of central switchboards is acceptable.</p> <p>Calling cards for all individuals are not acceptable in place of regular long distance phone service.</p> <p>Agencies/homes have greater leeway to set limits for children vs. adults (e.g. limit setting, curfew, telephone hours, visitors, etc.), as long as they are age appropriate and “normal” limit setting rules (e.g. homework before talking on telephone; bedtime of 10:00 for 12 year old, etc.). No restrictive procedure plan is required. <u>The rules must be appropriate to the age and individual needs of each child.</u></p>
33(i)	Interview Site	<p>Is each individual given the right to unrestricted mailing privileges?</p>
33(j)	Interview Records Site	<p>Is each individual of voting age informed of his or her right to vote and if necessary assisted to register and vote in elections?</p> <p>Explanation: The individual must be assisted to register and vote only if he or she indicates a desire to do so.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
33(k)	Interview Site	Is each individual given the right to practice the religion or faith of his or her choice?
33(l)	Interview Records Site	Is each individual given the right to be free from excessive medication?
33(m)	Interview Records Site	Is any individual ever required to work at the home except for the upkeep of their personal living areas and share in the upkeep of common living areas and grounds?
34(a)	Interview Records Site	<p>Is any individual ever discriminated against because of race, color, religious creed, disability, handicap, ancestry, national origin, age or sex?</p> <p>Explanation: Record as non-compliance if you observe any discrimination against any individual or groups of individuals. Comment in detail on your observation and note the type of discrimination on the comment page.</p> <p>Also note the discrimination observation on the on-site Civil Rights Compliance checklist (Form PW 1460-2/90) and submit the checklist to the Bureau of Civil Rights Compliance as soon as possible.</p>
34(b)	Records Interview Site	Does the home have and implement civil rights policies and procedures?
34(b)(1)	Records	Do the civil rights policies and procedures include non-discrimination in the provision of services, admissions, placement, use of the home, referrals and communication with non-English speaking and non-verbal individuals?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
34(b)(1)	(Cont'd)	Explanation: If the home has a civil rights policy that states the agency will not discriminate against individuals because of the areas specified in 34(a), that includes disability, handicap, ancestry, and national origin, and there is a statement in the agencies civil rights policy that there is “nondiscrimination in the provision of services, admissions, placement, referrals and communications”, this is acceptable as compliance with 34(b) (1). Since fluent-English speaking is covered by ancestry and national origin and since “non-verbal” is covered by disability, it is not necessary to use the specific language of “non-English speaking and non-verbal” in the civil rights policy.
34(b)(2)	Records	Do the civil rights policies and procedures include physical accessibility and accommodations for individuals with physical disabilities?
34(b)(3)	Records	Do the civil rights policies and procedures include the opportunity to lodge civil rights complaints?
34(b)(4)	Records	Do the civil rights policies and procedures include the policy to inform individuals of their right to register civil rights complaints?

STAFFING

42	Records Interview Site	Are all staff persons counted in the staff: individual ratio 18 years of age or older?
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
42	(Cont'd)	<p>Explanation: Use sampling procedures and inspect a sample of the staff records. Also review the record of any staff if there is suspicion that the staff person is under 18 years of age.</p> <p>A person who is 17 years of age or younger may be employed by a provider, but may not be counted in the staff: individual ratio until their 18th birthday.</p> <p>This also applies to volunteers if they are counted in the staff individual ratio.</p>
43(a)	Records Interview	<p>Is there a chief executive officer responsible for the home or agency?</p> <p>Explanation: A written job description is not required for licensing purpose. If a job description is available, it should be reviewed.</p>
43(b)	Records Interview Site	Is the chief executive officer responsible for the administration and general management of the home?
43(b)(1)	Records Interview Site	Is the chief executive officer responsible for the implementation of policies and procedures?
43(b)(2)	Records Interview Site	Is the chief executive officer responsible for the admission and discharge of individuals?
43(b)(3)	Records Interview Site	Is the chief executive officer responsible for safety and the protection of individuals?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
43(b)(4)	Records Interview Site	Is the chief executive officer responsible for the compliance with these regulations?
43(c)	Records	<p>Does the chief executive officer have either of the following groups of qualification?</p> <ul style="list-style-type: none"> - A master's degree or above from an accredited college or university and 2 years work experience in administration or the human services field. - A bachelor's degree from an accredited college or university and 4 years work experience in administration or the human services field. <p>Explanation: This applies to chief executive officers hired or promoted after November 8, 1991. Subsection 6400.43(c) (relating to qualifications for chief executive officer) as published in this chapter on January 23, 1982 applies to chief executive officers hired or promoted to November 8, 1991.</p> <p>This grandparent clause for staff persons who were hired or promoted prior to November 8, 1991 applies only to the agency for which the person was employed as of November 8, 1991.</p> <p>The grandparent clause may not be used for a staff person to transfer to a new community home agency. If a staff person wishes to begin employment with a new agency, the qualifications for Chief Executive Officer must be met.</p> <p>The grandparent clause for staff qualifications is applicable for staff even if there is a break in employment such as childbirth leave, leave of</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
43(c)	(Cont'd)	<p>absence, or leaving for new employment and later returning to work at the home. There is no time limitation on the length of the break in employment.</p> <p>The master's degree or bachelor's degree is not required to be in any specific field or academic discipline. Honorary degrees are not acceptable.</p> <p>Volunteer work experience and intern work experience do count as work experience.</p> <p>Compliance with this requirement must be verified by reviewing actual college degrees or transcripts. Resumes are not acceptable documentation.</p>
44(a)	Records Interview	<p>Is there a minimum of one Program Specialist assigned for every 30 individuals?</p> <p>Explanation: A Program Specialist shall be responsible for a maximum of 30 people including people served in other types of services. The Program Specialist does not have to be available at all times. One Program Specialist is required for every 30 people served; the 1:30 ration is based upon the caseload of the Program Specialist not upon the licensed capacity of the home. The 1:30 ratio is the maximum total caseload including those people in the caseload served in all licensed and non-licensed day and residential programs.</p> <p>When counting individuals in the 1:30 ratio, an individual receiving part-time services counts as one individual (part- time services are not prorated).</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
44(a)	(Cont'd)	If a Program Specialist is responsible for the same individual in both day and residential programs, the individual should be counted only once for purposes of the Program Specialist's caseload.
44(b)		Explanation: Compliance with 44(b) will be measured by reviewing an agency policy, job description, or training record that is signed by the Program Specialist and that includes this responsibility. (This explanation is to cover CH. 6400.44(b) (1-19)). If more than one item between 44(b) (1-19) is cited use 44(b) (2) only.
44(b)(1)	Records Interview	Is each Program Specialist counted in the ratio in 44(a) responsible for the coordination or completion of assessments? Explanation: If an assessment is not completed cite CH. 6400.181(a). Cite this regulation if the Program Specialist was not informed of the responsibility.
44(b)(2)	Records Interview	Is each Program Specialist counted in the ratio in 44(a) responsible for providing the assessment for the development of the ISP, ISP Annual Update and all ISP revisions as required under CH. 6400.181(f)? Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility. Cite regulation CH. 6400.181(f) if the assessment was not provided.
44(b)(3)	Records Interview	Is each Program Specialist counted in the ratio in 44(a) responsible for participating in the development of the ISP, ISP Annual Update and all ISP revisions?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
44(b)(3)	(Cont'd)	Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.
44(b)(4)	Records Interview	Is each Program Specialist counted in the ratio in 44(a) responsible for attending the ISP, ISP Annual Update and all ISP revisions? Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.
44(b)(5)	Records Interview	Is each Program Specialist counted in the ratio in 44(a) responsible for fulfilling the role as Plan Lead as applicable under CH. 6400.182, 6400.186(f) and (g)? Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.
44(b)(6)	Records Interview	Is each Program Specialist counted in the ratio in 44(a) responsible for reviewing the ISP, ISP Annual Update and all ISP revisions? Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.
44(b)(7)	Records Interview	Is each Program Specialist counted in the ratio in 44(a) responsible for reporting content discrepancies to the supports coordinator as applicable and plan team members? Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility and/or if the Program Specialist

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
44(b)(7)	(Cont'd)	did not report content discrepancies to the Supports Coordinator.
44(b)(8)	Records Interview	<p>Is each Program Specialist counted in the ratio in 44(a) responsible for implementing the ISP as written?</p> <p>Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.</p>
44(b)(9)	Records Interview	<p>Is each Program Specialist counted in the ratio in 44(a) responsible for supervising, monitoring, and evaluating services?</p> <p>Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.</p>
44(b)(10)	Records Interview	<p>Is each Program Specialist counted in the ratio in 44(a) responsible for reviewing, signing and dating the monthly documentation of an individual's participation and progress toward outcomes?</p> <p>Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.</p>
44(b)(11)	Records	<p>Is each Program Specialist counted in the ratio in 44(a) responsible for reporting a change related to the individual's needs to the supports coordinator as applicable, and plan team members?</p> <p>Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility and/or if the Program Specialist did not report need</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
44(b)(11)	(Cont'd)	changes relative to outcomes and fundings to the Supports Coordinator.
44(b)(12)	Records Interview	<p>Is each Program Specialist counted in the ratio in 44(a) responsible for reviewing the ISP with the individual as required under CH. 6400.186 (relating to ISP review and ISP Revision)?</p> <p>Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.</p>
44(b)(13)	Records Interview	<p>Is each Program Specialist counted in the ratio in 44(a) responsible for documenting the review of the plan as required under CH. 6400.186 (relating to ISP Quarterly review and ISP Revision)?</p> <p>Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.</p>
44(b)(14)	Records Interview	<p>Is each Program Specialist counted in the ratio in 44(a) responsible for providing documentation of the plan review to the supports coordinator as applicable, and plan team members as required under CH. 6400.186(d)?</p> <p>Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.</p>
44(b)(15)	Records Interview	<p>Is each Program Specialist counted in the ratio in 44(a) responsible for informing plan team members of the option to decline the ISP review documentation as required under CH. 6400.186(e)?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
44(b)(15)	(Cont'd)	Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.
44(b)(16)	Records Interview	Is each Program Specialist counted in the ratio in 44(a) responsible for recommending a revision to a service or outcome in the ISP as required under CH. 6400.186(c)(4)? Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.
44(b)(17)	Records Interview	Is each Program Specialist counted in the ratio in 44(a) responsible for coordinating the services provided to an individual? Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.
44(b)(18)	Records Interview	Is each Program Specialist counted in the ratio in 44(a) responsible for coordinating the training of direct service workers in the content of Health and Safety needs relevant to each individual?
44(b)(19)	Records Interview	Is each Program Specialist counted in the ratio in 44(a) responsible for developing and implementing provider services as required under CH. 6400.188 (relating to Provider Services)? Explanation: Cite this regulation if the Program Specialist was not informed of the responsibility.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
44(c)	Records Interview	<p>Does each Program Specialist counted in the ratio in 44(a) have one of the following groups of Site qualifications?</p> <ul style="list-style-type: none"> - A master's degree or above from an accredited college or university and 1 year work experience working directly with persons with mental retardation. - A bachelor's degree from an accredited college or university and 2 years work experience working directly with persons with mental retardation. <p>An associate's degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with persons with mental retardation.</p> <p>Explanation: This applies to Program Specialists hired or promoted after November 8, 1991. Subsection 6400.44(c) (relating to qualifications for Program Specialist) as published in this chapter on January 23, 1982 applies to Program Specialists hired or promoted prior to November 8, 1991.</p> <p>This grandparent clause for staff persons who were hired or promoted prior to November 8, 1991 applies only to the agency for which the person was employed as of November 8, 1991.</p> <p>Staff may transfer to other homes within the same agency using the grandparent clause. However, the grandparent clause may not be used for a staff person to transfer to a new community home agency. If a staff person wishes to begin employment with a new agency, the qualifications for Program Specialist must be met.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
44(c)	(Cont'd)	<p>The grandparent clause applies for the position of Program Specialist. If a Program Specialist is promoted to a CEO after November 8, 1991, the qualifications in 43(c) must be met.</p> <p>The grandparent clause for staff qualifications is applicable for staff even if there is a break in employment such as childbirth leave, leave of absence, or leaving for new employment and later returning to work at the home. There is no time limitation on the length of the break in employment.</p> <p>The degrees and credit hours are not required to be in any specific field or academic discipline.</p> <p>Volunteer work experience and intern work experience do count as work experience.</p> <p>Compliance with this requirement must be verified by reviewing actual college degrees or transcripts. Resumes are not acceptable documentation.</p> <p>Record as non-compliance if one or more of the Program Specialists required to meet the 1:30 ratio do not meet these qualifications. Specify the individual who is not qualified on the comment page.</p>
45(a)	Site Records Interview	<p>Is there a minimum of one staff person for every eight individuals awake and physically present at the home when individuals are awake at the home?</p> <p>Explanation: Compliance with this requirement should be determined based upon record review at a minimum.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
45(a)	(Cont'd)	<p>The staff person requires no minimum qualifications except that the person must be 18 years of age or older in accordance with 42.</p> <p>The staff person must be physically present at the home. This staff person may not be in an apartment unit next door, across the hall, or in the next building.</p> <p>Volunteers may be counted in the staffing ratios as long as all staffing requirements (e.g. training) in the regulations are met.</p> <p>An individual may be left unsupervised for specific periods of time if the absence of direct supervision is consistent with the individual's assessment and is part of the individual program plan aimed at achieving a higher level of independence.</p>
45(b)	Site Records Interview	<p>Is there a minimum of one staff person for every 16 individuals physically present at the home when Interview individuals are sleeping at the home?</p> <p>Explanation: Compliance with this requirement should be determined based upon record review at a minimum.</p> <p>The staff person requires no minimum qualifications except that the person must be 18 years of age or older in accordance with 42.</p> <p>The staff person must be physically present at the home. This staff person may not be in an apartment unit next door, across the hall, or in the next building.</p> <p>Volunteers may be counted in the staffing ratios as long as all staffing requirements (e.g. training) in the regulations are met.</p>

**COMMUNITY LIVING HOMES
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
45(b)	(Cont'd)	An individual may be left unsupervised for specific periods of time if the absence of direct supervision is consistent with the individual's assessment and is part of the individual program plan aimed at achieving a higher level of independence.
45(c)	Site Records Interview	<p>If the individual is left unsupervised, does the ISP support the individual being left unsupervised?</p> <p>Explanation: This regulation is meant to ensure that the supervision provided to an individual or individuals is consistent with the level of supervision identified in their ISPs. An individual should not be left unsupervised for staff convenience.</p>
45(d)	Site Records Interview	<p>Do the staff counted in 45(a) have the credentials identified in the ISP? (i.e. if a person requires 1:1 support by a credentialed person; does the staffing ratio support this level of support?)</p> <p>Explanation: A review of the individual's ISP should be made to identify any specific credentials (experience, degree, or training) needed.</p>
45(e)	Site Records Interview	Is an individual ever left unsupervised solely for the convenience of the home or staff?
46(a)	Records Interview	Does the home provide orientation for all staff persons relevant to their responsibilities, the daily operation of the home and policies and procedures of the home before working with individuals or in their appointed positions?

**COMMUNITY LIVING HOMES
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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46(a)	(Cont'd)	<p>Explanation: This requirement applies to all staff persons employed by the home or agency including program, administrative, clerical, food service, maintenance, and other staff hired after November 8, 1991. This also applies to all staff hired under contract.</p> <p>The extent of the orientation training is not regulated by the Department as long as all required component areas are included. Very basic orientation is acceptable. Orientation does not need to be extensive. The orientation must be completed before staff persons work with individuals in any capacity, including on-site training with individuals present. After the basic orientation in 46(a), and the training required in 46(f) and (h), on-site training with the individuals present may occur.</p> <p>New orientation is not needed if a staff person is transferred from one home to another within the same community home agency, as long as the staff responsibilities and daily operation of the home are basically the same as the previous home where the staff person was working.</p> <p>There is no limit on how long prior to working with individuals the orientation may occur.</p> <p>This applies to part-time and short-term staffs who work 40 or more hours in anyone month (not based on monthly average) or who will ever work alone with individuals.</p> <p>Refer to page 61 for a matrix showing staff training requirements in 46(a)-(i).</p>
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LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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STAFF TRAINING MATRIX – CH. 6400.46

Key

AS = All Staff Persons

CEO = Chief Executive Officer

		Before Working With Individuals (or in their appointed positions for AS)	Within 30 days after initial employment or 12 months prior to initial employment	6 months after initial employment	Annually
T R A I N I N G A R E S	Basic Orientation 46(a)	AS CEO PS	---	---	---
	24 Hours in Human Services or Administration 46(c)	---	---	---	CEO
	24 Hours in Human Services 46(d)	---	---	---	PS DSW
	Program Training 46(e)	---	PS DSW	---	---
	General Fire Safety 46(f)	PS DSW	---	---	---
	Fire Safety by Fire Expert 46(g)	---	---	---	PS DSW
	General First Aid 46(h)	PS DSW D/A (1 per vehicle)	---	---	---
	First Aid, Heimlich, CPR by Certified Trainer 46(i)	---	---	PS DSW D/A	PS DSW D/A

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
46(b)	Records	<p>Is there a training syllabus describing the orientation specified in 46(a)?</p> <p>Explanation: All training components specified in 46(a) must be included in the training syllabus. The training syllabus may be a basic training plan listing training components; it need not be a complex document.</p>
46(c)	Records Interview	<p>Did the chief executive officer have at least 24 hours of training relevant to human services or administration within the previous annual training year?</p> <p>Explanation: College courses in administration or human services can be counted towards the 24 hours of training if the course is not being taken to meet minimal qualifications for chief executive officer. When counting college courses, actual number of classroom hours attended should be counted toward the 24 hours of training.</p> <p>New chief executive officers must have received 24 hours of training at the end of the first full training year after hire.</p> <p>A formal independent (self-study) training program with required reading in the human services field, supplemented by either a post-test, study paper, or a follow-up training session to test the student's learning, is acceptable as training. Hours should be counted as reading time plus testing/training time.</p> <p>Meetings do not count as training, unless the training provided at the meeting is clearly documented.</p>

**COMMUNITY LIVING HOMES
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
46(c)	(Cont'd)	<p>The annual training year shall be established in writing by the home or agency. The home or agency shall notify the appropriate Regional Office in writing of the dates the home chooses to use as their training year. This must be a 12 month period. Once established, the training year cannot be altered. If the home or agency does not notify the appropriate Regional Office, the licensing inspector will inspect the home using "12 months prior to the regular license inspection date" as the training year.</p>
46(d)	Records Interview	<p>Did each Program Specialist and direct service worker who was employed for more than 40 hours per month have at least 24 hours of training relevant to human services training within the previous annual training year?</p> <p>Explanation: The medications administration course and the annual medications practicum can be counted towards the 24-hours of training. College courses can be counted towards the 24 hours of training if the course work is relevant to working in a community home and if the course is not being taken to meet minimal qualifications for Program Specialist or Chief Executive Officer. When counting college courses, actual number of classroom hours attended should be counted toward the 24 hours of training. All full-time staff must have at least 24 hours of training each year. Part-time and short-term staff, including summer college students, staff who work 40 or more hours in any one month (not based on monthly average) during the training year must have at least 24 hours of training per year. Staffs who work less than 40 hours per month are exempt from this training requirement.</p>

**COMMUNITY LIVING HOMES
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
46(d)	(Cont'd)	<p>New staff must have received 24 hours of training by the end of the first full training year after hire.</p> <p>This applies to volunteers who serve as Program Specialists or direct service workers.</p> <p>This applies to Program Specialists and direct service workers hired under contract.</p> <p>A <u>formal</u> independent (self-study) training program with required reading in the human services field, supplemented by either a post-test, study paper, or a follow-up training session to test the student's learning, is acceptable as training. Hours should be counted as reading time plus testing/training time.</p> <p>New staff must have received 24 hours of training by the end of the first full training year after hire.</p> <p>This applies to volunteers who serve as Program Specialists or direct service workers.</p> <p>This applies to Program Specialists and direct service workers hired under contract.</p> <p>A <u>formal</u> independent (self-study) training program with required reading in the human services field, supplemented by either a post-test, study paper, or a follow-up training session to test the student's learning, is acceptable as training. Hours should be counted as reading time plus testing/training time.</p> <p>Meetings do not count as training, unless the training provided at the meeting is clearly documented.</p>

**COMMUNITY LIVING HOMES
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
46(d)	(Cont'd)	<p>The annual training year shall be established in writing by the home or agency. The home or agency shall notify the appropriate Regional Office in writing of the dates the home chooses to use as their training year. This must be a 12 month period. Once established, the training year cannot be altered. If the home or agency does not notify the appropriate Regional Office, the licensing inspector will inspect the home using "12 months prior to the regular license inspection date" as the training year.</p>
46(e)	Records Interview	<p>Did each Program Specialist and direct service worker receive training in the areas of mental retardation, the principles of normalization, rights and program planning and implementation, within 30 calendar days after the day of initial employment or within 12 months prior to initial employment?</p> <p>Explanation: This training is required for all Program Specialists and direct care service workers hired after November 8, 1991. This training is required only upon initial employment and not annually. Only the components of the training is specified. The minimum number of training hours is not specified.</p> <p>This applies to part-time and short-term staff who work 40 or more hours in any one month or who will ever be alone with individuals.</p> <p>This applies for employees who transfer from one agency to another agency, but not within an agency.</p> <p>This applies to volunteers who serve as Program Specialists or direct service workers.</p>

**COMMUNITY LIVING HOMES
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
46(e)	(Cont'd)	Training that occurs after initial employment can be counted toward the annual staff training requirement in 46(c) and (d).
46(f)	Records Interview	<p>Did each direct service worker and program specialist receive training before working with individuals in general fire safety, evacuation procedures, responsibilities during fire drills, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, smoking safety procedures if individuals or staff persons smoke at the home, the use of fire extinguishers, smoke detectors and fire alarms, and notification of the local fire department as soon as possible after a fire is discovered?</p> <p>Explanation: This training is required for all Program Specialists and direct care service workers hired after November 8, 1991.</p> <p>Video tape training is acceptable.</p> <p>The source of this initial general fire safety training is not regulated by the Department.</p> <p>This training must with be completed before staff persons work with individuals in any capacity, including on-site training with individuals present. After the orientation and training required in 46(a), (f) and (h), on-site training with individuals present may occur.</p> <p>If any staff or individual smokes in the home, all staff must be trained in smoking safety.</p> <p>There is no limit on how long prior to working with individuals the training may occur.</p> <p>This training can be counted toward the annual staff training requirement in 46(c) and (d).</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
46(f)	(Cont'd)	<p>This applies to part-time and short-term staff who work 40 or more hours in anyone month or who will ever be alone with individuals.</p> <p>This applies to volunteers who serve as Program Specialists or direct service workers.</p> <p>Examples of staff responsibilities during fire drills include: who will provide assistance to individuals, what type of assistance individuals need, who will call the fire department, who will close off fire paths, who will check rooms to be sure everyone is out of building, and who will monitor designated meeting place to be sure all individuals have evacuated and to provide supervision. These examples are recommendations only. The above responsibilities are not required by regulation to be covered in the training.</p>
46(g)	Records Interview	<p>Did each Program Specialist and direct service worker receive training by a fire safety expert in the training areas specified in 46(f) within the previous annual training year?</p> <p>Explanation: The annual training year shall be established in writing by the home as specified in the explanation for 46(c) and 46(d).</p> <p>Fire safety expert as defined in CH. 6400.4 is a local fire department, fire protection instructor college instructor in fire science, county or state fire school, and volunteer fire person trained by a county or state fire school, or an insurance company loss control representative.</p> <p>Films, tapes, and other training packages are acceptable if they are prepared by a fire safety expert, and if the film or tape includes current fire safety techniques. Staff persons who</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
46(g)	(Cont'd)	<p>present the fire safety film must also attend the annual fire safety training.</p> <p>This requirement does not apply until November 8, 1991.</p> <p>This training can be counted toward the annual staff training requirement in 46(c) and (d).</p> <p>This applies to part-time and short-term staff who work 40 or more hours in any one month or who will ever be alone with individuals.</p> <p>This applies to volunteers who serve as Program Specialists or direct service workers.</p>
46(h)	Records Interview	<p>Did each Program Specialist and direct service worker and at least one person in a vehicle while individuals are being transported by the home, receive training in first aid techniques, before working with individuals?</p> <p>Explanation: This training is required for all Program Specialists and direct care workers and at least one person in a vehicle hired after November 8, 1991.</p> <p>This training is required only upon initial employment before a staff person works with any individuals (alone or with other staff), and not annually.</p> <p>The source of this initial general first aid training is not regulated by the Department.</p> <p>The specific content of the first aid training is not regulated by the Department.</p> <p>This requirement for persons in vehicles applies only if the transportation is provided directly by the home or agency.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
46(h)	(Cont'd)	<p>Video tape training is acceptable.</p> <p>This training must be completed before staff persons work with individuals in any capacity, including on-site training with individuals present. After the orientation and training required in 46(a), (f) and (h), on-site training with individuals present may occur.</p> <p>There is no limit on how long prior to working with individuals the training may occur.</p> <p>This training can be counted toward the annual staff training requirement in 46(c) and (d).</p> <p>This applies to part-time and short-term staff who work 40 or more hours in any one month or who will ever be alone with individuals.</p> <p>This does not apply for nurses, doctors, or physician's assistants.</p>
46(i)	Records Interview	<p>Did each Program Specialist, direct service worker and driver of and aide in vehicles receive training within 6 months after the day of initial employment and annually thereafter, by an individual certified as a trainer by a hospital or other recognized health care organization, in first aid, Heimlich techniques and cardi-pulmonary resuscitation?</p> <p>Explanation: The annual training year shall be established in writing by the home as specified in the explanation for 46(c) and 46(d).</p> <p>The requirement for training within 6 months after initial employment applies to all program specialists and direct care service workers, and vehicle drivers and aides hired after November 8, 1991.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
46(i)	(Cont'd)	<p>This requirement for persons in vehicles applies only if the transportation is provided directly by the home.</p> <p>This requirement does not require formal certification; it only requires training. However, if a person has formal certification from a hospital or other recognized health care organization that is valid for more than 1 year, the length of time on the certification will be acceptable and annual training is not required.</p> <p>“Other recognized health care organization” includes the National Safety Council First Aid Institute and the American Red Cross.</p> <p>Video tape training is not acceptable unless it is accompanied by on-site instructor training by a certified trainer.</p> <p>This training is required even if a person is medically or physically unable to pass a test. Passing of a test is not required.</p> <p>This requirement for annual training does not apply until November 8, 1991.</p> <p>This training can be counted toward the annual staff training requirement in 46(c) and (d).</p> <p>This applies to part-time and short-term staff who work 40 or more hours in any one month or who will ever be alone with individuals.</p> <p>This applies to volunteers who serve as Program Specialists or direct service workers.</p> <p>This does not apply for nurses, doctors, or physician’s assistants.</p> <p>“Annually thereafter” means annually from the date of the 6 months training (not from date of</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
46(i)	(Cont'd)	hire) (e.g. person hired 1/91; training in 7/91; annual training needed by 7/92).
46(j)	Records	<p>Are records of orientation and training, including the training source, content, dates, length of training, copies of certificates received and staff persons attending kept?</p> <p>Explanation: Copies of certificates received are required only if a certificate is required for the particular course.</p>

PHYSICAL SITE

61(a)	Site	<p>If the home serves 1 or more individuals with a physical disability, blindness, a visual impairment, deafness or a hearing impairment, are there accommodations to ensure the safety and reasonable accessibility for entrance to, movement within and exit from the home based upon each individual's needs?</p> <p>Explanation: A bedroom, a bathroom, the kitchen, the dining area, and all living recreation areas must be accessible to all individuals. Entrance to and exit from the home must be accessible. Accessibility should be specific to the individual's current needs and should be reflected in adaptations such as ramps, widened doorways, handrails, chair lifts, etc.</p>
61(b)	Site	<p>If the home serves 1 or more individuals with a physical disability, blindness, a visual impairment, deafness or a hearing impairment is there adaptive equipment necessary for the individual to move about and function at the home?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
61(b)	(Cont'd)	<p>Explanation: Examples of adaptive equipment might include wheelchairs or walkers if needed, low shelves, cabinets, counter tops and appliances for individuals who use a wheelchair, special doorbells and telephone devices for individuals who have a hearing impairment, and tactile guides for individuals who have a visual impairment.</p> <p>Adaptations of equipment in the home (e.g. telephone adaptation for individual with blindness and/or deafness) depend on the needs and abilities of the individual.</p>
62(a)	Site	<p>Are all poisonous materials kept locked or made inaccessible to individuals?</p> <p>Explanation: Poisonous materials may be kept unlocked if all individuals living in the home are able to safely use or avoid poisonous materials. Documentation of each individual's ability to safely use or avoid poisonous materials must be in each individual's assessment.</p>
62(c)	Site	<p>Are all poisonous materials stored in their original, labeled containers?</p> <p>Explanation: This requirement applies without exception even if poisons are kept unlocked because all individuals are able to safely use or avoid poisons.</p>
62(d)	Site	<p>Are all poisonous materials kept separate from food, food preparation surfaces and dining surfaces?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
63(a)	Site	<p>Are all heat sources such as a hot water pipes, fixed space heaters, hot water heaters, radiators, wood and coal-buring stoves and fireplaces, exceeding 120°F that are accessible to individuals, equipped with protective guards or insulation to prevent individuals from coming in contact with the heat source?</p> <p>Explanation: This does not apply to kitchen appliances and lighting fixtures.</p> <p>If a radiator is in use, the radiator temperature should be measured. If the radiator does not exceed 120°F it does not need to be covered.</p> <p>Heat sources do not require guards or insulation if <u>all</u> individuals living in the home understand the danger of heat sources and have the ability to sense and move away from the heat source quickly. Documentation of each individual's understanding and ability must be in each individual's assessment.</p>
64(a)	Site	Are conditions in the home clean and sanitary?
64(b)	Site	Is there any evidence of infestation of insects or rodents in the home?
64(c)	Site	<p>Is trash removed from the premises at least once per week?</p> <p>Explanation: Premises means the building and the property on which the building is located.</p>
64(d)	Site	Is trash in bathroom, dining and kitchen areas kept in cleanable receptacles that prevent the penetration of insects and rodents?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
64 (e)	Site	<p>Do trash receptacles over 18 inches high have lids?</p> <p>Explanation: This does not apply to local recycle containers.</p>
64(f)	Site	<p>Is trash outside the home kept in a closed receptacle that prevents the penetration of insects and rodents?</p> <p>Explanation: This does not apply to local recycle containers.</p>
65	Site	<p>Are living areas, recreation areas, dining areas, individual bedrooms, kitchens and bathrooms ventilated by at least one operable window or by mechanical ventilation?</p> <p>Explanation: Fans are acceptable mechanical ventilation. Filtered vents are not acceptable unless they are used with mechanical fans.</p> <p>Fans may be portable and do not need to vent to the outside.</p>
66	Site	<p>Are rooms, hallways, interior stairways, outside steps, outside doorways, porches, ramps and fire escapes lighted to assure safety and to avoid accidents?</p>
67(a)	Site	<p>Are floors, walls, ceilings and other surfaces in good repair?</p> <p>Explanation: Homes should not be cited for non-compliance for aesthetics (e.g. old fashioned wall paper, drab wall colors, etc.).</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
67(b)	Site	Are floors, walls, ceilings and other surfaces free of hazards?
67(c)(1)	Records	<p>If the home serves any individual 4 years of age or younger or any individual who ingests paint or paint substances, is there documentation including results that the home tested all layers of paint at the home for lead content?</p> <p>Explanation: This applies only to interior paint surfaces. It is recommended that exterior surfaces such as porches, window sills, and decks also be tested.</p> <p>In order to assess whether there is any individual who ingests paint or paint substances, ask the provider if there are any individuals who are over 4 years of age in the home who are likely to ingest paint or other inedible substances.</p> <p>If individual is known to ingest paint or other inedible substances the home must be tested for lead paint. If individual is known to lick walls/surfaces, the home must be tested for lead paint.</p> <p>There are several acceptable methods of testing for lead paint levels.</p> <ol style="list-style-type: none"> 1. X-ray fluorescence lead-in-paint analyzer. 2. Paint chip samples of all paint layers sent to a lab. 3. Written documentation showing that home has been built after 1978 and that no lead paint was used. (In this case, actual testing is not required).

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
67(c)(1)	(Cont'd)	Lead testing kits that give only positive or negative results are NOT acceptable.
67(c)(2)	Site	<p>If the lead paint testing showed lead content exceeding .06%, was paint completely stripped and recovered with lead free paint or securely encased with other lead free material?</p> <p>Explanation: The .06% level applies only to new paint. This is the maximum % of lead that is acceptable as read from a paint can or in testing of wet paint. The maximum acceptable level of lead in a paint chip sample is .5%. The maximum acceptable level of lead using the fluorescent x-ray testing method is 1.0 mg/cm².</p> <p>Several acceptable methods of paint removal or encasement include:</p> <ol style="list-style-type: none"> 1. Removal of all paint layers from all surfaces; individuals must be out of their home during the reduction of the lead hazard to avoid inhalation of lead dust. Individuals should not return until clean up is completed. (Chemical stripping is not recommended). 2. Enclosure of all lead painted surfaces; acceptable encapsulants include paneling or dry wall for walls; vinyl or other similar covering of floors, door frames and window wells and sills; or use of a liquid encapsulant. Use of wallpaper as an encapsulant is not acceptable. Encapsulants must be applied by a professional trained in use of encapsulants. 3. Partial paint removal or encapsulating of some areas (e.g., all loose paint areas,

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67(c)(2)	(Cont'd)	<p>sills, door frames) coupled with in place maintenance of other areas where paint is secure. In place maintenance must include frequent inspection to determine that no lead paint is chipping/broken and that no one digs into the paint surface.</p> <p>Note: For method #3, the provider must contact one of the 7 Lead Projects in Pennsylvania or an environmental protection company knowledgeable in lead paint abatement, for advice and/or approval.</p>
68(a)	Site	Is there hot and cold running water under pressure?
68(b)	Site	<p>Does hot water temperatures in bathtubs and showers exceed 120°F?</p> <p>Explanation: Compliance with this requirement should be determined using a thermometer. Let the hot water run about 15-30 seconds into a glass before testing. Measure the temperature while water is still flowing into the glass. A range of 2°F should be allowed in the event the recording is inaccurate.</p>
68(c)	Site	<p>If the home is not connected to a public water system is there written certification of a coliform water test by a Department of Environmental Resources certified laboratory stating that the water is safe for drinking purposes at least every 3 months during the past year.</p> <p>Explanation: A list of DER certified laboratories is available from the Department.</p>

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68(c)	(Cont'd)	<p>This requirement is applicable even if bottled water is used for drinking and cooking. This requirement is applicable even if water purification system is installed. If several homes are serviced by the same well, only 1 test per well is required.</p> <p>The type of Coliform test required is "total," not "fecal." The cost per test is about \$15.00.</p>
69(a)	Site Interview	Is indoor temperature less than 65°F during - non sleeping hours while individuals are present in the home?
69(b)	Site Interview	Is indoor temperature less than 58°F during sleeping hours?
69(c)	Site Interview	<p>When the indoor temperature exceeds 85°F, is mechanical ventilation such as fans or air conditioning used?</p> <p>Explanation: If it is over 85° and fans are in the room but not used because of the individual's preference not to use fans, this is not non-compliance.</p>
70	Site	Does each home have an operable, non-coin operated telephone with an outside line that is easily accessible to individuals and staff persons?
71	Site	Are telephone numbers of the nearest hospital, police department, fire department, ambulance and poison control center on or by each telephone in the home with an outside line?
72(a)	Site	Are windows, including windows in doors,

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72(b)	Site	<p>securely screened when windows or doors are open? Are screens, windows and doors in good repair?</p>
72(c)	Site	<p>Do outside doors have operable locks?</p> <p>Explanation: Refer to 101 for questions relating to dead bolt locks that are operated by a key.</p>
73(a)	Site	<p>Does each ramp, and interior stairway and outside steps exceeding two steps have a well-secured handrail?</p> <p>Explanation: This applies to all ramps of any length or grade. This does not apply to public use areas in apartment buildings (other federal and state laws may however apply). This does not apply for ramps, stairways, and steps that are never accessible to individuals.</p>
73(b)	Site	<p>Does each porch that has over an 18 inch drop have a well secured railing?</p>
74	Site	<p>Do interior stairs and outside steps have a non-skid surface?</p> <p>Explanation: The surface of the stairs or steps should be assessed. If the surface is slippery, or for outside steps if the surface will be slippery when wet, there must be a non-skid surface applied. Wooden and concrete steps may or may not be slippery depending on the finish. For example, smooth finished interior wood stairs are often slippery, oily finished exterior wooden steps are often slippery, concrete that is painted with a smooth finish is</p>

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		often slippery, etc. Non-skid surfaces include carpeting, rubber strips, non-skid wax, etc.
74	(Cont'd)	This does not apply for stairs and steps that are never accessible to individuals. This does not apply to ramps although non-skid surfaces on ramps are recommended.
75(a)	Site	<p>Is there a landing beyond each interior and exterior door that opens directly into a stairway?</p> <p>Explanation: If a door opens away from a stairway this requirement does not apply. If a door opens onto a porch or deck with only one or two steps, it is not considered a stairway.</p>
75(b)	Site	Are all landings at least as wide as the stairs leading to the landing?
76(a)	Site	<p>Is furniture and equipment non-hazardous, clean and sturdy?</p> <p>Explanation: This applies to furniture and equipment both inside and outside the home. This applies to furniture and equipment owned by individuals. This does not apply to rooms used only by staff persons.</p>
76(b)	Site	<p>Is furniture and equipment appropriate for the age and size of the individuals?</p> <p>Explanation: This does not apply to rooms used only by staff persons.</p>
76(c)	Site	Is furniture comfortable and home-like?

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		Explanation: This does not apply to rooms used only by staff persons.
76(d)	Site	<p>If the home serves eight or fewer individuals, is there a sufficient amount of living and family room furniture to seat all individuals at the same time?</p> <p>Explanation: The combined amount of living and family room furniture must be sufficient to seat all individuals at the same time. Dining room furniture may not be counted.</p>
76(e)	Site	If the home serves eight or fewer individuals, is there a dining table(s) with seating for all individuals at the same time?
77(a)	Site	Is there a first aid kit?
77(b)	Site	<p>Does each first aid kit contain antiseptic, an assortment of adhesive bandages, sterile gauze pads, a thermometer, tweezers, tape, scissors and syrup of Ipecac if any individual 4 years of age or younger, or any individual likely to ingest poisons, is served?</p> <p>Explanation: Syrup of Ipecac may be kept in a locked area that is separate from the first aid kit, as long as it is easily accessible. Syrup of Ipecac is to be administered only upon instructions from a Poison Control Center.</p>
77(c)	Site	Is a first aid manual kept with the first aid kit?
78(a)	Site	Are there living and dining areas that are separate from bedrooms?

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		Explanation: This does not apply to efficiency apartments.
78(b)	Site	<p>Is there at least 30 square feet per individual and at least 90 square feet per home of common use indoor living space measured wall to wall, excluding bedrooms, hallways, kitchens, lavatories and offices?</p> <p>Explanation: This requirement does not apply to homes licensed in accordance with this chapter prior to November 8, 1991.</p> <p>Space should be measured wall to wall including space occupied by furniture (up to 1 square foot grace per individual is allowable). This applies to homes with children and/or adults.</p>
79	Site	If an elevator is present in the home, is there a valid certificate of operation from the D Department of Labor and Industry?
80(a)	Site	Are outside walkways free from ice, snow, obstructions and other hazards?
80(b)	Site	Are the outside of the building and the yard or grounds well maintained, in good repair and free from unsafe conditions?
81(a)	Site	<p>Are individual bedrooms located in basements?</p> <p>Explanation: Any level from which there is a standard door leading from that level directly outside to grade level is not considered a basement. If there are only 1 or 2 steps down</p>

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		to a bedroom, this is not considered a separate level.
81(a)	(Cont'd)	<p>A split level or bi-level home in which there is a bedroom on the lower level with a door from that level leading directly outside and up no more than 6 exterior steps is acceptable.</p> <p>Apartment units that are located partially below ground level with windows that are at least as large as most of the other windows in the building are permitted.</p> <p>Apartment units that are below ground level with no windows, or with windows that are smaller than most of the other windows in the apartment building, are not permitted.</p> <p>If the home was in operation as a community living arrangement prior to March 15, 1982, partially below ground apartment units are acceptable as long as there are windows of any size above ground level.</p>
81(c)	Site	<p>Does each individual sharing a bedroom have a minimum of 60 square feet of bedroom space, and does each individual occupying a single bedroom have a minimum of 80 square feet of bedroom space, measured wall to wall, including space occupied by furniture?</p> <p>Explanation: Space should be measured wall to wall including space occupied by furniture (up to 1 foot grace per individual is allowable). This floor space requirement applies equally to homes with children in cribs.</p>
81(d)	Site	Does each individual who uses a wheelchair have a minimum of 100 square feet of bedroom space unless there is written

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		documentation by a licensed physical or occupational therapist that the individual has the ability to move about the
81(d)	(Cont.'d)	<p>bedroom within 80 square feet for single bedrooms or 60 square feet for shared bedrooms?</p> <p>Explanation: This requirement does not apply to bedrooms occupied by an individual who uses a wheelchair in homes licensed in accordance with this chapter, prior to November 8, 1991.</p> <p>If a bedroom in a home licensed prior to November 8, 1991 is occupied by an individual who uses a wheelchair, immediately prior to November 8, 1991 (November 7, 1991), the requirement for 100 square feet does not apply to that bedroom, even if the person who uses the wheelchair later moves out of the bedroom.</p> <p>If 1 individual uses a wheelchair and 1 individual does not use a wheelchair a total of 160 sq. ft. is required.</p> <p>This grandparent clause does not apply to respite beds. For example, if 2 individuals were in a bedroom on November 7, 1991 and there was 1 empty respite bed, room capacity is now 2.</p> <p>The home should keep a record of all bedrooms that are grandparented specifying the room location and the individuals' names who occupied the room as of November 7, 1991.</p> <p>This requirement applies even if the individual is totally dependent on others for movement.</p>

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81(e)	Site	<p>Are there more than 2 individuals sleeping in one bedroom?</p> <p>Explanation: If a bedroom in a home licensed prior to November 8, 1991 is occupied by 1 or 2 individuals, that bedroom is limited to 2 individuals. If a bedroom in a home licensed prior to the November 8, 1991 is occupied by 3 or more individuals, the maximum number of individuals per bedroom will remain the same as the number of individuals occupying the bedroom immediately prior to November 8, 1991-(November 7, 1991).</p> <p>Any home opening on or after November 8, 1991 is limited to no more than 2 individuals per bedroom. Any new bedrooms or bedrooms that were unoccupied prior to November 8, 1991 are limited to no more than 2 individuals.</p> <p>This grandparent clause does not apply to respite beds. For example, if 2 individuals were in a bedroom on November 7, 1991 and there was 1 empty respite bed, room capacity is now 2.</p> <p>If a bedroom was grand parented in November 1991, and then one or more beds are unoccupied for 3 months or longer, the grandparent clause no longer applies for that bed.</p> <p>The home should keep a record of all bedrooms that are grand parented specifying the room location and the individuals' names who occupied the room as of November 7, 1991.</p>
81(e)	(Cont'd)	
81(f)	Site	<p>Does each bedroom have direct access to a corridor, living area, dining area or outdoors?</p>

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		Explanation: Direct access to a fire escape is acceptable.
81(g)	Site	Is any individual bedroom used by other individuals or staff persons as a regular or frequent passageway to another part of the home or to the outdoors?
81(h)	Site	Does each individual bedroom have at least one exterior window that permits a view of the outside? Explanation: Windows do not need to be operable. Windows do not need to be at eye level.
81(i)	Site	Do individual bedroom windows have drapes, curtains, shades, blinds or shutters?
81(j)	Site	Do individual bedrooms have doors at all entrances for privacy? Explanation: Curtains are not acceptable for purposes of privacy.
81(k)(1)	Site	In individual bedrooms, does each individual have a bed of size appropriate to the needs of the individual? Explanation: Cots and portable beds are not permitted. Bunk beds are not permitted for individuals 18 years of age or older.
81(k)(2)	Site	In individual bedrooms, does each individual have a clean, comfortable mattress and solid foundation?

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		Explanation: Acceptable foundation includes box springs or coils on a frame.
81(k)(2)	(Cont'd)	Pallets are not acceptable foundations, unless there is a supportive inner coil mattress. Straps across a frame are not an acceptable foundation. Cots are not acceptable as mattresses or foundations. Water beds are acceptable as mattresses and foundations. Futons are acceptable if it is documented that it is the individual's choice.
81(k)(3)	Site	In individual bedrooms, does each individual have, bedding including pillow linens and blankets appropriate for the season?
81(k)(4)	Site	In individual bedrooms, does each individual have a chest of drawers? Explanation: One piece of bedroom furniture with drawers, wardrobe space, clothing racks and shelves is permissible. Drawers built into the wall or inside a closet are acceptable.
81(k)(5)	Site	In individual bedrooms, does each individual have closet or wardrobe space with clothing racks and shelves accessible to the individual?
81(k)(6)	Site	Does each individual have a mirror in his or her bedroom? Explanation: One mirror may be shared by several individuals. The mirror may be of glass or non-breakable material. Pocket or compact mirrors are not acceptable. This requirement does not apply if the ISP indicates that it is not in the best interests of the individual or if the

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		individual has significant visual impairment or blindness.
81(l)	Site	<p>Are beds or cribs, with solid sides over 12 inches high or with closed domes or tops, ever used?</p> <p>Explanation: The 12 inches is measured from the top of the mattress.</p>
81(m)	Site	Are individuals 10 years of age or older ever required to share a bedroom with a person of the opposite sex
82(a)	Site	<p>Is there at least one toilet for every four individuals for homes opened on or after March 15, 1982. Is there at least one toilet for every six individuals for homes opened on or before March 14, 1982?</p> <p>Explanation: Do not count children who are under 2 years of age.</p> <p>If a home was opened prior to 1982 and closed for any reason or for any period of time since 1982, the grandparent provision does not apply; homes must meet the 1:4 ratios.</p> <p>If a home was opened prior to 1982 and was transferred to another agency since 1982, the grandparent provision applies; homes may continue to meet the 1:6 ratios.</p>
82(b)	Site	Is there at least one bathtub or shower for every four individuals for homes opened on or after March 15, 1982. Is there at least one bathtub or shower for every six individuals for homes opened on or before March 14, 1982?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
82(b)	(cont'd)	<p>Explanation: If a home was opened prior to 1982 and closed for any reason or for any period of time since 1982, the grandparent provision does not apply; homes must meet the 1:4 ratios. If a home was opened prior to 1982 and was transferred to another agency since 1982, the grandparent provision applies; homes may continue to meet the 1:6 ratios.</p>
82(c)	Site	If the home serves one or more individuals who have physical disabilities, is there at least one sink, one toilet and one tub or shower adapted so that individuals who have physical disabilities have easy access and use?
82(d)	Site	<p>Is privacy provided for toilets, showers and bathtubs by partitions or doors?</p> <p>Explanation: Curtains are acceptable dividers if the bathroom is used only by one sex or only by individuals 9 years of age or younger.</p>
82(e)	Site	Do bathtubs and showers have a non-slip surface or mat?
82(f)	Site	<p>Does each bathroom and toilet area that is used have a sink, wall mirror, soap, toilet paper, individual clean paper or cloth towels and trash receptacle?</p> <p>Explanation: A common towel may not be used. The trash receptacle must have a lid if it is over 18 inches high (see 64(e)). Air hand dryers are also acceptable.</p>
82(g)	Site	Is there an individual washcloth, bath towel and toothbrush for each individual?

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83(a)	Site	Does each home have a kitchen area with a refrigerator, sink, cooking equipment and cabinets for storage
83(a)	(Cont'd)	<p>Explanation: A kitchen area must be provided in each home. The kitchen area must include equipment that meets the needs of the specific equipment listed above. For example, a small refrigerator, a sink, a microwave oven, and shelves will be considered acceptable for the kitchen area. The kitchen area must be at the home for snacks. If a small kitchen area is provided at the home, a large kitchen and dining area can be located in another building.</p> <p>Cooking equipment means stove, oven, or microwave, etc. It does not mean pots and pans. There is no regulation covering the amount of pots, pans, utensils, glasses, dishes, storage containers, etc.</p>
83(b)	Site Interview	Are special provisions made and adaptive equipment provided, when necessary, to assist individuals in eating at the table?
83(c)	Site Interview	Are utensils used for eating, drinking and preparation of food or drink washed and rinsed after each use?
84(a)	Site Interview	<p>Are bed linens, towels, washcloths and individual clothing laundered at least weekly?</p> <p>Explanation: There must be laundry facilities at the site, or a regularly scheduled visit to a laundromat must be part of the weekly schedule.</p> <p>For individuals able to do their own laundry, the laundry facilities must be accessible.</p>

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A contract with a commercial laundry is also acceptable.

84(b)	Site	Is clean laundry stored in an area separate from soiled laundry?
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85(a)	Site	Are in-ground swimming pools fenced with a gate that is locked when the pool is not in use?
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Explanation: If the inspector suspects any sanitation or construction hazard the inspector must notify the Department of Environmental Resources in writing of the suspected problem.

85(b)	Site	Are above-ground swimming pools that are under four feet in height made inaccessible to individuals when the pool is not in use?
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Explanation: If the inspector suspects any sanitation or construction hazard the inspector must notify the Department of Environmental Resources in writing of the suspected problem.

86	Site	Are firearms or ammunition in the home or on the property of the home?
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Explanation: The presence of other lethal weapons (e.g. martial arts equipment) is not regulated.

FIRE SAFETY

101	Site	Are stairways, halls, doorways, passageways and exits from rooms and from the building unobstructed?
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
101	(Cont'd)	<p>Explanation: This does not apply to exits from the home if all three of the following conditions are met: the exit is never used, and, the exit is not accessible and does not have the appearance of being an exit, and, there are at least two other useable exits from that floor.</p> <p>Doors may not be locked with dead bolts that are operated by a key, unless the key is permanently affixed in or near (e.g. key on chain along side lock with chain permanently bolted to wall or door) the lock.</p>
102(1)	Site	<p>If four or more individuals sleep above the ground floor, is there a minimum of two interior or exterior exits from each floor?</p> <p>Explanation: These two exits may be either interior (inside stairways leading downward) or exterior exits leading directly outside and to the ground (fire escapes). Elevators cannot be counted as exits. A window may be counted as an exit if there is a fire escape that reaches the ground constructed outside of the window or the window is no more than 4 feet off the ground.</p> <p>Row houses and townhouses where 2 exits are <u>structurally impossible</u> may have only one exit. If a fire escape for a row house or townhouse would exit into an alley, onto a walk, or onto a steep hill with no other structural possibilities, this is “structurally “impossible.” If a local ordinance restricts construction of a fire escape this is also considered “structurally impossible”.</p> <p>This exemption applies only to row houses and townhouses. If a fire escape cannot be constructed due to landlord prohibition or due to aesthetics, this is not “structurally impossible” and an exit is required.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
102(1)	(Cont'd)	<p>Fire escapes can be of any construction type (e.g. wood or metal). Portable ladders are not acceptable as fire escapes.</p> <p>This requirement does apply to split-level and bi-Level homes if the bedrooms are above the ground level.</p>
102(2)	Site	If a fire escape is used as an exit is it permanently installed?
103	Records	Are there written emergency evacuation procedures that include individual and staff responsibilities, means of transportation and an emergency shelter location?
104	Records	<p>Is there current written notification to the local fire department of the address of the home and the exact location of the bedrooms of individuals who need assistance evacuating in the event of an actual fire?</p> <p>Explanation: Current means updated only as assistance needs change (e.g. as individuals move in or out of home. change bedrooms, or have new assistance needs).</p>
105	Site	Are flammable and combustible supplies and equipment utilized safely and stored away from heat sources?
106	Records	<p>Are furnaces inspected and cleaned at least annually by a professional furnace cleaning company?</p> <p>Explanation: There must be written documentation of the inspection and cleaning trained maintenance staff employed by the</p>

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		home may complete the inspection and leaning.
106	(Cont'd)	<p>This does not apply to apartment buildings with central furnaces.</p> <p>Inspections must be done for all furnaces including gas and electric furnaces. Cleaning is not required for gas or electric furnaces (except to change the filters).</p>
107	Site	Are portable space heaters (defined as heaters that are not permanently mounted or installed) used in any room including staff rooms?
108(a)	Site	<p>Are wood and coal burning stoves used before being inspected and approved for safe installation by a fire safety expert?</p> <p>Explanation: There must be a receipt or other written documentation of the inspection and approval prior to use of the stove. The approval may cover only the installation of the stove itself and not necessarily the surrounding walls or general safety. Fire safety expert is defined in 46(g).</p>
108(b)	Records	<p>Are wood and coal burning stoves, including chimneys and flues, cleaned at least every year annually) if used more frequently than once per week during the winter season?</p> <p>Explanation: There must be a receipt or other written documentation of the cleaning. There is no requirement as to who must complete the cleaning.</p>
109(a)	Site	Are fireplaces securely screened or equipped with protective guards while in use?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
109(b)	Records	<p>Are fireplace chimneys and flues cleaned at least once a year (annually) if used more frequently than once per week during the winter season?</p> <p>Explanation: There must be a receipt or other written documentation of the cleaning. There is no requirement as to who must complete the cleaning.</p>
110(a)	Site	<p>Is there a minimum of one operable automatic smoke detector on each floor, including the basement and attic?</p> <p>Explanation: There must be a smoke detector on each floor of the home, even if that floor is not generally accessible to individuals or staff persons.</p> <p>Fire systems with hand pull alarms that are not set off automatically by smoke are not acceptable. A crawl space is not considered an attic. An area with pull-down steps is considered an attic.</p>
110(b)	Site	<p>Is there an operable automatic smoke detector located within 15 feet of each individual and staff bedroom door?</p> <p>Explanation: Distance should be measured at the floor from the center of the doorway to the floor directly underneath the detector.</p> <p>“Automatic” means set off automatically by smoke-not hand pulled. This is required even if the home has an interconnected system. There must be a detector within 15 feet of each bedroom door.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
110(c)	Site	Are the smoke detectors specified in 110(a) and 110(b) located in common areas or hallways?
110(d)	Site	Are smoke detectors and fire alarms of a type approved by the Department of Labor and Industry or listed by Underwriters Laboratories?
110(e)	Site	<p>If the home serves four or more individuals or if the home has three or more stories including the basement and attic, is there at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is audible throughout the home.</p> <p>Explanation: This applies to homes with three or more stories even if there are only 1, 2, or 3 individuals living in the home. See clarification of attic in 110(a). Smoke detectors in attics that are not occupied (empty or used only for storage) do not need to be interconnected to the other detectors. Detectors on other floors still must be interconnected to each other.</p> <p>This requirement does not apply to homes with 3 or more stories that were licensed prior to November 8, 1991. This requirement also does not apply to homes licensed prior to November 8, 1991 if they were in compliance with 6400-103(b) regulations published at 12 PA.B384 (promulgated 1/23/82 at 054.). §6400.103(b) (Previous CH.6400).</p> <p>In each facility where 4 through 8 individuals reside, there shall be a fire alarm that is audible throughout the facility.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
110(e)	(Cont'd)	<p>The LII for §103(b) explained: The alarm must be an automatic alarm set off by heat and/or smoke. The alarm must be audible throughout the entire facility. A smoke detector system which if one detector sounds it will automatically set off all other detectors is acceptable if audible throughout the facility. (Additional clarification for homes licensed prior to November 8, 1991 in accordance with 103(b) under previous CR. 6400 only: If the facility is small and is constructed in such a way that if any detector sounds it can be heard at all locations in the facility, even while people are sleeping, interconnected detectors are not required. §6400.234 (Previous CH. 6400). There shall be an approved Class A fire alarm system installed. If a home was licensed under CH. 6400 prior to November 8, 1991, and home ceases operation as a licensed home, then reopens as a licensed home, the grandparent clause still applies.</p>
110(f)	Site	<p>If one or more individuals or staff persons are not able to hear the smoke detector or fire alarm system, are all smoke detectors and fire alarms equipped so that each person with a hearing impairment will be alerted in the event of a fire?</p> <p>Explanation: All smoke detectors/fire alarm systems in the home must be equISPed with strobe lights or each person who cannot hear the alarm must have a personal body device. It is recommended that strobe lights be interconnected to each detector/alarm, however this is not required. In addition, during sleeping hours, individuals who cannot hear the alarm must have personal body devices, bed or pillow vibration devices, or strobe lights that meet the following criteria: the strobe light must be in the individual's bedroom. The strobe must have a single</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
110(f)	(Cont'd)	<p>intensity of 75 candela (cd) or higher. The strobe must have a flash rate of 1-3 flashes per second. The strobe light is UL approved. It is recommended that personal body devices and bed and pillow vibration devices be electronically connected to other smoke. This requirement applies to homes licensed with a capacity of 1, 2, or 3 prior to November 8, 1991 that request an increase in capacity for 4 or more individuals after November 8, 1991.</p> <p>This is required even if the individual is unable to physically respond to the alarm. This is required because although a person cannot physically respond to a fire alarm, the person has the right to be alerted to danger just as others who can respond to the alarm are alerted his requirement is based on the right of individuals who are unable to hear, to be treated with the same dignity and respect, and to be provided with the same opportunities, afforded to other people who can hear.</p> <p>This is not required for smoke detectors not visually accessible to the individuals with a hearing impairment (e.g. basement or attic <u>never</u> used by individuals).</p>
110(g)	Interview Records	If a smoke detector or fire alarm is inoperative is notification for repair made within 24 hours and repairs completed within 48 hours of the time the detector or alarm was found to be inoperative?
110(h)	Records	Is there a written procedure for fire safety monitoring in the event the smoke detector or fire alarm is inoperative?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
111(a)	Site	Is there at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic?
111(a)	(Cont'd)	<p>Explanation: If no individuals or staff persons ever have access to a floor (except of course to test the smoke detector); no extinguisher is required on that floor. If people use the floor even for storage, an extinguisher is required. The letter rating on a fire extinguisher refers to the class of fire on which the extinguisher is effective.</p> <p>B -Is used for a fire which involves flammable liquids (gas, grease, etc.). C -Is used for electrical fires.</p>
111(b)	Site	If the indoor floor area on a floor including the basement or attic is more than 3,000 square feet, is there an additional fire extinguisher with a minimum 2-A rating for each additional 3,000 square feet of indoor floor space?
111(c)	Site	<p>Is there a fire extinguisher with a minimum 2A-B C rating in each kitchen?</p> <p>Explanation: The kitchen extinguisher meets the requirements for one floor as required in 111(a)</p> <p>An ABC extinguisher with at least an acceptable 2A rating is also acceptable.</p> <p>If the home has a commercial range hood fire extinguisher system which is BC rated, a 40 BC is required for the kitchen. An ABC extinguisher should not be used with a BC extinguisher.</p>

**COMMUNITY LIVING HOMES
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
111(d)	Site	Are fire extinguishers listed by Underwriters Laboratories or approved by Factory Mutual Systems?
111(e)	Site	Are fire extinguishers accessible to staff persons and individuals?
111(f)	Site	<p>Are fire extinguishers inspected and approved annually by a fire safety expert with the date of the inspection on the extinguisher?</p> <p>Explanation: If the extinguisher was purchased within the past year, an inspection is not required. Fire safety expert is defined in 46(g). Employees of the home may inspect and approve the extinguisher if they meet the definition of fire safety expert.</p>
112(a)	Records	<p>Was an unannounced fire drill held at least once a month?</p> <p>Explanation: The fire drill must be held without prior notice to staff persons or individuals, except for the staff person responsible to set off the alarm and record the results of the drill.</p> <p>Check the fire drill records for each month within the past 12 months to determine compliance. A fire drill is required at least once each calendar month and <u>not</u> every 30 days.</p>
112(a)	Records	<p>Was an unannounced fire drill held at least once a month?</p> <p>Explanation: The fire drill must be held without prior notice to staff persons or individuals, except for the staff person responsible to set off the alarm and record the results of the drill.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
112(b)	Records	<p>Check the fire drill records for each month within the past 12 months to determine compliance. A fire drill is required at least once each calendar month and <u>not</u> every 30 days. Are fire conditions drills held during normal staffing and not when additional staff persons are present?</p> <p>Explanation: Drills cannot be done during shift changes with a staffing overlap.</p>
112(c)	Records	<p>Is there a written fire drill record of the date, time, the amount of time it took for evacuation, the exit route used, problems encountered and whether the fire alarm or smoke detector was operative?</p> <p>Explanation: All smoke detectors whether they are interconnected or not must be tested for operability during or shortly following each drill. A record of the testing of each detector must also be kept. (Note under 112(i) only one detector must be set off during the drill.)</p>
112(d)	Records	<p>Are all individual is able to evacuate the entire building, or to a fire safe area designated in writing within the past year by a fire safety expert, within 2 ½ minutes, or within the period of time specified in writing within the past year by a fire safety expert?</p> <p>Explanation: Both the fire safe areas and any extended evacuation time must be specified in writing by a fire safety expert within the past year.</p> <p>The definition of fire safety expert is specified in 46(9). For purposes of this requirement, the fire safety expert may not be an employee of the home or agency.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
112(d)	(Cont'd)	<p>If an individual will ever be alone in the home (in accordance with the ISP), staff cannot give oral or physical assistance to that individual during the drill.</p> <p>Evacuation of the entire building means to ground level outside the building. Evacuation to a fire escape is not acceptable.</p> <p>Time to evacuate begins when the fire alarm or smoke detector is sounded.</p> <p>If there are questions concerning evacuation of individuals an actual fire drill should be observed by the inspector.</p> <p>“Fire safe area” means an area for which there are at least two directions of travel from the home into the fire safe areas and that the fire safe areas are separated from all adjacent areas of the building by a minimum of one hour rated wall and door assemblies (one hour fire barrier).</p>
112(e)	Records	Is a fire drill held during sleeping hours at least every 6 months (semi-annually)?
112(f)	Records	<p>Are alternate exit routes used during fire drills?</p> <p>Explanation: This requirement does not apply if there is only one door out of the home, such as in an apartment building.</p>
112(g)	Records	Are fire drills held on different days of the week and at different times of the day and night?
112(h)	Records	Do all individuals evacuate to a designated meeting place outside the building or within the fire safe area during each fire drill?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
112(h)	(Cont'd)	<p>Explanation: Although having only one designated meeting place is recommended, two designated meeting places are acceptable if staff can check both places within 30 seconds.</p>
112(i)	Records Interview	Is at least one fire alarm or smoke detector set off during each fire drill?
113(a)	Records	<p>Are all individuals, including individuals 17 years of age or younger, instructed in the individual's primary language or mode of communication, upon initial admission and reinstructed annually in general fire safety, evacuation procedures, responsibilities during fire drills, the designated meeting place outside the building or within the fire safe area in the event of an actual fire and smoking safety procedures if individuals smoke at the home?</p> <p>Explanation: The extent or source of this training is not regulated as long as all required component areas are included. If any individual smokes in the home, all individuals must be trained in smoking safety. Individuals do not need the training if only staff smoke.</p>
113(b)	Records	<p>If an individual is medically or functionally unable to participate in the fire safety training, is there documentation specifying why the individual could not participate?</p> <p>Explanation: Children are not exempt from training unless they are medically or functionally unable to participate.</p>

**COMMUNITY LIVING HOMES
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
113(c)	Records	Is there a written record of fire safety training including the content of the training and a list of the individuals attending?
114(a)	Records	If any individual's or staff persons smoke at the home, are there written smoking safety procedures?
114(b)	Interview Site	Are written smoking safety procedures followed?

INDIVIDUAL HEALTH

141(a)	Records	<p>Does each individual have a physical examination within 12 months prior to admission and annually thereafter?</p> <p>Explanation: Admission date is the date the individual moves into the home. If an individual starts a new service or moves from one licensed facility or agency to another licensed facility or agency {CH to CH; ATF to CH; or one CH agency to another CH agency} the current physical examination may be transferred with the individual or duplicated as long as the physical was completed within the previous 12 months and meets the content requirements of 141(c).</p> <p>If an individual receives respite care several times throughout a 12 month period, a physical examination is required prior to the initial use of respite care and every 12 months after the initial physical examination. A new physical examination is not required for each new use of respite care within the same 12 month period.</p>
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**COMMUNITY LIVING HOMES
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
141(b)	Records	<p>The information specified in 141(c)(1-15) may be completed as attachments to the physical exam form, rather than be included directly on the physical exam form itself.</p> <p>Are physical examinations completed, signed and dated by a licensed physician certified nurse practitioner or registered physician's assistant?</p> <p>Explanation: Immunizations, Vision and hearing screening and tuberculin skin testing may be completed, signed and dated by a registered nurse or licensed practical nurse instead of a licensed physician, certified nurse practitioner or registered physician's assistant. Vision screening may be completed by a licensed optometrist or ophthalmologist. Hearing screening may be completed by a licensed audiologist or speech pathologist.</p>
141(c)(1)	Records	<p>Does each physical examination include a review of previous medical history?</p> <p>Explanation: Either a review or a summary of previous history on the physical form is acceptable.</p>
141(c)(2)	Records	<p>Does each physical examination include a general physical examination.</p>
141(c)(3)	Records	<p>Does each physical examination include immunizations for individuals 18 years of age or older as recommended by the United States Public Health Service, Centers for Disease Control, Atlanta, Georgia 303331?</p> <p>Explanation: For individuals age 18 and older, diphtheria and tetanus immunizations must be given at least once every 10 years.</p>

**COMMUNITY LIVING HOMES
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
141(c)(3)	(Cont'd)	<p>Only diphtheria and tetanus immunizations are required for adults.</p> <p>If there is written documentation on file from a licensed physician that immunizations are medically contraindicated for an individual, record as not applicable for that individual.</p> <p>In homes serving 8 or fewer individuals, Hepatitis B immunization, or written documentation that the individual has tested negative to Hepatitis B surface antigen (HBsAg) and positive tQ Hepatitis B surface antibody (antiHBs), is required for all individuals (children and adults) if there is an individual known to be a Hepatitis B carrier living in the home.</p> <p>In homes serving 9 or more individuals, Hepatitis B immunization, at written documentation that the individual has tested negative to Hepatitis B surface antigen (HBsAg) and positive to Hepatitis B surface antibody (antiHBs) is required for all individuals (children and adults) who share a living, bathing, or toilet area with an individual known to be a Hepatitis B carrier.</p> <p>Only the initial full series of Hepatitis B immunizations is required; annual immunization is not required.</p>
141(c)(4)	Records	<p>Does each physical examination include vision and hearing screening for individuals 18 years of age or older, as recommended by the physician?</p> <p>Explanation: The extent of vision and hearing screening is up to the physician. The screening can be done by a general physician or by vision and hearing specialists. The</p>

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LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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screening results can be noted on separate forms or on the general examination form.

141(c)(5)	Records	<p>Does each physical examination include immunizations and screening tests for individuals 17 years of age or younger, as recommended by the Standards of Child Health Care of the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove City, Illinois 60007, Phone: (708) 869-9327?</p>
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Explanation: Refer to the “Recommendations for Preventive Pediatric Health Care -9/87” for a list of the immunizations and screenings recommended by the AAP.

If there is written documentation on file from a licensed physician that immunizations are medically contraindicated for an individual, record as not applicable for that individual.

In homes serving 8 or fewer individuals, Hepatitis B immunization, or written documentation that the individual has tested negative to Hepatitis B surface antigen (HBsAg) and positive to Hepatitis B surface antibody (antiHBs), is required for all individuals (children and adults) if there is an individual known to be a Hepatitis B carrier living in the home.

In homes serving 9 or more individuals, Hepatitis B immunization, or written documentation that the individual has tested negative to Hepatitis B surface antigen (HBsAg) and positive to Hepatitis B surface antibody (antiHBs) is required for all individuals (children and adults) who share a living, bathing, or toilet area with an individual known to be a Hepatitis B carrier.

**COMMUNITY LIVING HOMES
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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141(c)(6)	Records	<p>Does each physical examination include tuberculin skin testing by Mantoux method with negative results every two years for individuals 1 year of age or older; or, if tuberculin skin test is positive, an initial chest x-ray with results noted?</p> <p>Explanation: If skin testing is positive, only an initial chest x-ray is required. Repeated chest x-rays are not required unless symptoms of tuberculosis occur such as coughing, unexplained weight loss, or night sweats.</p> <p>Method of administration must be by Mantoux method. Mantoux must be specified on the physical examination form.</p> <p>Mantoux tests can be done on children as early as 5 days after birth. The Mono-vac (pronged tine test) or other multiple puncture tests are not acceptable instead of the Mantoux method.</p>
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141(c)(7)	Records	<p>Does each physical examination include a gynecological examination including a breast examination and a Pap test for women 18 years of age or older, unless there is documentation from a licensed physician recommending no or less frequent gynecological examinations?</p> <p>Explanation: If an individual refuses the examination, see 143(a). A Sonogram is not acceptable instead of a gynecological examination.</p> <p>The physical examination form must also include the results of this examination.</p>
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LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
141(c)(7)	(Cont'd)	<p>This examination may be done by different physicians/health sources and at different times of the year as long as the annual interval is met.</p> <p>If there is thorough, written documentation from a licensed physician recommending no or less frequent gynecological exams, or an alternative method of exam such as a sonogram. The physician's recommendation applies.</p>
141(c)(8)	Records	<p>Does each physical examination include a mammogram for women at least every two years for women 40 through 49 years of age and at least every year for women 50 years of age or older?</p> <p>Explanation: If an individual refuses the examination, see 143(a). The physical examination form must also include the results of this examination. This examination may be done by different physicians/health sources and at different times of the year as long as the annual interval is met.</p>
141(c)(9)	Records	<p>Does each physical examination include a prostate examination for men 40 years of age or older?</p> <p>Explanation: If an individual refuses the examination, see 143(a).</p> <p>The physical examination form must also include the results of this examination.</p> <p>This examination may be done by different physicians/health sources and at different times of the year as long as the annual interval is met.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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The Prostate Specific Antigen (PSA) test to measure antigen in the blood is not acceptable in place of the prostate exam.

141(c)(10) Records

Does each physical examination include specific precautions that must be taken if the individual has a communicable disease, to prevent spread of the disease to other individuals?

Explanation: The physical examination form must include space or blanks for this item to be reviewed and responded to. It is recommended, but not regulated, that non-applicable item on the physical exam form be noted as “none” or not applicable” in order to assure an accurate health appraisal. If a section on the physical examination form is left blank it will be assumed there are none, or that this item is not applicable. If a section is left blank, but relevant information is found elsewhere in the individual’s record {e.g. allergies not specified OD physical form}, this is a violation of 141{c).

If physician knows a person has AIDS, he/she must report to the extent that confidentiality laws permit (P.L. 585, No. 149).

141(c)(11) Records

Does each physical examination include an assessment of the individual’s health maintenance needs, medication regimen and the need for blood work at recommended intervals.

Explanation: Examples of health maintenance needs include personal health recommendations such as exercise, hygiene practices, weight control, etc.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
		The physical examination form must include space or blanks for this item to be reviewed and responded to.
141(c)(12)	Records	<p>Does each physical examination include physical limitations of the individual?</p> <p>Explanation: The physical examination form must include space or blanks for this item to be reviewed and responded to.</p>
141(c)(13)	Records	<p>Does each physical examination include allergies or contraindicated medications?</p> <p>Explanation: The physical examination form must include space or blanks for this item to be reviewed and responded to.</p>
141(c)(14)	Records	<p>Does each physical examination include medical information pertinent to diagnosis and treatment in case of an emergency?</p> <p>Explanation: The physical examination form must include space or blanks for this item to be reviewed and responded to.</p>
141(c)(15)	Records	<p>Does each physical examination include special instructions for the individuals diet?</p> <p>Explanation: The physical examination form must include space or blanks for this item to be reviewed and responded to.</p>
142(a)	Records	<p>Does each individual 17 years of age or younger have a dental examination performed by a licensed dentist semiannually? Does each individual 18 years of age or older have a</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
		<p>dental examination performed by a licensed dentist annually?</p> <p>Explanation: If an individual refuses the examination, see 143(a).</p>
142(a)	(Cont'd)	The dentist is not required to sign the exam.
142(b)	Records	<p>Does each individual who is using medication known to cause dental problems have a dental examination by a licensed dentist at intervals recommended in writing by the dentist?</p> <p>Explanation: Examples of medications that commonly cause dental problems are Dilantin, Ferrous Sulfate, Stelazine, and Warfarin.</p>
142(c)	Records	Is there a written record of the dental examination including the date of the examination, dentist's name, procedures completed and follow-up treatment recommended?
142(d)	Records	<p>Does the dental examination include teeth cleaning or checking gums and dentures?</p> <p>Explanation: If an individual refuses the examination, see 143(a).</p>
142(e)	Records	<p>Is follow-up dental work indicated by the examination, such as treatment of cavities, completed?</p> <p>Explanation: If an individual refuses the examination, see 143(a).</p>
142(f)	Records	Does each individual have a written plan for dental hygiene, unless the interdisciplinary

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
142(g)	Records	<p>team has documented in writing that the individual has achieved dental hygiene independence?</p> <p>Explanation: The dental hygiene plan may be a separate plan or part of the ISP. Is each dental hygiene plan rewritten at; least annually?</p>
142(h)	Records	<p>Is the dental hygiene plan kept in the individual's record?</p> <p>Explanation: This is a duplicate requirement with 213{S}. If there is noncompliance cite 142(h), not 213{5}.</p>
143(a)	Records	<p>If an individual refuses routine medical or dental examination or treatment, are the refusal and continued attempts to train the individual about the need for health care documented in the individual's record?</p> <p>Explanation: If an individual refuses medical or dental examination or treatment, and there are continued documented attempts to train the individual, LII items related to the physical and dental examination should be recorded as noncompliance. Training may include counseling, desensitization, positive approaches techniques, etc.</p> <p>A court appointed legal guardian is permitted by law to refuse routine medical treatment for an individual. This applies for routine treatment only. When lack of treatment is serious and life threatening, a legal guardian should be consulted and involved, but they do not have legal authority to refuse treatment.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
143(b)	Records	If an individual has a serious medical or dental condition, are reasonable efforts made to obtain consent from the individual or substitute consent in accordance with applicable law (see Section 417 of the MH/MR Act of 1966, 50 P.s.§4417(c)?
143(b)	(Cont'd)	Explanation: See OMI Bulletin #00-90- 02, issued 1/17/90 titled "Substitute Decision Making for Medical Treatment" for guidance.
144	Records	Are health services, such as medical, nursing, pharmaceutical, dental, dietary and psychological services that are planned or prescribed for the individual arranged for or provided? Explanation: This includes prescribe equipment and procedures such as occupational therapy, physical therapy, glasses, hearing aids, medications, orthopedic equipment, seizure precautions, etc.
145(1)	Records	Does the home have a written emergency medical plan listing the hospital or source(s) of health care that will be used in an emergency?
145(2)	Records	Does the home have a written emergency medical plan listing the method or methods of transportation to be used?
145(3)	Records	Does the home have a written emergency medical plan listing an emergency staffing plan?

STAFF HEALTH

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LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
151(a)	Records	Do all staff persons who come into direct contact with the individuals or who prepare or serve food, for more than 5 days in any 6 month period, including temporary, substitute and volunteer staff, have a physical

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LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
151(a)	(Cont'd)	<p>examination within 12 months prior to employment and every 2 years thereafter?</p> <p>Explanation: “Prior to employment” means prior to date of hire/first date person is paid, not prior to working with individuals.</p> <p>This also applies to staff hired under contract with the home or agency.</p> <p>This applies to administrative, clerical, and maintenance staff if they have direct (physical) contact with individuals at the home. “Direct contact means physical contact.</p> <p>This applies only to staff and volunteers who are in contact with individuals at the home.</p> <p>This applies to permanent and temporary staff hired under contract. Physical examinations must be done prior to working for the provider agency.</p> <p>There is no minimum hour’ limitation for the day to be included in the 5 days. Each day counts, even if the person works for just 1 hour.</p> <p>If a staff person transfers from one licensed home or agency to another licensed home or agency (CH to CH; ATF to CH; or one CH agency to another CH agency) the current physical examination may be transferred with the staff person as long as the physical was completed within the previous 12 months and meets the content requirements in 15l(c).</p>
151(b)	Records	<p>Is the physical examination completed, signed and dated by a licensed physician, certified nurse practitioner or registered physician’s assistant?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
151(b)	(Cont'd)	Explanation: Tuberculin skin testing may be completed and certified in writing by a registered nurse or a licensed practical nurse instead of a licensed physician, registered physicians assistant or certified nurse practitioner.
151(c)(1)	Records	Does each staff physical examination include a general physical examination?
151(c)(2)	Records	<p>Does each staff physical examination include tuberculin skin testing by Mantoux method with negative results every 2 years; or, if tuberculin skin test is positive, an initial chest x-ray with results noted?</p> <p>Explanation: If skin testing is positive, only an initial chest x-ray is required. Repeated check x-rays are not required unless symptoms of tuberculosis occur such as coughing, unexplained weight loss, or night sweats.</p> <p>Mantoux tests can be done on children as early as 5 days after birth.</p> <p>Method of administration must be by Mantoux method. Mantoux must be specified on the physical examination form.</p> <p>The Mono-vac (pronged tine test) or other multiple puncture tests are not acceptable instead of the Mantoux method.” This applies only to serious communicable diseases as defined in 28 Pa. Code §527.2 (relating to reportable diseases).</p>
151(c)(3)	Records	Does each staff physical examination include a signed statement that the staff person is free of

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
151(c)(3)	(Cont'd)	<p>communicable diseases or that the staff person has a communicable disease but is able to work in the home if specific precautions are taken that will prevent the spread of the disease to individuals?</p> <p>Explanation: This applies only to serious communicable diseases as defined in 28 Pa. Code §27.2 (relating to reportable disease). A list of serious communicable diseases is specified in 18(b).</p> <p>Precautions needed to assure that a serious communicable disease is not spread to other individuals depend on whether a person is likely to spread the disease to an individual in the course of their work responsibilities.</p> <p>If the physician, nurse practitioner, or physicians assistant states "no known communicable diseases" that is acceptable. Testing for diseases such as AIDS, hepatitis, etc. is not required as part of the physical examination.</p> <p>If physician knows a person has AIDS, he/she must report to the extent that confidentiality laws permit (P.L. 585, No. 149).</p>
151(c)(4)	Records	<p>Does each staff physical examination include information of any medical problem which might interfere with the health of the individuals?</p>
152(a)	Records	<p>If a staff person or volunteer has a serious communicable disease or a medical problem which might interfere with the health, safety or well-being of the individuals, is there written authorization from a licensed physician, certified nurse practitioner, or registered</p>

**COMMUNITY LIVING HOMES
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
152(a)	(Cont'd)	<p>physician's assistant, allowing the person to be present at the home?</p> <p>Explanation: Serious communicable diseases as defined in 28 Pa. Code §27.2 (relating to reportable diseases). A list of serious communicable diseases is specified in 18(b).</p> <p>If physician knows a person has AIDS, he/she must report to the extent that confidentiality laws permits~ (P.L. 585, No. 149).</p>
152(b)	Records	<p>Does written authorization from a licensed physician, registered physician's assistant, or certified nurse practitioner include a statement that the person will not pose a serious threat to the health, safety or well-being of the individuals and specific instructions and precautions to be taken for the protection of the individuals at the home?</p> <p>Explanation: Precautions needed to assure that a disease is not spread to individuals depends on whether a person is likely to spread the disease to an individual in the course of their work responsibilities.</p>
152(c)	Records	<p>Are the physician's written instructions and precautions followed?</p>

MEDICATIONS

161(a)	Site	<p>Are prescription and nonprescription medications kept in their original containers?</p> <p>Explanation: This does not apply to medications of individuals who self-administer medications and keep the</p>
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**COMMUNITY LIVING HOMES
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
161(a)	(Cont'd)	<p>medications in personal daily or weekly dispensing containers. Blister packs and other unit dose containers are acceptable containers as long as the medication is packaged by a pharmacist and each individual blister pack container is labeled in accordance with 162(a) If someone, other than a pharmacist, or the individual for whom the medication is prescribed, removes medication from the original container and places the medication into another container, this is a violation of 161(a).</p>
161(b)	Site	<p>Are prescription and potentially toxic non-prescription medications kept in an area or container that is locked?</p> <p>Explanation: Prescription and potentially toxic non-prescription medications may be kept unlocked if all individuals living in the home are able to safely use or avoid toxic materials. Documentation of each individual's ability to safely use or avoid toxic materials must be in each individual's assessment.</p> <p>This also applies for self-administered medication. Self-administering individuals may have their own separate "locked box" to keep in their room so that only they have access. Any container, box, drawer, or cabinet that can be locked is permitted.</p>
161(c)	Site	<p>Are prescription and non-prescription medications potentially stored toxic in a refrigerator kept in a separate locked container?</p> <p>Explanation: Prescription and potentially toxic non-prescription medications may be kept</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
		unlocked if all individuals living in the home are able to safely use or avoid toxic materials.
161(c)	(Cont'd)	Documentation of each individual's ability to safely use or avoid toxic materials must be in each individual' assessment. This also applies for self-administered medication.
161(d)	Site	Are prescription and non-prescription stored under proper conditions of temperature, moisture, and light?
161(e)	Site	Are discontinued prescription medications disposed of in a safe manner? Explanation: A written policy on safe disposal is not required.
162(a)	Site	Are the original containers for prescription medications labeled with a pharmaceutical label hat includes the individual's name, the name of the medication, the date the prescription was issued, the prescribed dose and the name of the prescribing physician? Explanation: The original container must contain the original pharmaceutical label. The original label may not be altered except by a licensed physician or pharmacist. Dose must include the strength/amount of the medication and the frequency of the medication (e.g. 100 mg. / 3 times daily).
162(b)	Site	Are non prescription medications labeled with the original label?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
163(a)	Records Interview	Are prescription medications used only-by the individual for whom the medication was prescribed?
163(b)	Records Interview	<p>Is there a written protocol as part of the ISP to address the social, emotional and environmental needs of the individual related to the symptoms of the diagnoses psychiatric illness.</p> <p>Explanation: The role of the Plan Lead and the Plan Team is to ensure that the Protocol is developed and accurate to the individual, not that they write the protocol. The protocol is included in the in ISP or as an attachment to the ISP. Does the plan appear to reflect and meet the needs of the individual as identified in the ISP?</p>
163(c)	Records	<p>If a medication is prescribed to treat a psychiatric illness, is there a review with documentation by a licensed physician at least every 3 months that includes the reason for prescribing the medication, the need to continue the medication and the necessary dosage?</p> <p>Explanation: The physician must either sign the documentation or write the documentation him or herself.</p>
164(a)	Records	Is there a medication log listing the medications prescribed, dosage, time and date that prescription medications, including insulin, were administered and the name of the person who administered the prescription medication or insulin for each individual who does not self-administer medication?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
		Explanation: The medication log must include all prescription medications given, including both oral and topical medications.
164(a)	(Cont'd)	The medication log must list the first and last names (not just initials) of the person administering the medication.
164(b)	Records	Is the information specified in 164(a) logged immediately after each individual's dose of medication is administered?
164(c)	Records	Is a list of prescription medications, the prescribed dosage and the name of the prescribing physician kept for each individual who self-administers medication?
165	Records	<p>Is documentation of medication errors and follow-up action kept?</p> <p>Explanation: Medication errors include failure to administer, incorrect medication administered, incorrect administration time, incorrect dosage, etc.</p> <p>If a medication is administered more than 60 minutes prior to or 60 minutes after the designated time, it is considered a medication error. (Note: This is only an error if a precise clock time is listed on the prescription; e.g. 1:00 p.m.)</p> <p>If an individual who self-administers his/her own medication takes the medication at the incorrect time, it must be recorded as a medication error.</p>
166(1)	Interview Records	If an individual has a suspected adverse reaction the individual's source of health care

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
166(1)	(Cont'd)	<p>is acceptable (e.g., any physician at the individual's medical center or in the team of physicians).</p> <p>Explanation: Notification of any physician at the individual's source of health care is acceptable (e.g., any physician at the individual's medical center or in the team of physicians).</p>
166(2)	Records	Is documentation of adverse reactions to medications kept?
167(a)	Records Interview Site	<p>Are prescription medications and injections of a substance not self-administered by individuals administered by one of the following? Graduates of approved nursing programs functioning under the direct supervision of a professional nurse who is present in the home.</p> <p>Licensed physicians, licensed dentists, licensed physician's assistants, registered nurses and licensed practical nurses. Student nurses of approved nursing programs functioning under the direct supervision of a member of the nursing school faculty who is present in the home.</p> <p>Staff persons who meet the criteria specified in 168 (relating to medications administration training) for the administration of oral, topical and eye and ear drop prescriptions and insulin injections.</p> <p>Explanation: Paramedics cannot administer medications unless specifically authorized to do so by a licensed physician and then only in emergency situations.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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- Licensed physician's assistants can administer medications.
- Certified Emergency Medical Technicians (EMTs) and EMT paramedics are not

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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167(a)	(Cont'd)	<p>permitted by law to administer medications. They are not considered licensed medical personnel under our regulations and would be required to pass the medications administration training course before</p> <ul style="list-style-type: none"> - Administering any type of medication to individuals. Under Title 28, Health and Safety Code, EMTs shall provide only basic life support services including rescue, triage and transport of emergency and non-emergency patients. An EMT paramedic, under the same Title, may perform more medical functions but only following the order of a medical command physician. - Staff in homes serving children must also meet the qualifications in 167(a). All staff, including relief staff, who administers medications, must meet the qualifications in 167(a). <p>The option of using trained non-medical staff to administer oral and topical medications also applies for the administration of medications through feeding tubes. Administration of medications through feeding tubes may be done under the same authority under which feeding tubes are used. Trained non-medical staff may administer prescription medications through feeding tubes</p> <p>The administration of oxygen, use of feeding tubes and other medical procedures are not regulated by CH. 6400.</p> <p>It is recommended that if non-medical staff administers medication through feeding tubes or ventilation systems, they first receive training specific to the individual, through their local physicians, hospital, clinics, etc.</p>
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
167(b)	Records Interview Site	<p>Are prescription medications and injections administered according to the directions specified by a licensed physician, certified nurse practitioner or licensed physician's assistant?</p> <p>Explanation: This does not apply for individuals who self-administer their own medications. For refusal of treatment, see 143(a) and 143(b). These directions must be specified on a prescription label. All changes in a prescription must be specified on a prescription label. Oral directions from a physician are not acceptable.</p>
168(a)	Records	<p>If any staff person administers medications to individuals in homes serving eight or fewer individuals, did all staff persons who administered medications complete and pass the Department's Medications Administration Course?</p> <p>Explanation: Eight or fewer individuals refers to the total number of individuals living in the home, regardless of whether they are currently taking medication. Trained staff persons may only administer oral, topical, eye drop, ear drop, suppositories, and enema prescription medications. Injections of any substance other than insulin must be administered by licensed medical personnel specified in 167(a).</p> <p>The only acceptable course is the Medications Administration Course developed by the Office of Mental Retardation.</p> <p>To record as in compliance with the Medications Administration Course option, the following documentation must be on file for</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
168(a)	(Cont'd)	<p>each staff person administering medications who was trained after 1984.</p> <ul style="list-style-type: none"> - Written Module Examination of Medications Training Manual - Module Examination Data Summary Sheet of the Medications Training Manual. - Signed and dated copy of the Trainee Verification Forms including the name and signature of the person who gave the training and the date and location of the training. - Percentage score of 90% or above for each of the three test sections (I. Written Exam, II. - Practicum, III. Practicum). If the percentage score falls below 90% for any of these three sections, that test section(s) must be retested. Practicum Summary (completed within the past year). If a person has a certificate as a certified trainer, test results are not required to be kept on file. Certified trainers may administer medications. It is acceptable to transfer staff medications training documentation from one agency to another; however the Practicum Summary must be completed at the new agency prior to administering medication.
168(b)(1)	Records	<p>If any staff person administers insulin injections to individuals in homes serving 8 or fewer individuals, did all staff persons who administer insulin injections complete and pass the Department's Medications Administration Course and complete and pass a diabetes patient education program within the past 12 months that meets the National Standards for Diabetes Patient Education Programs of the National Diabetes "Advisory Board", 7750 Wisconsin Avenue, Bethesda, Maryland 20205?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
168(b)(1)	(Cont'd)	<p>Explanation: This training is required prior to administering insulin injections and every 12 months thereafter. A list of organizations that provide diabetes patient education programs that meet National standards is available from the Department.</p> <p>It is not permissible for a staff person (e.g. nurse) to take the Diabetes Patient Education training and then teach other community home staff.</p> <p>Completion and passing of the diabetes patient education program is required only once every 12 months. A staff person is not required to complete and pass a new diabetes patient education program for each individual for whom insulin is administered.</p>
168(b)(2)	Records	If non-medical personnel administer insulin injections to individuals, is each individual under the care of a licensed physician who is monitoring their diabetes?
168(b)(3)	Records	<p>If non-medical personnel administer insulin injections to individuals, is insulin always pre-measured by licensed, certified, or registered medical personnel?</p> <p>Explanation: Non-medical personnel are permitted to complete testing of blood levels.</p>
168(c)	Records	Is medications administration training of staff persons conducted by a Certified Trainer who has completed the Department's Medications Administration Course for Certified Trainers and is certified by the Department to train staff?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
168(c)	(Cont'd)	<p>All Certified Trainers of the Department's Medication Administration Course, including registered nurses, licensed practical nurses, and licensed physicians must have attended and passed the Department's Medication Administration Instructor Training Course prior to teaching the Medication Administration Course to agency staff.</p> <p>A Certified Trainer may train community home staff persons in the administration of medications. However, a Certified Trainer may not train other individuals to become Certified Trainers. A person, who has been certified as a Trainer and is employed by a private training center or community college, etc., may train individual staff individual staff persons in the administration of medications.</p> <p>It is acceptable for two Certified Trainers to jointly administer the Medications Administration Course, as long as both Certified Trainers are certified and sign-off on the Module Exam Data Summary Sheet and the Medications Training Verification Form.</p> <p>There is no regulatory requirement for trainers or staff persons administering medications to complete and pass the 1995 revised medications administration course, however retraining is being provided to all trainers by July 1, 1995. Trainers are being asked to review the changes to the medications manual with previously trained staff persons who administer medications. Since each staff person must complete and pass the Medications Administration Course Practicum summary (revised Practicum Summary must be used) each year, it will be necessary to retrain based on the revised course, if a person cannot pass the revised Practicum.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
168(d)	Records	<p>Does each staff person who administers prescription medications or insulin injections to individuals complete and pass the Medications Administration Course Practicum annually?</p> <p>Explanation: Completion of the practicum may be counted toward the 24 hour staff training requirement in 46(c) and 46(d).</p> <p>The practicum must be administered by a certified instructor.</p> <p>A percentage score of 90% or above, for each of the three test sections, is required in order for the staff person to continue to administer medications.</p> <p>No annual recertification is required for Certified Trainers unless they administer medications.</p>
168(e)	Records	<p>Is there documentation of the dates and locations of medications administration training for trainers and staff persons and copies of the annual practicum for staff persons?</p> <p>Explanation: Copies of the annual practicum must be kept in the files.</p>
169(a)(1)	Site Interview Records	<p>If an individual is considered capable of self-administration of medications, is the individual able to recognize and distinguish his or her medication?</p> <p>Explanation: The individual must be able to recognize and distinguish both the container and the medication (e.g. pill) itself from among other medications. Staff assistance to open</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
169(a)(2)	Site Interview Records	<p>the container and remove the medication is permitted. If an individual is considered capable of self administration of medications, does the individual know how much medication is to be taken?</p> <p>Explanation: The individual must be able to communicate the correct amount or pick up the correct amount of medications and administer the medication himself/herself.</p>
169(a)(3)	Site Interview Records	<p>If an individual is considered capable of self administration of medications, does the individual know when his or her medication is to be taken?</p> <p>Explanation: Staff cannot give oral prompts except for occasional reminders. The individual does not need to know the precise clock time for the medication.</p> <p>The individual may indicate when to take the medication by daily activities (after breakfast, before bedtime, etc.)</p>
169(b)	Site Interview Records	<p>If insulin is self-administered by an individual, is the insulin either measured by the individual or by licensed or certified medical personnel?</p>

NUTRITION

171	Site Interview	<p>Is food protected from contamination while being stored, prepared, transported and served?</p>
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
172	Site Records Interview	Are at least three meals a day available to the individuals?
173	Site Records Interview	<p>Does the quantity of food served for each individual meet minimum daily requirements as recommended by the United States Department of Agriculture, unless otherwise recommended in writing by a licensed physician?</p> <p>Explanation: Measure compliance with this regulations only if you believe the quantity of food serviced appears insufficient. If you think the quantity of food is not sufficient, measure the amounts of food serviced on one day and prepare a written summary of one day's total food allotment. This summary should be used to determine compliance with USDA requirements."</p>
174	Site Records Interview	<p>Does at least one meal each day contain at least one item from the dairy, protein, fruits and vegetables and grain food groups, unless otherwise recommended in writing by a licensed physician for individuals?</p> <p>Explanation: Record as non-compliance if all four food groups are not present in at least one meal during the day of your inspection.</p> <p style="padding-left: 40px;">- Food Groups - Examples: - Dairy - milk, milk products, cheese - Protein - meat, cheese, poultry, eggs, peanut butter, dried beans, peas, nuts - Fruit and vegetable - all fruits and vegetables - Grain - breads, cereals, pastas, crackers, rice.</p>
175	Site Interview	Are meals served at tables seating 12 or fewer people with additional portions available, unless prohibited by individuals needs?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
176	Site Interview	Is uneaten food from a person's dish ever served again or used in the preparation of other dishes?

DEVELOPMENT OF THE PLAN, UPDATES AND REVISIONS

181(a)	Assessment	<p>Does each individual have a written assessment within 1 year prior to or 60 calendar days after admission to the residential home, with an updated assessment annually thereafter?</p> <p>Explanation: A team meeting is not required to develop or conduct the assessment. The admission date is the individual's first day at the facility. Trial visits do not count as part of the 60 calendar days. If an individual is admitted to a facility operated by a new legal entity, a new assessment must be done. In the event of a merger or takeover where there is no significant change in program staff, services or location, documentation should support that the assessments were reviewed for accuracy to the current situation and if necessary, updated. If an individual moves from one home to another within the same agency, the assessment can be transferred with the individual. No new assessment is required. The Program Specialist under this chapter is required to ensure that assessments are completed prior to ISP meeting. (Initial, Annual, & Plan Revision). In order to meet the assessment regulation requirements, the specialist can use the format contained within the ISP or any other format to provide the required information, as long as it is provided prior to the meeting and is signed and dated by the Program Specialist. The Program Specialist can also attach other supporting documents as needed to provide all the</p>
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LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
181(a)	(Cont'd)	information required in this section. The Licensing representative should review the copies of the assessment information the Program Specialist provided to the SC/ Plan Lead to ensure that the information provided fulfills the requirements of this section. *If during the subsequent review of the ISP, the Program Specialist identifies errors or omissions, of this information in the completed ISP, the Program Specialist must document their communication with the SC/ Plan Lead to resolve these errors or omissions.
181(b)	Records	<p>When recommendations are made to revise a service or outcome in the ISP under 2380.186(c)(4), are assessments updated or completed?</p> <p>Explanation: The Program Specialist is not required to complete all portions of the assessment. The Program Specialist is responsible to coordinate the overall assessment to make sure all components are included and reflect the individual's current status, supporting the need for the recommended change in service or outcome.</p>
181(c)	Records	<p>Are the assessments based on assessment instruments, interviews, progress notes and observations?</p> <p>Explanation: The ISP is a document that is written collaboratively with the contributions and input of the planning team and incorporates information provided and services and supports as agreed upon during the plan meetings.</p>
181(d)	Records	Does the Program Specialist sign and date the assessment?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
181(e)		<p>THE ASSESSMENT SHALL INCLUDE THE FOLLOWING INFORMATION:</p> <p>Explanation: All items in 181(e)(1)-(15) must be in the assessment.</p> <p>Attachments to the assessment are permitted.</p>
181(e)(1)	Records	Does each assessment include functional strengths and needs of the individual?
181(e)(2)	Records	Does each assessment include the likes, dislikes and interest of the individual?
181(e)(3)(i)	Records	Does each assessment include the level of performance and progress in functional skills.
181(e)(3)(ii)	Records	Does each assessment include the level of performance and progress in communication?
181(e)(3)(iii)	Records	<p>Does each assessment include the level of performance and progress in personal adjustment?</p> <p>Explanation: Personal adjustment refers to the person's ability to successfully interact with peers, within the community and with support staff.</p>
181(e)(3)(iv)	Records	<p>Does each assessment include the level of performance and progress in meeting own personal needs activities with or without assistance from others?</p> <p>Explanation: Examples of personal needs activities include eating and personal hygiene.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
181(e)(3)(iv)	(Cont'd)	Consider during the review, if the assessment identifies where additional supports are needed, the supports, the services, and level of services identified and provided through the ISP? For example: if the individual requires 1:1 supports for specific areas, does the assessment support that need? The assessment may include support needs during a specific activity or for a specific length of time. The assessment must address the individual's needs both at home and in the community.
181(e)(4)	Records	<p>Does each assessment include the individual's need for supervision?</p> <p>Explanation: Consider during the review, if the assessment identifies where additional supervision is needed and if the services and level of services are identified and provided through the ISP? For example: if the individual requires 1:1 supports for specific areas, does the assessment support that need? The assessment may include support needs during a specific activity or for a specific length of time. The assessment must address the individual's needs both at home and in the community.</p>
181(e)(5)	Records	<p>Does each assessment include the individual's progress toward self-administration of medications if the individual is not able to self-administer medications?</p> <p>Explanation: For individuals for whom self-administration is not a foreseeable outcome, a statement explaining this is acceptable.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
181(e)(6)	Records	Does each assessment include the individual's ability to safely use or avoid poisonous materials. This regulation applies even if poisonous materials are kept locked or made inaccessible to individuals.
181(e)(7)	Records	Does each assessment include the individual's understanding of the danger of heat sources and ability to sense and move away from heat sources quickly. This regulation applies even if all heat sources exceeding 120°F within the facility are insulated.
181(e)(8)	Records	Does each assessment include the individual's ability to evacuate in the event of a fire?
181(e)(9)	Records	Does each assessment include the individual's disability, including functional and medical limitations? Explanation: This item of the assessment does not need to include documentation of the criteria used to complete the assessment.
181(e)(10)	Records	Does each assessment include a lifetime medical history? Explanation: Attempts must be made to compile a lifetime medical history. If medical information is not available, documentation of research attempts to acquire this information must be available. Once a history is completed, new significant medical information may be added to the original history each year.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
181(e)(11)	Records	<p>Does each assessment include the most recent psychological evaluation for the individual if applicable?</p> <p>Explanation: If a psychological evaluation was completed since the last assessment, then the assessment should be updated to reflect the current information</p>
181(e)(12)	Records	Does each assessment include recommendations for specific areas of training, programming and services?
181(e)(13)(i)	Records	Does the annual assessment include the individual's progress and growth in the area of health?
181(e)(13)(ii)	Records	Does the annual assessment include the individual's progress and growth in the areas of motor and communication skills?
181(e)(13)(iii)	Records	Does the annual assessment include the individual's progress and growth in the area of activities of residential living?
181(e)(13)(iv)	Records	<p>Does the annual assessment include the individual's progress and growth in the area of personal adjustment?</p> <p>This is a duplicate of 183(e)(3)(iii). Cite that regulation instead of this regulation.</p>
181(e)(13)(v)	Records	Does the annual assessment include the individual's progress and growth in the area of socialization?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
181(e)(13)(vi)	Records	Does the annual assessment include the individual's progress and growth in the area of recreation?
181(e)(13)(vii)	Records	Does the annual assessment include the individual's progress and growth in the area of financial independence?
181(e)(13)(viii)	Records	Does the annual assessment include the individual's ability to manage his or her own personal property?
181(e)(13)(ix)	Records	Does the annual assessment include the individual's ability to become integrated into his or her community?
181(e)(14)	Records	Does the annual assessment include the individual's knowledge of water safety and ability to swim? Explanation: This applies to all individuals and includes bathing and swimming (regardless of the current access to a pool or other swimming areas). This applies to the ability to temper water, including bath water.
181(f)	Records	Is there documentation that the individual and all plan team members were informed of the results of the assessment at least 30 calendar days prior to the ISP meeting, ISP Annual Update meeting or ISP Plan Revision?
182(a)	Records	Does each individual have only one current ISP that covers all licensed programs supporting the individual?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
182(a)	(Cont'd)	<p>Explanation: Any information required in the Annual ISP, ISP Update or Plan revision must be maintained or referenced in the ISP. This should not mean that all information must be recorded in the ISP, but that all information related to compliance must be identified, including references to other documents, i.e. assessments, used to support the plan and fulfill the requirements. If the individual is supported by more than one ODP licensed setting, the ISP must cover all services.</p>
182(b)	Records	Does the individual receive services through an SCO? If yes, 6400.182 (B) (1-2), (C) & (D) are not applicable.
182(b)(1)	Records	<p>Does the individual reside at a residential home licensed under this chapter? If yes, then is the Residential Program Specialist Is the Plan Lead?</p> <p>Explanation: When an individual is not receiving services through an SCO, the Residential Program Specialist shall be the Plan Lead. The Program Specialist, acting as the Plan Lead, will be responsible for all activities to develop, write, invite team members, and share the one ISP.</p> <p>Cite 6400.182(c) if the Program Specialist should be the Plan Lead, but is not fulfilling the role of Plan Lead.</p>
182(b)(2)	Records	Does the individual reside at a residential home licensed under this chapter? Does the individual attend a facility licensed under

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
182(b)(2)	(Cont'd)	<p>Chapter 2380 or 2390? If yes to both of these questions, the residential Program Specialist would be identified to fulfill the requirements of the Plan Lead.</p> <p>Explanation: When an individual is not receiving services through an SCO but resides in a residential home licensed under this chapter and attends a facility licensed under chapter 2380 or 2390, the Residential Program Specialist shall be the Plan Lead. The Program Specialist, acting as the Plan Lead, will be responsible for all activities to invite team members, coordinate the development and completion of the ISP and to share the completed ISP with the team members.</p> <p>Cite 6400.182(c) if the Program Specialist should be the Plan Lead, but is not fulfilling that role.</p>
182(c)	Records	<p>Is the Program Specialist fulfilling the role as the PlanLead?</p> <p>Explanation: The role and responsibilities of the Plan Lead are separate from the role of Program Specialist. The Program Specialist, acting as the Plan Lead is responsible for facilitating the development and implementation of the plan. Facilitation and implementation refers to the Plan Lead ensuring that the ISP process is completed as described under 6400.182 6400.186(f) and (g).</p> <p>The Plan Lead, acting in the role of the Program Specialist for the program they are licensed under;</p> <p style="padding-left: 40px;">- <u>IS</u> responsible for ensuring the supports and services are implemented as</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
182(c)	(Cont'd)	<p>described in the plan for the program they are licensed under.</p> <p>- <u>IS NOT</u> responsible for ensuring the supports and services are implemented as described in the plan for programs the individual participates in that are licensed under other chapters. This remains the responsibility of the Program Specialists that are licensed under those chapters.</p>
182(d)(1)	Records	<p>Is the Plan Lead ISP developed initially, updated annually and revised based upon the individual's current assessment as required under §§2380.181, 2390.151, 6400.181 and 6500.151 relating to assessments)?</p> <p>This applies only to ISPs developed by a Plan Lead.</p> <p>If the ISP was developed by an SCO, then cite 6400.44(b)(2).</p>
182(d)(2)	Records	<p>Does the Plan Lead develop ISPs for each individual based on the individual assessment within 90 calendar days of the individual's admission date.</p> <p>Explanation: An ISP is required for individuals who are retired. The ISP should include goal areas such as hobbies, community activities and individual interests. "ISPs developed based on the assessment" means that the assessment must be done prior to the ISP within 1 year prior to or within 90 days of admission date. The assessment and the ISP must be completed as two separate processes. The admission date is the date the individual moves into the home. Trial overnight visits do not count as part of the 90 calendar days. If an individual moves from one home to another home within the same agency. the ISP</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
182(d)(2)	(Cont'd)	<p>may be transferred with the individual and no new ISP is required unless conditions at the new home will cause the need to substantially change the program (e.g. new home is in area where individual will begin to use public transportation; ISP needs to be revised to include this new training area). If an individual who was in respite care receives residential services beyond the 31 occupancy day per calendar year respite care limit, the 31 days of respite care count as part of the 90 calendar days. Each day an individual receives respite care counts as 1day, even if days are not consecutive days. Only respite days within the same community home agency count as part of the 90 calendar</p>
182(d)(3)	Records	<p>Did the Plan Lead document the ISP on the Department designated form that is located in HCSIS or in the Department's web site?</p>
182(d)(4)	Records	<p>If the Program Specialist is fulfilling the role of Plan Lead, copies of the invitation sent to team members should be contained in the record. If the Program Specialist is not the Plan Lead, a copy of the invitation received from the Plan Lead or SC should be contained in the record.</p> <p>Explanation: Invitations are sent by the Plan Lead or the Supports Coordinator. The individual's record should contain copies of the invitations sent to plan team members. All Plan Team members have a responsibility to report to the Plan Lead or SC if the invitations sent out do not include all identified Plan Team members. During a licensing inspection the Department will request copies (or carbon copies) sent within the past year and identifying all invited Plan Team members. The Department does not mandate a time frame for agency record retention, except for</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
182(d)(5)	Records	retention of individual records as specified in §2380.175 (relating to record retention). Is there supporting documentation that copies of the plan, plan annual update and plan revision were sent as required under §6400.187 (relation to copies of the plan, plan annual update and plan revision)?

PLAN CONTENT

183	Records	Explanation: The ISP is a document that is written collaboratively with the contributions and input of the planning team and incorporates information provided and services and supports as agreed upon during the plan meetings. The Program Specialist role under this chapter and section is to ensure that the information contained in the ISP is accurate and reflects the services and supports provided by the program licensed under this chapter. The Licensing representative should review the ISP, ISP Annual Update and ISP Revision to ensure that the ISP includes and supports the services being provided. If a provided service or support is not included in the Plan, the Licensing representative should review the documentation to ensure the Program Specialist has communicated with the SC/ Plan Lead to resolve the errors or omissions. Monitoring compliance with the implementation of these services and actions is addressed in 6400.185 (a) & (b).
183(1)	Records	Does the ISP, ISP Annual Update and ISP Revision include services provided to the individual and expected outcomes chosen by the individual and the individual's ISP team?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
183(1)	(Cont'd)	<p>Explanation: The outcomes should be specific to the assessed needs of the individual; appropriate services to meet the health and safety aspects of those needs and the expressed or perceived desires of the individual are identified.</p>
183(2)	Records	<p>Are there services or supports specifically identified in the ISP, ISP Annual Update and ISP Revision to promote community involvement?</p> <p>Explanation: The services and support provided to an individual, must include, where appropriate, individualized activities specific to individual preferences and assessed needs that promote increased community involvement, participation, comfort, and independence. Answers the question, "What is it that the person wants to do and what is being done to help support and encourage this?" Community involvement shall not be limited to activities with other housemates or individuals with developmental disabilities but shall also support and encourage participation with peers who do not have a developmental disability. This is not intended to be a requirement for a specific outcome targeted to community integration, but that the supports and services provided through the ISP include support and encouragement for the individual to more fully participate in their community.</p>
183(3)	Records	<p>Does the ISP describe the current status of the individual, related to the outcome? Does the ISP describe how progress toward the outcome will be determined?</p> <p>Explanation: The method of evaluation should support the specific action step(s) identified in the ISP and the timeframes related</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
183(3)	(Cont'd)	to the expected outcome. Information regarding current status may be contained in the Outcome section of the ISP under "Relevant Assessments Linked to Outcome" or other areas of the ISP. Progress in an outcome can be contained in the "How will you know progress is being made towards this outcome" section of the ISP or other areas of the ISP.
183(4)	Records	<p>Does the individual's current assessment state that the individual may be without direct supervision? Does the individual's plan include an expected outcome which requires the achievement of a higher level of independence? If yes to either of these questions, the ISP, ISP Annual Update and ISP Revision must include a protocol and schedule outlining specified periods of time for the individual to be without direct supervision.</p> <p>Explanation: The protocol and schedule can be summarized in the ISP, ISP Annual Update and ISP Revision, but must identify where the detailed protocol and schedule can be located. This regulation includes supervision needs in the home, on the premises of the home and in the community. Direct supervision in the home means the staff person is in the home or on the premises of the home. This could mean in another room or outside in the yard when individual is inside, or vice versa. Direct supervision in the community means the staff person is at least within visual proximity of the individual and available to provide support as needed. The plan may specify a time period of any length or during a specific activity /activities.</p> <p>Individuals with enhanced supervision needs would also need a protocol and schedule</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
183(4)	(Cont'd)	<p>targeted to reduce need for this intensive level of staffing.</p> <p>The method of evaluation should support the specific action step(s) identified in the ISP and the timeframes related to the expected outcome. Information regarding current status may be contained in the assessment section (including reference assessments) or other areas of the ISP.</p>
183(5)	Records	<p>Does each ISP, ISP Annual Update and ISP Revision include information regarding a protocol to address the social, emotional and environmental needs of the individual, if a medication is prescribed to treat symptoms of a diagnosed psychiatric illness?</p> <p>Explanation: The Social, Emotional and Environmental Support Plan may be a hard copy that should be maintained in the individual's file. If a medication is prescribed to treat a diagnosed psychiatric illness, there should be a plan for Social, Emotional, and Environmental support. The ISP should include those who should be trained in the application of the Social, Emotional, Environmental Support Plan prior to working with the individual, the documentation requirements of the plan, and the job title responsible for collecting the information.</p>
183(6)	Records	<p>Does the ISP, ISP Annual Update and ISP Revision include the use of restrictive procedures? If so, does the ISP include information regarding the protocol for the use of these procedures, including information regarding their use and the underlying causes of the behavior that led to the use of restrictive procedures?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
183(6)	(Cont'd)	<p>Explanation: The ISP does not have a specific place or space to include all the information listed below. This information can be contained in a separate document but the location of the document must be identified in the ISP, ISP Annual Update and ISP Revision and that document must include the information required in sections (i) - (v), including a review of restraint data.</p>
183(6)(i)	Records	<p>Does the ISP include an assessment to determine the causes or antecedents of the behavior?</p> <p>Explanation: The assessment can be part of the annual assessment as required in 6400.181 or a separate assessment to determine cause or antecedent Information regarding the completion of these assessments should be included in the Psychosocial Information section of the ISP, ISP Annual Update and ISP Revision.</p>
183(6)(ii)	Records	<p>Does the ISP include information regarding the protocol for addressing the underlying causes or antecedents of the behavior?</p> <p>Explanation: The protocol should address all causes or antecedents identified through the assessment as required in 6400.183(6)(i).</p>
183(6)(iii)	Records	<p>Does the ISP include information regarding the method and timeline for eliminating the use of the restrictive procedure?</p>
183(6)(iv)	Records	<p>Does the ISP include information regarding the procedures for intervention or redirection without utilizing restrictive procedures?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
183(7)(i)	Records	Does the ISP, ISP Annual Update and ISP Revision include information regarding the assessment of the individual's potential to advance in residential independence?
183(7)(ii)	Records	Does the ISP, ISP Annual Update and ISP Revision include information regarding the assessment of the individual's potential to advance in community involvement?
183(7)(iii)	Records	Does the ISP, ISP Annual Update and ISP Revision include information regarding the assessment of the individual's potential to advance in their vocational programming?
183(7)(iv)	Records	Does the ISP, ISP Annual Update and ISP Revision include information regarding the assessment of the individual's potential to advance in their vocational programming toward Competitive Community-Integrated Employment?

PARTICIPATION IN PLAN DEVELOPMENT

184(a)	Records	<p>Does documentation support that the Team Members identified in 6400.184 (A)(1)(I) and 6400.184(A)(2)(I-II) as applicable, participated in the development of the ISP, ISP Annual Update and ISP Revisions?</p> <p>Explanation: Participation includes but is not limited to Supporting, collecting and sharing of information with other team members related to</p>
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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the development, implementation and
evaluation of the supports and services

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
184(a)	(Cont'd)	<p>identified in the ISP, ISP Annual Update, and ISP Revisions.</p> <p>Attendance and participation in the ISP, ISP Annual Update, and ISP Revision meetings.</p> <p>Maintaining ongoing communication with the ISP Team members, including the Supports Coordinator/ Plan Lead to evaluate the effectiveness of the ISP and revise the ISP as needed to support the Outcomes identified in the ISP.</p> <p>Documentation to support this requirement could include the ISP sign-in sheet, and communications with the other team members relative to the plan meeting.</p> <p>Documentation should include communication with the Plan Lead/SC identifying the absence of Plan Team members required under this section.</p>
184(a)(1)(i)	Records	Does the documentation support that the Plan Team includes the individual?
184(a)(1)(ii)	Records Interview	<p>Does the documentation support that the Plan Team includes a Program Specialist or Family Living Specialist as applicable from each provider delivering a service to the individual?</p> <p>Explanation: Every effort should be made for the identified Program Specialist/ Family Living Specialist to attend and participate in the ISP, ISP Annual Update, ISP revision meetings. In the event that the Program Specialist is unable to attend a specific ISP meeting, a proxy representative can be</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
184(a)(1)(ii)	(Cont'd)	<p>identified. The proxy representative must have the qualifications of a Program Specialist as specified in 6400.44(c). To ensure effective development of the ISP, ISP Annual Update, or ISP Revision:</p> <ul style="list-style-type: none"> - The proxy representative should have similar or greater decision making authority within the licensed facility. - Documentation should support the availability and review of relevant information with the proxy representative, so that he/she can properly represent the program.
184(a)(1)(iii)	Records Interview	<p>Does the Plan Team include a Direct Service Worker that works with the individual and any other person the individual invites?</p> <p>Explanation: Every effort should be made for the identified Direct Service Workers who work with the individual to attend and participate in the ISP, ISP Annual Update, ISP revision meetings.</p>
184(a)(1)(iv)	Records	Does the plan team include any other persons the individual choses to attend?
184(a)(2)(i)-(iii)	Records	<p>If the following have a role in the individual's life, were the following list of people given the opportunity to be included on the plan team?</p> <ul style="list-style-type: none"> (i) Medical, nursing, behavior management, speech, occupational or physical therapy specialists. (ii) Additional direct service workers who work with the individual from each provider delivering services to the individual.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
184(a)(2)(i)-(iii)	(Cont'd)	(iii) The individual's parent, guardian or advocate.
184(b)	Records Interview	<p>Are at least 3 ISP team members, in addition to the individual, if the individual chooses to attend, present for the ISP, ISP Annual Update and ISP revision meetings?</p> <p>Explanation: The Program Specialist for the program licensed under this chapter (as well as any Program Specialist from other programs the individual participates in that are licensed under Chapters 2380, 2390, 6400, & 6500 should attend the ISP meetings. The individual can choose to invite others to attend the meeting. The individual may choose not to attend their ISP meetings.</p>
184(c)	Records	<p>Do the ISP team members who attend the ISP, ISP Annual Update and ISP Revision meetings sign and date the ISP signature sheet?</p> <p>Explanation: Signature indicates attendance.</p>
185(a)	Records Interview	<p>Is there supporting documentation that the services identified in the ISP were implemented by the ISP's start date?</p> <p>Explanation: The ISP may indicate that some services may not start until some time after the ISP Start Date. In these cases, documentation should support that the service(s) were implemented by the start date of that specific service.</p>
185(b)	Records Interview	Is the ISP implemented as written?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
185(b)	(Cont'd)	<p>Explanation: Does the provider's documentation support that the services/ supports provided are in line with the services and supports identified in the ISP and within the service limits, as identified in the ISP? The provider is responsible for designing and implementing specific strategies, programs and/ or procedures to support the Outcome/ Action Steps identified in the ISP. These strategies, programs and/ or procedures are not included in the ISP but should support the Outcome and action plans that are identified in the ISP and linked to the specific service(s). This supplementary information is necessary to ensure appropriate service delivery and should reflect the assessed needs, identified measures of progress, and service limits identified in the ISP. Documentation should be kept to track the progress/ effectiveness of these procedures in supporting the Outcome and action plan. Based on progress (or lack of progress), the provider is able to adapt the procedures as necessary to meet the needs of the individual and to improve success and/or request an ISP Review if an adjustment/ revision to the ISP may be needed.</p> <p>The role of the Licensing is to review the implementation procedures and documentation of the provider to ensure implementation and demonstrated progress related to the Outcome and action steps.</p>
186(a)	Records	<p>Are the services and supports provided to the individual, relative to the ISP Outcomes linked to services provided to the individual by the program licensed under this chapter reviewed at least every 3 months by the Program Specialist? Are additional reviews held when the individual's needs change, impacting the services as specified in the current ISP are identified?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
186(a)	(Cont'd)	Explanation: Meetings with the entire team are not required to be held. The three month period starts from the date of the last review, therefore 4 reviews over the course of one year is a minimum standard. The ISP Annual Update and ISP the Revision meeting may count as a review as long as it is documented that the entire ISP is reviewed.
186(b)	Records	Is the ISP 3 month review signed by the Program Specialist and the individual?
186(c)(1)	Records	Does each review include the monthly documentation of the individual's participation and progress during the prior 3 months toward ISP outcomes that are supported by the services provided by the provider licensed under this chapter? Explanation: If progress is not noted for a significant period of time there should be documentation supporting either a revision to the method(s) used by the program to support the outcome and / or a recommendation to the SC/ Plan Lead if a revision or new outcome is needed for the ISP.
186(c)(2)	Records	Does each review include a review of each section of the ISP specific to the facility licensed under this chapter?
186(c)(3)	Records	Is there documentation of change in need, if applicable?
186(c)(4)(i)	Records	Is there supporting documentation that the Program Specialist made recommendations to the Supports Coordinator/ Plan Lead

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
186(c)(4)(i)	(Cont'd)	regarding the deletion of an Outcome or service, when needed?
186(c)(4)(ii)	Records	Is there supporting documentation that the Program Specialist made recommendations to the Supports Coordinator/ Plan Lead regarding the addition of an Outcome or service, when needed?
186(c)(4)(iii)	Records	Is there supporting documentation that the Program Specialist made recommendations to the Supports Coordinator/ Plan Lead regarding the modification of an Outcome or service, when needed?
186(c)(5)	Records	<p>Is there documentation to support that when the Program Specialist recommends a revision of a service or outcome that a revised assessment was completed?</p> <p>Explanation: This is not a requirement to complete an entire new assessment, but to review and revise (as appropriate) the existing assessments as required under 6400.181(b)</p>
186(d)	Records	<p>Is there documentation to support that the Program Specialist provided the ISP Review documentation and recommendations, if applicable to the SC/Plan Lead and Plan Team members within 30 days of the ISP Review meeting?</p> <p>Explanation: The documentation provided can be a summary of the data and information reviewed. If a recommendation to revise a service our outcome is made, the review information should support the recommendation.</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
186(e)	Records	<p>Is there documentation to support that the Program Specialist notified the Plan Team members of the option to decline the ISP Review documentation?</p> <p>Explanation: The Supports Coordinator/ Plan Lead cannot decline the ISP Review Documentation. A documented decline of the ISP Review Documentation remains in effect until/ unless the team member subsequently requests the ISP Review Documentation.</p>
186(f)	Records	<p>Is the Program Specialist acting as the Plan Lead? Was there a recommendation to revise a service or outcome in the ISP made? If yes to both, did the Program Specialist, acting as the Plan Lead send an invitation for an ISP Revision Meeting to the Plan team, with in 30 days of receipt of that recommendation?</p> <p>Explanation: The requirement only applies when the Program Specialist is acting as the Plan Lead as defined in §§ 2380.182(b) AND (c), 2390.152(b) AND (c), 6400.182(b) AND (c), 6500.152(b) AND (c).</p>
186(g)	Records	<p>Does the documentation support that the revised service or outcome in the ISP was implemented by the Outcome start date and as written?</p>
187	Records	<p>Is the Program Specialist acting as the Plan Lead? Is there documentation to support that the Program Specialist, acting as the Plan Lead, provided a copy of the ISP, including signature sheet, to the team members within 30 days after the ISP, ISP Annual Update and ISP Revision meetings?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
187	(Cont'd)	<p>Explanation: The requirement applies when the Program Specialist is acting as the Plan Lead as defined in §§ 2380.182(B) AND (C), 2390.152(B) AND (C), 6400.182(B) AND (C), 6500.152(B) AND (C). If the program specialist is not the Plan Lead and the ISP was not distributed within the 30 calendar days, documentation supporting the attempts of the Program Specialist to obtain a copy from the Plan Lead/SC should be reviewed.</p>
188(a)	Records	Does documentation support that the residential home provides opportunities and support to the individual for the acquisition, maintenance or improvement of functional skills, personal needs, communication and personal adjustment?
188(b)	Records	<p>Does documentation support that the facility provides opportunities and support to the individual for participation in community life, including volunteer or civic-minded opportunities and membership in national or local organizations?</p> <p>Explanation: The provider under this chapter would be expected to provide and document how they support and encourage the individual to participate and interact as part of the community, not just attend a community activity. Use of community volunteers and family participation as supports is encouraged.</p> <p>Activities need not specify a precise schedule or frequency. This is not intended to be a requirement for a specific outcome targeted to community integration, and should not be a substitute for activities facilitated by the licensed residential provider, but that the supports and services provided through the ISP by all ODP programs include and</p>

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188(b)	(Cont'd)	incorporate support and encouragement for the individual to more fully participate in their community.
188(c)		<p>Does the home or facility provide services as specified in the ISP?</p> <p>Explanation: Does the provider's documentation support that the services/ supports provided are in line with the services and supports identified in the ISP and within the service limits, as identified in the ISP? The provider is responsible for designing and implementing specific strategies, programs and/ or procedures to support the Outcome/ Action Steps identified in the ISP. These strategies, programs and/ or procedures are not included in the ISP but should support the Outcome and action plans that are identified in the ISP and linked to the specific service(s). This supplementary information is necessary to ensure appropriate service delivery and should reflect the assessed needs, identified measures of progress, and service limits identified in the ISP.</p> <p>Documentation should be kept to track the progress/ effectiveness of these procedures in supporting the Outcome and action plan. Based on progress (or lack of progress), the provider is able to adapt the procedures as necessary to meet the needs of the individual and to improve success and/or request an ISP Review if an adjustment/ revision to the ISP may be needed. A non-compliance in this area should be recorded in 6400.185(B).</p>
188(d)	Records Interview	Does the Residential home provide services that are age and functionally appropriate to individual?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
189(a)	Records	<p>Does documentation support that day services such as competitive community-based employment, education, vocational training, volunteering, civic-minded and other meaningful opportunities are provided to the individual?</p> <p>Explanation: For retirees' reference 6400.182(d)(2).</p>
189(b)		<p>Are day services provided at a location other than the residential home where the individual lives? If not, one of the following two conditions must be met to be in compliance.</p>
189(b)(1)		<p>If day services are provided in the residential home where the individual lives, is there written, annual documentation by a licensed physician that it is medically necessary to complete the day services at the residential home?</p> <p>Explanation: Documentation from a Certified Nurse Practitioner, working under the supervision of a physician is acceptable.</p>
189(b)(2)		<p>If day services are provided in the residential home where the individual lives and there is no written, annual documentation by a licensed physician that it is medically necessary to complete the day services at the residential home, is there written annual documentation by the plan team that it is in the best interest of the individual to complete day services at the residential home?</p> <p>Explanation: This documentation can be incorporated into the ISP or a separate</p>

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189(b)(2)	(Cont'd)	document but is needs to be supported by the information contained in the ISP.
190(a)(1)	Records	<p>Does the documentation support that recreational and social activities are \ provided in the home?</p> <p>Explanation: The provider under this chapter would be expected to provide and document how they support and encourage the individual to participate and interact as part of the community, not just attend a community activity. Use of community volunteers and family participation as supports is encouraged. Activities need not specify a precise schedule or frequency. Community involvement shall not be limited to activities with other housemates or individuals with developmental disabilities but shall also support and encourage participation with peers who do not have a developmental disability. This is not intended to be a requirement for a specific outcome targeted to community integration, but that the supports and services provided through the ISP include and incorporate support and encouragement for the individual to more fully participate in their community.</p>
190(a)(2)		<p>Does the documentation support that recreational and social activities, including volunteer or civic-minded opportunities and membership in national or local organization are provided away from the home?</p> <p>Explanation: The provider under this chapter would be expected to provide and document how they support and encourage the individual to participate and interact as part of the community, not just attend a community</p>

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190(a)(2)	(Cont'd)	activity. Use of community volunteers and family participation as supports is encouraged. Activities need not specify a precise schedule or frequency. Community involvement shall not be limited to activities with other housemates or individuals with developmental disabilities but shall also support and encourage participation with peers who do not have a developmental disability. This is not intended to be a requirement for a specific outcome targeted to community integration, but that the supports and services provided through the ISP include and incorporate support and encouragement for the individual to more fully participate in their community.
190(b)		Does the documentation support that time away from the residential home is not limited to time in school, work or vocational, developmental and volunteer facilities?
190(c)		Is the documentation of the recreational and social activities a part of the individual's record?

RESTRICTIVE PROCEDURES

192	Records	Is there a written policy that defines the prohibition or use of specific types of restrictive procedures, describes the circumstances in which restrictive procedures may be used, the persons who may authorize the use of restrictive procedures, a mechanism to monitor and control the use of restrictive procedures and a process for the individual and family to review the use of restrictive procedures at the home?
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(Cont'd)

Explanation: Record as non-compliance if any item is missing from the written policy. Specify the missing item on the L.I.S. Even if restrictive procedures are prohibited, there must be a policy defining restrictive procedures and clarifying that use of restrictive procedures is prohibited.

The regulations do not specify the persons who may authorize the use of restrictive procedures (restrictive procedure committee, CEO, behavior specialist, county case manager, etc.).

The regulations do not specify the type of mechanism required to monitor and control the use of restrictive procedures.

This does not require authorization for each use of restrictive procedures; only for the initial authorization of the procedure.

No specific review process for the individual and family is required.

A restrictive procedure is a practice that limits an individual's movement, activity or function; interferes with an individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behavior that he or she would not engage in given freedom of choice.

Examples of practices that are considered restrictive procedures:

- (1) Any practice that limits an individual's movement, activity, or function. Physical holds or prompts of an individual for any length of time during which an individual resists or objects to the physical

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192	(Cont'd)	<p>assistance. (This is a manual restraint if the hold exceeds 30 seconds.)</p> <p>Exclusion defined in 203(b). Manual restraints defined in 202(b).</p>
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NOTE: Use of physical prompts for daily activities for which the individual does not resist or object to the physical assistance is not considered a restrictive procedure.

- (1) Blocking access to a room, person, or activity. (If blocking access is used as a prompt or a teaching tool, it is not a restrictive procedure.)
 - Exclusion defined in 203(b).
 - Manual restraints defined in 202(b).
- (2) Any practice that interferes with an individual's ability to acquire positive reinforcement.

Ignoring an individual because of an inappropriate behavior (behavior may be an indication of a problem or a means of communication). Ignoring an inappropriate behavior but giving attention to the individual is not a restrictive procedure.

Directing an individual to stand or sit away from the group for any period of time (sometimes called contingent observation), if the individual resists or refuses. (If the individual willingly leaves the group or area following a positive suggestion or prompt, this is not a restrictive procedure.)

Removing an individual from a room, area or activity with staff person present with individual, if the individual resists or refuses. (If the individual willingly goes with the person following a suggestion, this is not a restrictive procedure.) Use of rewards to coerce an individual to comply with a request, or, rewards that are contingent upon "appropriate" behavior

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(Cont'd)

such as “if you eat your peas you may goto the movies”, “if you take your shower you may watch TV”, etc. (Giving a reward for displaying an appropriate behavior or engaging in tasks /activities is not a restrictive procedure as long as the reward is not contingent upon the behavior. If you say “if you take your shower now, you may stay up to watch the late show” that implies that the individual must take his /her shower in order to stay up and watch the late show (coercive). However, if after the individual takes his/her shower you say “it’s great you finished your shower; why don’t we watch the late show” that is not restrictive since coercion is not involved.)

If positive reinforcement is given following a single desired behavior or absence of a single undesired behavior, over a short period of time at a specified interval, this is not a minutes if no self-injurious behavior). If however positive reinforcement is given contingent on a cumulative total of intermittent positive reinforcers this *is* a restrictive procedure (e.g. star chart for entire day or week; if you earn 7 stars this week I will take you to the movies, etc.)

- Exclusion defined in 203(b).
- Manual restraints defined in 202(b).
- Mechanical restraints defined in 200{b).
- Chemical restraints defined in 199(b).

(3) Any practice that results in the loss of reinforcers, objects or activities that an individual values

Punishment for “inappropriate” behavior. (Punishment is defined by the perceptions and values of the individual.)

Token economies that objects or activities result in loss of objects or activities.

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192	(Cont'd)	<p>Withholding an activity from an individual because of an inappropriate” behavior such as “you hit Joe so you cannot go to the ball game’, you cannot watch your favorite TV show because you did not wash the dishes”, etc.</p> <ul style="list-style-type: none"> - Exclusion defined in 203(b). - Manual restraints defined in 202(b). - Mechanical restraints defined in 200(b). - Chemical restraints defined in <p>(4) Any practice that require an individual to engage in a behavior that he or she would not engage in given freedom of choice.</p> <p>Requiring an individual to engage in a behavior that he or she would not engage in given freedom of choice is a restrictive procedure if coercion and control is used and not training and persuasion. The distinction between a restrictive procedure and positive training is the issue of control. If coercive control is exercised over the individual’s life and choices, this is a restrictive procedure. (Examples: requiring an individual to take a shower, to go to work, clean his or her room, etc. if control or coercion is used.)</p> <p>Requiring an individual to not only restore the damages caused in a physical outburst but also clean the entire room (sometimes called restititional overcorrection).</p> <ul style="list-style-type: none"> - Exclusion defined in 203(b). - Manual restraints defined in 202(b). - Mechanical restraints defined in 200(b). - Chemical restraints defined in 199(b).
193(a)	Site Records Interview	Are restrictive procedures ever used as retribution, for as a substitute interferes with the convenience of staff persons, for program or in

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		a way that the individual's developmental program?
193(b)(1)	Site Records Interview	<p>For each incident requiring restrictive procedures was every attempt made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures?</p> <p>Explanation: These are the use of preventive measures procedure prior to use of any restrictive procedure.</p>
193(b)(2)	Site Records Interview	<p>For each incident requiring restrictive procedures was a restrictive procedure ever used before less restrictive techniques and resources appropriate to the behavior were tried but have failed?</p> <p>Explanation: This is a sequential process during which less restrictive techniques are tried before more restrictive techniques. Only less restrictive techniques and resources that might be appropriate for the individual and his/her behavior must have been tried.</p>
194(a)	Records	<p>If restrictive procedures are used, is there a restrictive procedure review committee?</p> <p>Explanation: A County restrictive procedure review committee is acceptable. If a manual restraint or exclusion is used on an unanticipated, emergency basis, 194(a)-(d) do not apply until after the manual restraint or exclusion is used for the same individual twice in a 6 month period.</p>
194(b)	Records	<p>Does the restrictive procedure review committee include a majority of persons who do not provide direct services to the individual?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
194(b)	(Cont'd)	<p>Explanation: There is no specific requirement on the minimum number of people on the committee, except that there must be at least three people in order to constitute a majority of persons who do not provide direct services to the individual.</p> <p>Direct care persons include the individual's direct service staff the individual's Program Specialist, the individual's program director and any other staff who are involved in or who may have influence on the implementation of the plan, or who have responsibility for the program of the individual. "Direct care" for purposes of 194(b) is not limited to "hands-on" service delivery.</p> <p>A case manager is not included as providing direct services.</p> <p>This applies each time the committee has a meeting that is required by the regulations. If committee meets for another purpose, it is not applicable.</p>
194(c)	Records	Does the restrictive procedure review committee establish a time frame for review and revision of the restrictive procedure plan, not to exceed 6 months between reviews?
194(d)	Records	Is there a written record of the meetings and activities of the restrictive procedure review committee?
195(a)	Records	For each individual for whom restrictive procedures may be used, is a restrictive procedure plan written prior to use or restrictive procedures?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
195(a)	(Cont'd)	<p>Explanation: If a manual restraint or exclusion is used on an unanticipated, emergency basis, 195 (a)-(g) do not apply until after the manual restraint or exclusion is used for the same individual twice in a 6 month period.</p>
195(b)	Records	<p>Is the restrictive procedure plan developed and revised with the participation of the Program Specialist, the individual's direct care staff, the interdisciplinary team as appropriate and other professionals as appropriate?</p> <p>Explanation: Refer to 122(c) for list of members of the interdisciplinary team. Note that the individual is a member of the team.</p>
195(c)	Records	<p>Is the restrictive procedure plan reviewed, and revised if necessary, according to the time frame established by the restrictive procedure review committee, not to exceed 6 months?</p>
195(d)	Records	<p>Is the restrictive procedure plan reviewed, approved, signed and dated by the chairperson of the restrictive procedure review committee and the Program Specialist, prior to the use of a restrictive procedure, whenever the restrictive procedure plan is revised and at least every 6 months?</p> <p>Explanation: The restrictive procedure committee review and approve the restrictive procedure plan prior to use of a restrictive procedure, whenever the plan is revised, <u>and</u> at least every 6 months.</p>
195(e)(1)	Records	<p>Does each restrictive procedure plan include the specific behavior or behaviors to be</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
		addressed and the suspected antecedent or reason for the behavior?
195(e)(2)	Records	Does each restrictive procedure plan include the behavioral outcome desired stated in measurable terms?
195(e)(3)	Records	Does each restrictive procedure plan include methods for modifying or eliminating the behavior such as changes in the individual's physical and social environment, changes in the individual's routine, improving communications, teaching skills and reinforcing appropriate behavior?
195(e)(4)	Records	<p>Does each restrictive procedure plan include the types of restrictive procedures that may be used and the circumstances under which the procedures may be used?</p> <p>Explanation: One plan can address multiple behaviors with multiple procedures. The procedure must be appropriate to the behavior. One procedure to address groups of similar behaviors (e.g. all physical outbursts - biting, kicking, hitting, breaking furniture, etc.) is acceptable. The procedure must specify each behavior that is being addressed (e.g. biting and kicking, refusal to take a shower and refusal to go to work, etc.).</p> <p>One procedure grouping all non-compliant behaviors (refusal to go to work, refusal to take a shower, etc.) is not acceptable.</p>
195(e)(5)	Records	Does each restrictive procedure plan include a target date for achieving the outcome?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
195(e)(6)	Records	Does each restrictive procedure plan include the amount of time the restrictive procedure may be applied, not to exceed the maximum time periods specified in these regulations?
195(e)(6)	(Cont'd)	<p>Explanation: This does not apply for positive reinforcement techniques.</p> <p>“Maximum time periods specified in these regulations” refers to 202(d) regarding manual restraint and 203(d) and (e) regarding exclusion.</p>
195(e)(7)	Records	Does each restrictive procedure plan include physical problems that require special attention during the use of restrictive procedures?
195(e)(8)	Records	<p>Does each restrictive procedure plan include name of the staff person responsible for monitoring and documenting progress with the plan?</p> <p>Explanation: The person responsible for monitoring and documenting progress can be a consultant if he or she is available on a regular basis.</p>
195(f)	Site Interview	<p>Is each restrictive procedure plan implemented as written?</p> <p>Explanation: If restrictive procedures are used, the inspector should select a sample of individuals for whom restrictive procedures are used. Measurement techniques include observing interactions, interviewing staff persons and interviewing individuals.</p>
195(g)	Records	Are copies of the restrictive procedure plan kept in the individual’s record?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
196(a)	Records Interview	<p>Explanation: This is a duplicate requirement with 213(8). If there is noncompliance cite 195(g), not 213(8). If restrictive procedures are used, is at least one staff person available when restrictive procedures are used who has completed training within the past 12 months in the use of and ethics of using restrictive procedures and the use of alternate positive approaches?</p> <p>Explanation: A trained staff person must be available at the home or on call at all times restrictive procedures are used. Training in a specific course is not required as long as the training includes the required components general training course in positive approaches is sufficient. The length and 196(a) source of the training is not regulated by the Department. This training can be counted toward the annual staff training requirement in 46(c) and 46(d).</p>
196(b)	Records Interview	<p>Are all staff persons responsible for developing, implementing or managing a restrictive procedure plan trained in the use of the specific techniques or procedures that are used.</p> <p>Explanation: Training must be specific to the type or types of restrictive procedures that are used. Training must be specific to the technique used and not to the individual; unless the technique varies significantly from individual to individual (e.g. individual has special needs during use of a manual restraint). The length and source of the training is not regulated by the Department. This training can be counted toward the annual staff training requirement in 46(c) and (d).</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
196(c)	Records	<p>If manual restraint or exclusion is used, did all staff persons responsible for developing, implementing, or managing a restrictive procedure plan experience use of the specific techniques or procedures directly on themselves.</p> <p>Explanation: Anyone who uses exclusion or manual restraints must have the techniques used on themselves prior to using the technique on an individual. Training must be specific to the technique used and not to the individual, unless the technique varies significantly from individual to individual (e.g. individual has special needs during use of a manual restraint). This training can be counted toward the annual staff training requirement in 46(c) and (d).</p>
196(c)	(Cont'd)	
196(d)	Records	<p>Is documentation of the training program provided including the staff trained, dates of training, description of training and training source kept?</p>
197	Site Records Interview	<p>Is seclusion ever used?</p> <p>Explanation: Seclusion is defined as placing an individual in a locked room. A locked room includes a room with any type of door locking device such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut. Even if a staff person remains with the individual, if the door is locked, it is seclusion.</p>
198	Site Records Interview	<p>Is aversive conditioning ever used?</p> <p>Explanation: Aversive conditioning is defined as the application, contingent upon the exhibition of a psychiatric illness, of startling,</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
		<p>painful or noxious stimuli. The use of startling stimuli includes techniques such as water misting, ringing a loud bell, and clapping, etc.</p>
199(b)	Records Interview Site	<p>Is a chemical restraint ever administered except for the administration of drugs ordered by a licensed physician on an emergency basis?</p> <p>Explanation: A chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of an individual.</p> <p>A drug ordered by a licensed physician as part of an ongoing program of medication is not a chemical restraint.</p> <p>A drug ordered by a licensed physician for a specific, time-limited stressful event or situation to assist the individual to control his or her own behavior, is not a chemical restraint.</p> <p>A drug ordered by a licensed physician as pre-treatment prior to medical or dental examination or treatment is not a chemical restraint.</p> <p>A drug self-administered by an individual is not a chemical restraint.</p>
199(c)(1)	Records	<p>If a chemical restraint is administered as specified in 199(b), does a licensed physician examine the individual and give a written order to administer the drug prior to each incidence of administering a drug on an emergency basis?</p>
199(c)(2)	Records	<p>If a chemical restraint is administered as specified in 199(b), does a licensed physician examine the individual and order</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
		re-administration of the drug prior to each re-administration of a drug on an emergency basis?
199(d)(1)	Records Interview Site	<p>If a chemical restraint specified in 199(c) are is the administered as individual's vital signs monitored at least once each hour?</p> <p>Explanation: As a guideline, vital signs should be monitored for the length of time specified in the physician's written orders.</p>
199(d)(2)	Records Interview Site	If a chemical restraint is administered as specified in 199(c), are physical needs of the individual met promptly?
199(e)	Records Interview Site	Is a Pro Re Nata (PRN) order for controlling acute, episodic behavior ever administered?
199(j)	Records	<p>If a drug is administered (a) as ordered by a licensed physician on an emergency basis, (b) as part of an ongoing program of medication, (c) for a specific-time limited stressful event or situation to assist the individual to control his or her own behavior, or (d) as pretreatment prior to medical or dental examination or treatment, is there training for the individual aimed at eliminating or reducing the need for the drug in the future?</p> <p>Explanation: This does not apply for drugs prescribed as treatment for a psychiatric illness.</p>
199(k)	Records	Is there documentation of compliance with 199(b)-(e)?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
200(b)	Site Records Interview	Is a mechanical restraint ever used except for use of helmets, mitts and muffs to prevent self injury on an interim basis not to exceed 3 months after an individual is admitted to the home?
200(b)	(Cont'd)	

Explanation: A mechanical restraint is to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body. Examples of mechanical restraints include anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices.

A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance or a device used for medical or surgical treatment.

Documentation is not needed if the mechanical restraint is clearly for body positioning or support (e.g. seatbelt on wheelchair used for individual with deteriorating bone structure). If it is not clear if a mechanical restraint is used for body positioning or as a mechanical restraint as defined in 200(a), medical documentation should be requested.

An example of a device used to provide support for body position or balance that is not considered a restraint is a wheelchair belt that is used for body positioning and support. Examples of devices used for post-surgical or post medical treatment that are restraints include arm boards used during an I.V. transfusion, sand bags used to limit movement after surgery, and devices used to prevent aggravation while an injury is healing.

Any physical device used for behavior control or to prevent self-injury is a mechanical

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
200(b)	(Cont'd)	restraint unless it is used as a protective device following surgery or medical treatment for a period of time specified by a physician. A helmet used for prevention of injury during severe seizure activity as recommended by a physician is not a mechanical restraint.
200(c)(1)	Site Records Interview	<p>If a mechanical restraint is used as specified in 200(b), does use of a mechanical restraint ever exceed 2 hours, unless a licensed physician examines the individual and gives written orders to continue use of the restraint?</p> <p>Explanation: Reexamination and new orders by a licensed physician are required for each 2 hour period the restraint is continued. If a restraint is removed for any purpose other than for movement and reused within 24 hours after the initial use of the restraint, it is considered continuation of the initial restraint.</p>
200(c)(2)	Site Records Interview	If a mechanical restraint is used as specified in 200(b), is a licensed physician notified immediately after a mechanical restraint is used?
200(c)(3)	Site Records Interview	If a mechanical restraint is used as specified in 200{b), is the restraint checked for proper fit by staff persons at least every 15 minutes?
200(c)(4)	Site Records Interview	If a mechanical restraint is used as specified in 200(b), are physical needs of the individual met promptly?
200(c)(5)	Site Records	If a mechanical restraint is used as specified in 200{b), is the restraint removed completely for

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
200(c)(6)	Interview Site Records Interview	at least 10 minutes during every 2 hours the restraint is used, unless the individual is sleeping? If a mechanical restraint is used as specified in 200(b), is there training for the individual aimed at eliminating or reducing the need for the restraint in the future?
200(c)(7)	Records	Is there documentation of compliance with 200(b) and 200(c)(1)-(6)?
201(a)	Site Records Interview	Is an individual's personal funds or property or property ever used as reward or punishment? Explanation: This does not prohibit an individual from agreeing to use his/her own funds or property as a reward in a self-teaching program.
201(b)	Site Records Interview	Is an individual's personal funds or property ever used as payment for damages, unless the individual consents to make restitution for the damages? Explanation: This does not prohibit an individual from using his or her own funds or property as payment for damages if the individual consents to make restitution in this manner. However, a home cannot take an individual's money or property as restitution if the individual does not consent. Consent is required for each occasion; "blanket" consent is not acceptable. A written record of the consent should be kept. The home, agency or staff persons cannot enforce house rules. The individual must consent to each incident of restitution.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
201(b)	(Cont'd)	<p>A legal guardian may give consent for the individual. A representative payee may give consent for the individual for those funds (e.g. 8S1) over which the representative payee has authority. If the representative payee is the agency, the representative payee may not give consent for, the individual.</p> <p>Note: This regulation and explanation is consistent with recent Federal interpretation governing Intermediate Care Facilities for the Mentally Retarded and 2176 Waiver Programs.</p>
202(b)	Site Records Interview	<p>Are manual restraints used only when necessary to protect the individual from injuring himself (herself) or others?</p> <p>Explanation: A manual restraint is a physical hands-on technique that last more than 30 seconds, used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body such as basket holds and prone or supine containment.</p> <p>Manual restraints cannot be used to prevent property damage unless the individual's action is likely to result in injury to the individual or others.</p>
202(c)	Site Records Interview	<p>Are manual restraints used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from injuring himself (herself) or others?</p>
202(d)	Site Records Interview	<p>Is an individual released from the manual restraint within the time specified in the restrictive procedure plan not to exceed 30 minutes within any 2 hour period?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
202(d)	(Cont'd)	Explanation: The time period specified in the restrictive procedure plan applies; the time period in the plan may not exceed a total of 30 minutes within any 2 hour period. The 30 minute time period is a cumulative time within any 2 hour period; there is no limit on the number of times a manual restraint can be applied within any 2 hour period.
203(b)	Site Records Interview	Is exclusion used only when necessary to protect the individual from injuring himself /herself or others. Explanation: Exclusion is the removal of an individual from his or her immediate environment and restricting him or her alone to a room or area, during which the individual resists or refuses. If an individual willingly goes to another room after a positive suggestion or prompt, this is not exclusion. If a staff person remains with the individual it is not exclusion; however, this is still a restrictive procedure if the individual resists or refuses.
203(c)	Site	Is exclusion used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from injuring himself /herself or others.
203(d)	Site Records Interview	Is an individual permitted to return to routine activity within the time specified in the restrictive procedure plan not to exceed 60 minutes within any 2 hour period?
203(e)	Site Records	Is exclusion ever used for an individual more than 4 times within any 24 hour period?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
	Interview	
203(f)	Site Records Interview	Is an individual in exclusion monitored continually by a staff person?
203(g)	Site	Does the room or area used for exclusion have at least 40 square feet of indoor floor space, with a minimum ceiling height of 7 feet?
203(h)	Site	Does the room or area used for exclusion have an open door or a window for staff observation of the individual?
203(i)	Site	Is the room or area used for exclusion well lighted and ventilated?
205	Records	<p>Is there a record of each use of a restrictive procedure documenting the specific “behavior addressed, methods of intervention used to address the behavior, the date and time the restrictive procedure was used, the specific procedures followed, the staff person who used the restrictive procedure, duration of the restrictive procedure {if applicable}, the staff person who observed the individual if exclusion was used and the individual’s condition following the removal of the restrictive procedure in the individual’s record?</p> <p>Explanation: This documentation is required for each incidence or use of a restrictive procedure.</p> <p>This is a duplicate requirement with 213(9). If there is noncompliance cite 205, not 213(9).</p>
206	Records	Is there documentation that the individual’s day

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
206	(Cont'd)	<p>service facility was sent copies of the restrictive procedure plan and revisions of the plan?</p> <p>Explanation: For purposes of 206, day service facility means licensed adult training facilities and vocational facilities only. Prior to sending copies of the plan, consent is required in accordance with 217. If consent is not given, the plan cannot be sent, and non-compliance should not be cited.</p>

INDIVIDUAL RECORDS

211(a)	Site	Is emergency information for individuals easily accessible at the home?
211(b)(1)	Site	Does emergency information for each individual include the name, address, telephone number and relationship of a designated person to be contacted in case of an emergency?
211(b)(2)	Site	Does emergency information for each individual include the name, address and telephone number of the individual's physician or source of health care.
211(b)(3)	Site	Does emergency information for each individual include the name, address and telephone number of the person able to give consent for emergency medical treatment, if applicable.
211(b)(4)	Site	Does emergency information for each individual include a copy of the individual's most recent annual physical examination.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
212(a)	Records	Is there a separate record for each individual?
212(b)	Records	<p>Are entries in an individual's record legible, dated and signed by the person making the entry?</p> <p>Explanation: Initials by the person making the entry are acceptable; actual signature is not required.</p>
213(1)		<p>Explanation: "Record" in section 6400.213 (1) -(14) refers to the physical or electronic file maintained by the provider (excluding HCSIS) and that the provider identifies as their primary record for the individual based on information contained in that record.</p>
213(1)(i)	Records	Does each individual's record include personal information including: name, sex, admission date, birth date and social security number.
213(1)(ii)	Records	Does each individual's record include personal information including: race, height, weight, color of hair, color of eyes and identifying marks.
213(1)(iii)	Records	Does each individual's record include personal information including: Language or means of communication spoken or understood by individual and the primary language used in the individual's natural home, if other than English.
213(1)(iv)	Records	Does each individual's record include personal information including religious affiliation ?
213(1)(v)	Records	Does each individual's record include personal information including next of kin ?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
213(1)(vi)	Records	<p>Does each individual's record include personal information including, a current, dated photograph?</p> <p>Explanation: A photograph is considered current as long as the photograph still looks like the individual. As an individual's physical appearance changes new photographs are required. New photographs may be needed each year, particularly for children, or every five years for an individual whose appearance is relatively unchanged.</p>
213(2)	Records	Does each individual's record include copies of unusual incident reports relating to the individual?
213(3)	Records	Does each individual's record include copies of physical examinations?
213(4)	Records	Does each individual's record include copies of dental examinations?
213(5)	Records	Does each individual's record include copies of a dental hygiene plan?
213(6)	Records	Does each individual's record include copies of completed assessments as required under 6400.181?
213(7)(i)	Records	Does each individual's record include copies of the invitation to the initial ISP meeting?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
213(7)(ii)	Records	Does each individual's record include copies of the invitation to the Annual ISP Update meeting?
213(7)(iii)	Records	Does each individual's record include copies of the invitation to the ISP revision meeting?
213(8)(i)	Records	Does each individual's record include signed and completed copies of the signature sheet for the initial ISP meeting?
213(8)(ii)	Records	Does each individual's record include signed and completed copies of the signature sheet for the ISP annual update meeting?
213(8)(iii)	Records	Does each individual's record include signed and completed copies of the signature sheet for the ISP plan revision meeting?
213(9)	Records	Does each individual's record include a copy of the individual's current ISP?
213(10)(i)	Records	Does each individual's record include ISP signature sheets?
213(10)(ii)	Records	Does each individual's record include recommendations to revise the ISP? Explanation: If at any point, including during a review of the ISP the Family Living Specialist identifies a need to revise the ISP, they need to notify the Plan Lead /SC of that need. Written documentation of that communication needs to be kept in the individual's record.
213(10)(iii)	Records	Does each individual's record include current ISP revisions?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
213(10)(iii)	(Cont'd)	<p>Explanation: If a recommendation to revise the ISP is made and results in a decision to revise the ISP, is there documentation that the meeting was held (8)(iii) and that a copy of the revised ISP is in the record.</p>
213(10)(iv)	Records	Does each individual's record include notices that the ISP team member may decline the ISP review documentation?
213(10)(v)	Records	<p>Does each individual's record include requests from the ISP team member(s) to not receive the ISP review documentation?</p> <p>Explanation: This request is not expected annually, once the request is made, it remains valid until the ISP team member indicates otherwise.</p>
213(11)	Records	<p>Does each individual's record include documentation of any identified discrepancy in the ISP or ISP revision?</p> <p>Explanation: If there was content discrepancy identified in the ISP, is there documentation that the discrepancy was communicated to the Plan Lead or SC.</p>
213(12)	Records	<p>Does each individual's record include a restrictive procedure protocol, if applicable?</p> <p>Explanation: The protocol needs to be current to the individual as described in the ISP.</p>
213(13)	Records	Does each individual's record include copies of psychological evaluations, if applicable?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
213(13)	(Cont'd)	Explanation: If a recommendation for a psychological evaluation is recorded or in the ISP.
213(14)	Records	Does each individual's record include documentation of recreational and social activities provided to the individual? Explanation: The recreational and social activities should include the preferred activities as identified in the ISP.
214(a)	Records	Are the most current copies of record information required in 213(3) I (5), (7),(8) and (9) kept at the home?
214(b)	Records	Are the most current copies of records required in 213(2)-(14) kept at the residential home?
214(c)	Records	Is record information required in 213(2), (4) and 6) kept at the home or the administrative office?
215(a)	Records	Is information in the individual's record kept for at least 4 years or until any audit or litigation is resolved?
215(b)	Records	Are individual records kept for at least 4 years following the individual's departure or until any audit or litigation is resolved.
216(a)	Site	Are individual records kept locked when unattended?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
216(b)	Interview	<p>Does the individual, and the individual’s parent, guardian or advocate, have access to the records and to information in the records?</p> <p>Explanation: If the interdisciplinary team documents that disclosure of specific information constitutes a substantial detriment to the individual or that disclosure of specific information will reveal the identity of another individual or breach the confidentiality of persons who have provided information upon an agreement to maintain their confidentiality, that specific information identified may be withheld.</p> <p>The individual, and the individual’s parent, guardian or advocate, may be excluded from the team making this decision to withhold information if appropriate. This is necessary to protect the individual from (a) disclosing information that may be detrimental to the individual, or (b) disclosing information that the individual does not want disclosed. If the individual, individual’s parent, guardian, or advocate is on the team making the decision, they obviously will have access to that information.</p> <p>Advocates, with the exception of representatives from Pennsylvania Protection and Advocacy, do not have access to records without thindividual’sconsent. For information about access to records by Pennsylvania Protection and Advocacy, refer to OMR Bulletin #00-94-19, issued.</p>
217	Interview Records	<p>Is written consent of the individual, or the individual’s parent or guardian if the individual is 17 years of age or younger or legally incompetent, obtained for the release of information, including photographs, to</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
217	(Cont'd)	<p>persons not otherwise authorized to receive it?</p> <p>Explanation: Advocates, with the exception of representatives from Pennsylvania Protection and Advocacy, do not have access to records without the individual's consent.</p> <p>For information about access to records by Pennsylvania Protection and Advocacy, refer to OMR Bulletin #00-94-19, issued August 22, 1994 titled "Site Visits and Access to Records by Pennsylvania Protection and Advocacy, Inc."</p> <p>New written consent is required for each separate incidence of release, except for persons authorized by law or regulation to access information.</p> <p>In accordance with 55 Pa. Code 54210.122, county mental retardation program and base service unit staffs have access to the individual's record without written consent.</p>

HOMES SERVING NINE OR MORE INDIVIDUALS

NOTE: Items 232 -245 apply to homes serving nine or more individuals. These provisions are in addition to the other provisions of these regulations.

232	Site Records	Are staff persons counted in the ratio as specified in 45(b) always awake?
233	Interview Records	If the home is not connected to a public sewer system, is there a written sanitation approval for their sewage system by the sewage enforcement official of the municipality in which the home is located?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
233	(Cont'd)	<p>Explanation: Only initial approval of the sewage system is required. No subsequent approvals are required by these regulations. If the inspector suspects problems with the sewage system, the inspector should notify the Department of Environmental Resources in writing of the suspected problem.</p>
234	Site	<p>Is there a sufficient amount of living and furniture, excluding furniture in to seat all the individuals at the same</p> <p>Explanation: The combined amount of living and recreation furniture must be sufficient to seat all individuals at the same time. All seating does not need to be in the same room. Wheelchairs count as furniture if the individual is unable to use other furniture.</p>
235	Site	<p>If the home serves individuals who are non-ambulatory in a multi-storied building, is there an elevator or a ramp between each floor?</p> <p>Explanation: Non-ambulatory means unable to walk without assistance from another person or a physical device (wheelchair, etc.). Non-ambulatory includes infants and children who are unable to walk without assistance.</p> <p>Only interior ramps are acceptable. If all individuals who are non-ambulatory have bedrooms on the ground floor and have no programmatic need to access above the ground floor, this requirement does not apply.</p>
236	Site	<p>Are written emergency evacuation procedures as specified in 103 and an evacuation diagram specifying directions for egress in the event of an emergency, posted in a conspicuous place?</p>

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
237(a)	Site	Are there signs bearing the word "EXIT" in plain legible letters placed at each exits?
237(b)	Site	If the exit or way to reach the exit is not immediately visible to the individuals, is access to each exit marked with readily visible signs indicating the direction of travel?
237(c)	Site	Are exit sign letters at least 6 inches in height with the principal strokes of letters not less than 3/4 inch wide?
238(a)	Site	Is there a laundry area which is separate from the kitchen and other living areas?
238(b)	Site Interview	Does the laundry area have an entrance that that does not require transportation of soiled linen through food preparation and food storage areas or, is soiled linen covered while being transported through food preparation and food storage areas?
239(a)	Site	Is there a dining area available to accommodate the maximum number of individuals scheduled for meals at anyone time?
239(b)	Site	Does each dining table seat no more than 12 individuals?
240(a)	Site	Are utensils used for eating, drinking, preparation and serving of food or drink washed, sanitized and rinsed after each use by a mechanical dishwasher or by a method approved by the Department of Environmental Resources?

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
240	(Cont'd)	Explanation: Use of compartment sinks that are used in compliance with sanitation standards of the Department of Environmental Resources are acceptable.
240(b)	Site Interview	Do mechanical dishwashers use hot water temperatures exceeding 140°F in the wash cycle and 180°F in the final rinse cycle or are dishwashers of a chemical sanitizing type approved by the National Sanitation Foundation? Explanation: To measure the dish temperature, check the temperature gauge on dishwasher or the hot water heater.
240(c)	Site Interview	Are mechanical dishwashers operated in accordance with the manufacturer's instructions?
241(a)	Site	Is all food stored in covered containers? Explanation: This includes all food in the refrigerator as well as on shelves and in cabinets. This does not apply to food kept by individuals in their rooms as long as food is kept properly sealed.
241(b)	Site	Is food kept at the proper temperature? Explanation: Cold food must be kept at or below 45°F. Hot food must be kept at or above 140°F. Frozen food must be kept at or below 0°F. Thermometers should be used to measure the temperatures.

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
242	Site Interview	Is food returned from dining tables or individual plates ever served again or used in preparation of other food dishes?
243(b)	Site	Are menus accessible to individuals at least one day prior to the menu date?
243(c)	Interview	Are changes to menus accessible to individuals in advance of the meal?
243(d)	Site Interview	Are written menus and changes to menus followed?
243(e)	Records	Are written menus retained for at least 3 months?
244	Site	Are individual bedrooms no more than 200 feet from a bathtub or shower and a toilet? Explanation: Distance should be measured from the center of bedroom door to the center of the bathroom door.
245(b)	Site	If the home serves nine through 14 individuals 18 months of age or older, are there at least two bathtubs or showers and at least two toilets? Explanation: If the home serves nine through 14 individuals, 82(a) does not apply.
245(c)	Site	If the home serves 15 or more individuals 18 months of age or older, except those homes previously licensed under the Departmental publication entitled "Residential Mental Retardation Facilities Subject to Licensing"

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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
245(c)	(Cont'd)	<p>issued as section 5100 on April 1, 1967, is there at least one bathtub or shower for every 15 individuals and at least one toilet for every eight individuals? If the home was licensed prior to March 15, 1982 under the Departmental publication entitled "Residential Mental Retardation Facilities Subject to Licensing" issued as section 5100 on April 1, 1967, and serves 15 or more individuals, is there at least one bathtub or shower for every 20 individuals and at least one toilet for every 10 individuals?</p> <p>Explanation: If the home serves 15 or more individuals, 82(b) does not apply.</p>

245(d)	Site	<p>If the home serves one or more individuals who are 18 months of age or older and who have physical disabilities does at least one bathtub or shower and at least one toilet for every eight individuals who have physical disabilities have assist bars or lifts? If eight or fewer individuals who have physical disabilities are served, is there at least one bathtub or shower and at least one toilet equipped with assist bars or lifts?</p> <p>Explanation: If the home serves nine or more individuals 82(c) does not apply.</p>
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EMERGENCY PLACEMENT

251(b)	Records	<p>If an emergency placement of an individual occurs, is there a physical examination for the individual as specified in 141 within 31 calendar days after placement?</p>
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REGULATION NUMBER	INSPECTION SOURCE	REGULATION
251(b)	(Cont'd)	<p>Explanation: Emergency placement is placement prior to which 2 weeks or less notice is given to the home.</p> <p>All other requirements in these regulations apply for emergency placements.</p>

RESPIRE CARE

The following section of this instrument applies only if respite care is provided. This section applies in addition to all other sections of the instrument.

Respite care is temporary community home care not to exceed 31 occupancy days for an individual in a calendar year. The 31 days applies to the individual and not the home. If any individual receives care for more than 31 days per calendar year, it is no longer considered respite care, whether services are received in one home or several homes.

A calendar year is January 1st through December 31st of any year.

Emergency respite care is respite care placement for which 2 weeks or less notice is given to the home.

If an individual receives respite care, the following sections do not apply for that individual:

- Indoor Living Space -78
- Individual Bedrooms -81(g) and 81(h)
- Assessment -121
- ISP -122-127
- Dental Care -142
- Content of Records -213(4), 213(5), 213(7) and 213(8)

There are no exceptions to the requirements regarding fire drills and fire safety training. Fire drills must be held when individuals are present at the home. If no individuals are receiving respite care in the home for any month, no fire drill is required for that month.

Training requirements that are specific to the home must be provided for each home. If one home is used on several occasions throughout a year, 1 one annual training is sufficient.

**COMMUNITY LIVING HOMES
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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If an individual receives emergency respite care, the following sections do not apply for that individual.

- Indoor Living Space -78
- Individual Bedrooms -81(g) and 81(h)
- Assessment -121
- ISP -122-127
- Individual Physical Examination -141 (also 211Cb)(4))
- Dental Care -142
- Content of Records -213(3)-(8)

SEMI-INDEPENDENT LIVING

The following section of this instrument applies if all individuals in the home or separate wing or floor of the home have semi-independent living abilities. The semi.-independent wing or floor must be clearly separate from other portions of the home. This section applies in addition to all other sections of this instrument.

271(1)	Records Interview	Is each individual in semi-independent living capable of evacuating the entire building or to a fire safe area designated in writing within the past year by the local fire department, without assistance from another person, within 2 ½ minutes or within the period of time specified in writing within the past year by the local fire department?
271(2)	Records Interview	Does each individual in semi-independent living require only intermittent training to maintain basic daily living skills in the areas of hygiene, cooking, cleaning, eating, nutrition, money management, use of telephone, understanding the concept of time, communication, socialization, self protection, first aid, fire safety, sexuality, community mobility, general safety and emergency procedures?

**COMMUNITY LIVING HOMES
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
271(2)	(Cont'd)	Explanation: Intermittent training is training that is necessary to maintain daily living skills, occurring at undesignated intervals, as a result of individual need. Staff assistance to improve or enhance basic daily living skills is permitted in semi-independent living.
271(3)	Records	Is each individual in semi-independent living 18 years of age or older?
272	Records	Is there annual written documentation of each individual's semi-independent living abilities based on an assessment of the individual's skills in each of the areas specified in 271 signed and dated by the Program Specialist?
274(a)	Records Interview	Is there at least one staff member available while individuals are at home? Explanation: This staff person need not be physically present at the home.
274(b)	Records	Are individuals instructed upon initial admission and reinstructed annually in the use of fire extinguishers, smoke detectors and fire alarms and to notify the local fire department as soon as possible after a fire is discovered? Explanation: This applies in addition to the requirements in 113(a).

The following sections do not apply if all individuals in the home or separate wing or floor of the home have semi-independent living abilities:

- Staffing -45
- Poisons -62(a) and 62(b)
- Source of Heat -63

**COMMUNITY LIVING HOMES
LICENSING INSPECTION INSTRUMENT**

REGULATION NUMBER	INSPECTION SOURCE	REGULATION
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Hot Water -68(b)
Plan for Supervision -125(6)
Storage of Medications -161(b) and 161Cc)
The Location of Unusual Incident Policies -18(b)
The Location of Restrictive Procedure Policies -192

Explanation: For 18(b) and 192, only the portions related to location of the policies in the home are non applicable. There must still be policies at the agency office. If the home is a semi-independent living home, the items listed above should be recorded as not applicable on the score sheet. For 112(b), staff persons should come into the home to set off the smoke detector, but staff persons may not give oral prompts or physical assistance during the drill.