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IDAPA 16 TITLE 03 CHAPTER 19

16.03.19 - RULES GOVERNING CERTIFIED FAMILY HOMES

000. LEGAL AUTHORITY.

The Idaho Board of Health and Welfare is authorized under Sections 56-1005 and 39-3505, Idaho Code, to adopt and enforce rules and standards for Certified Family Homes. The Department is authorized under Sections 56-264 and 56-1007, Idaho Code, to adopt and develop application and certification criteria, and to charge and collect application and certification fees. (3-21-12)

001. TITLE, SCOPE, AND EXCEPTIONS.

01. Title. These rules are cited as IDAPA 16.03.19, “Rules Governing Certified Family Homes.”

(4-11-06)

02. Scope. These rules set the minimum standards and administrative requirements for any home that is paid to care for an adult living in the home, when the adult is elderly or has a developmental disability, mental illness, or physical disability, and needs assistance with activities of daily living. (4-11-06)

03. Exceptions to These Rules. These rules do not apply to the following: (4-11-06)

a. Any home that provides only housing, meals, transportation, housekeeping or recreational and social activities. (4-11-06)

b. Any health facility defined by Title 39, Chapter 13, Idaho Code. (4-11-06)

c. Any residential care or assisted living facility defined by Title 39, Chapter 33, Idaho Code. (4-11-06)

d. Any arrangement for care in a relative's home that is not compensated through a federal or state program. (4-11-06)

e. Any home approved by the department of veterans affairs as a medical foster home in which a caregiver provides long-term primary health care only to veteran residents with serious chronic disease and disability who are not Medicaid recipients. Homes that provide care to nonveterans as well as veterans shall not be exempt.

04. State Certification to Supersede Local Regulation. These rules will supersede any program of any political subdivision of the state which certifies or sets standards for certified family homes. These rules do not supersede any other local regulations. (4-11-06)

002. WRITTEN INTERPRETATIONS.

There are no written interpretations for this chapter of rule. (4-11-06)

003. ADMINISTRATIVE APPEALS.

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All contested cases are governed by the provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (4-11-06)

004. INCORPORATION BY REFERENCE.

The Americans with Disabilities Act Accessibility Guidelines, 28 CFR Part 36, Appendix A to Part 36 - Standards for Accessible Design, is incorporated by reference. The internet website is <http://www.ada.gov/regs2010/ADAregs2010.htm> . (4-11-06)

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- INTERNET WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the State of Idaho. (4-11-06)

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho, 83720-0036. (4-11-06)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho, 83702. (4-11-06)

04. Telephone. The telephone number for the business office is (208) 334-5500. (4-11-06)

05. Internet Website. The Department Internet website is www.healthandwelfare.idaho.gov . (4-11-06)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS.

01. Confidential Records. The use or disclosure of information related to Department client records covered by these rules must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records," and federal Public Law 103-209. (4-11-06)

02. Public Records. The Department of Health and Welfare will comply with Sections 9-337 through 9-350, Idaho Code, when requests for examining and copying public records are made. Unless otherwise exempted, all public records in the custody of the Department of Health and Welfare are subject to disclosure. (4-11-06)

007. -- 008. (RESERVED)

009. MANDATORY CRIMINAL HISTORY CHECK REQUIREMENTS.

01. Compliance with Department Criminal History Check. The provider and all adults living in the home are required to comply with IDAPA 16.05.06, "Criminal History and Background Checks." **The mandatory Criminal History Background Checks must be specific to the Certified Family Home program.** The resident is exempt from criminal history check requirements. (4-11-06)

02. When Certification Can Be Granted. The provider must have a completed criminal history check, including clearance, prior to certification. Any other adult living in the home must complete a self-declaration form, must be fingerprinted, and must not have any designated crimes listed in IDAPA 16.05.06, "Criminal History and Background Checks." (4-11-06)

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03. New Adults in the Home After Certification Is Granted. A new adult who plans to live in the home must complete a self-declaration form, must be fingerprinted, and must not have any designated crimes listed in IDAPA 16.05.06, “Criminal History and Background Checks,” before moving into the home. Any adult who is a visitor in the home and leaves within thirty (30) days is not required to have a criminal history check but must not have unsupervised contact with the resident. (4-11-06)

04. Minor Child Turns Eighteen. A minor child turning eighteen (18) and living in the home must complete a self-declaration form, must be fingerprinted, and must not have disclosed any designated crimes listed in IDAPA 16.05.06, “Criminal History and Background Checks,” within thirty (30) days following the month of his eighteenth birthday. (4-11-06)

05. Substitute Caregiver. A substitute caregiver must complete a self-declaration form, be fingerprinted, and must not have disclosed any designated crimes listed in IDAPA 16.05.06, “Criminal History and Background Checks,” prior to any unsupervised contact with the resident. **The mandatory Criminal History Background Checks must be specific to the Certified Family Home program.** (4-11-06)

06. Additional Criminal Convictions. Once criminal history clearances have been received, the provider must immediately report to the Department any additional criminal convictions for himself, any other adult living in the home or a substitute caregiver. (4-11-06)

07. Notice of Pending Investigations or Charges. Once criminal history clearances have been received, the provider must immediately report to the Department when he, any other adult living in the home, or a substitute caregiver is charged with or under investigation for abuse, neglect or exploitation of any vulnerable adult or child, criminal charges, or when an adult protection or child protection complaint is substantiated. (4-11-06)

010. DEFINITIONS.

01. Abuse. A non-accidental act of sexual, physical or mental mistreatment or injury of the resident through the action or inaction of another individual. (4-11-06)

02. Activities of Daily Living. The performance of basic self-care activities in meeting an individual's needs to sustain him in a daily living environment, including bathing, washing, dressing, toileting, grooming, eating, communicating, continence, managing money, mobility, and associated tasks. (4-11-06)

03. Adult. A person who has attained the age of eighteen (18) years. (4-11-06)

04. Alternate Caregiver. A certified family home provider approved by the Department to care for a resident ~~from~~ in another certified family home for up to thirty (30) consecutive days when the original provider is temporarily absent or unable to care for the resident. (4-11-06)

05. Assessment. The conclusions reached using uniform criteria developed by the Department and relevant councils for determining a person's need for care and services. (4-11-06)

06. Certificate. A permit issued by the Department to operate a certified family home. (4-11-06)

07. Certified Family Home. A home certified by the Department to provide care to one (1) or two (2) adults, who are unable to reside in his own **home** and require help with activities of daily living, protection and security, and need encouragement toward independence. (4-11-06)

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- 08. Certified Family Home Care Provider.** The adult ~~member~~ owner or primary renter of the certified family home living in the home who is responsible for providing care to the resident. The certified family home care provider is referred to as “the provider” in this chapter of rules. (4-11-06)
- 09. Chemical Restraint.** The use of any medication that results or is intended to result in the modification of behavior. (4-11-06)
- 10. Criminal Offense.** Any crime as defined in Section 18-111, Idaho Code, in 18 U.S.C. Section 4A1.2 (o), and 18 U.S.C. Sections 1001 through 1027. (4-11-06)
- 11. Department.** The Idaho Department of Health and Welfare. (4-11-06)
- 12. Director.** The Director of the Idaho Department of Health and Welfare or his designee. (4-11-06)
- 13. Exploitation.** The misuse of a vulnerable adult's funds, property, or resources by another person for profit or advantage. (4-11-06)
- 14. Immediate Jeopardy.** An immediate or substantial danger to a resident. (4-11-06)
- 15. Inadequate Care.** Inadequate care occurs when a certified family home fails to provide the services required to meet the terms of the negotiated plan of service or provide for room, board, activities of daily living, supervision, first aid, assistance and monitoring of medications, emergency intervention, coordination of outside services, or a safe living environment; or engages in violations of residents’ rights or takes residents who have been admitted in violation of section 39-3507, Idaho Code.
- 16. Incidental Supervision.** Supervision provided by an ~~individual~~ adult approved by the provider to supervise the resident, not to exceed four (4) hours per week. (4-11-06)
- 17. Level of Care.** A categorical assessment of the resident's functional ability and the degree of care required in the areas of activities of daily living, supervision, response to emergency situation, mobility, medications and behavior management. (4-11-06)
- 18. Neglect.** The failure to provide food, clothing, shelter or medical care to sustain the life and health of a resident. (4-11-06)
- 19. Negotiated Service Agreement.** The agreement between the resident ~~and~~ or his representative, if applicable, and the home based on the assessment, physician's orders, if any, admission records, and desires of the resident, that outlines services to be provided and the obligations of the home and the resident. (4-11-06)
- 20. Owner.** Any recognized legal entity, governmental unit, or person having legal ownership of the certified family home as a business operation. (4-11-06)
- 21. Plan of Service.** The generic term used in these rules to refer to the Negotiated Service Agreement, Personal Care Plan, Plan of Care, Individual Support Plan or any other comprehensive service plan. (4-11-06)

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22. PRN. A medication or treatment ordered by a medical professional to an individual allowing the medication or treatment to be given as needed. (4-11-06)

23. Relative. A person related by birth, adoption, or marriage to the first degree and grandparent and grandchild. (4-11-06)

24. Resident. An adult who lives in a Certified Family Home and requires supervision and one (1) or more of the following services: protection, assistance with decision-making and activities of daily living, or direction toward self-care skills. (4-11-06)

25. Substitute Caregiver. An ~~adult individual~~ approved by the provider to provide care, ~~services~~ and supervision to the resident in the provider's certified family home for up to thirty (30) consecutive days. (4-11-06)

011. -- 099. (RESERVED)

100. CERTIFICATION REQUIREMENTS.

Certification is required in order to operate a certified family home in the State of Idaho. The Department will issue a certificate to a home when all certification requirements are met. (4-11-06)

01. Certificate Issued in the Name of Provider. The certificate is issued in the name of the provider applying for certification, and only to the address of the home stated in the application. A new certificate is required if the provider or the location of the certified family home changes. (4-11-06)

02. Accessibility to the Home. The home, physical premises, and all records required under these rules, must be accessible at all times to the Department for the purposes of inspection, with or without prior notification. (4-11-06)

03. Number of Residents in the Home. A home cannot be certified for more than two (2) residents. An exception may be granted by the Department as described in Section 140 of these rules. (4-11-06)

04. Certification Limitations. (4-11-06)

a. A home cannot be certified if it also provides room or board to any person who is not a resident as defined by these rules or a family member. A waiver may be granted by the Department when the individual receiving room or board is the spouse of the resident and does not require certified family home care or any higher level of care; (4-11-06)

b. A home cannot be certified as a certified family home and a child foster home at the same time. (4-11-06)

c. A certified family home provider may not be the guardian of any resident unless the ~~guardian provider~~ is a parent, child, sibling, or grandparent of the resident. (4-7-11)

d. A certified family home provider may not be absent from the certified family home for more than 30 consecutive days if they have an admitted resident.

05. Certification Study Required. Following receipt of an acceptable application and other required documents, the Department will begin a certification study ~~within thirty (30) days~~. The certification study, along with the application and other required material, will serve as the basis for issuing or denying a certificate. The study will include the following: (4-11-06)

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- a. A review of all material submitted; (4-11-06)
- b. A scheduled home inspection; (4-11-06)
- c. An interview with the proposed provider; (4-11-06)
- d. An interview with provider's family, if necessary; (4-11-06)
- e. A review of the number, age, and sex of children or other adults in the home to evaluate the appropriateness of a placement to meet the needs of the resident; (4-11-06)
- f. A medical or psychological examination of the provider or family members, if the Department determines it is necessary; and (4-11-06)
- g. Other information necessary to verify that the home is in compliance with these rules. (4-11-06)

06. Provider Training Requirements. As a condition of initial certification, all providers must receive training in the following areas: (4-11-06)

- a. Resident rights; (4-11-06)
- b. Certification in first aid and **adult** Cardio-Pulmonary Resuscitation (CPR), which must be kept current **and must include hands on skills training**; (4-11-06)
- c. Emergency procedures; (4-11-06)
- d. Fire safety, fire extinguishers, and smoke alarms; (4-11-06)
- e. Completion of approved "Assistance with Medications" course **or Department-approved Basic Medication Awareness course for Certified Family Homes**; and (4-11-06)
- f. Complaint investigations and inspection procedures. (4-11-06)

07. Effect of Previous Revocation or Denial of Certificate or License. The Department is not required to consider the application of any applicant who has had a health care certificate or license denied or revoked until five (5) years have elapsed from the date of denial or revocation according to Section 39-3525, Idaho Code. (4-11-06)

101. APPLICATION FOR CERTIFICATION.

The applicant must apply for certification on forms provided by the Department, pay the application fee, and provide information required by the Department. (3-21-12)

01. Completed and Signed Application. A completed application form signed by the applicant. (4-11-06)

02. Statement to Comply. A written statement that the applicant has thoroughly read and reviewed this chapter and is prepared to comply with all of its provisions. (4-11-06)

03. Criminal History and Background Clearance. Satisfactory evidence that the applicant and all adults living in the home are of reputable and responsible character, including a criminal history clearance as provided in Section 009 of these rules. (4-11-06)

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04. Statement Disclosing Revocation or Disciplinary Actions. A written statement that discloses any revocation or other disciplinary action taken or in the process of being taken against the applicant as a care provider in Idaho or any other jurisdiction, or a statement from the applicant stating he has never been involved in any such action. ~~The Department will not review an application of an applicant who has had a certificate or license denied or revoked. The Department will review an application after five (5) years have elapsed from the date of certificate or license denial or revocation.~~ (4-11-06)

05. Electrical Inspection. A current statement from a licensed electrician or the local/state electrical inspector that all wiring in the home complies with applicable local code. (4-11-06)

06. Environmental Sanitation Inspection. If the home is not on a municipal water supply or sewage disposal system, a current statement is needed from the local environmental health agency that the water supply and sewage disposal system meet the legal standards. If the local environmental health agency cannot provide this information, the home must obtain to that effect. In addition, the applicant must provide a signed statement that the water supply and sewage disposal system are in good working order. (4-11-06)

07. Proof of Insurance. Proof of homeowner's or renter's insurance on the home and the resident's belongings. For continued certification, insurance must be kept current. (4-11-06)

08. List of Individuals Living in the Home. A list of all individuals living in the home at the time of application and his relationship to the applicant. (4-11-06)

09. Payment of Application Fee. Payment of the application fee required in Section 109 of these rules. (3-21-12)

10. Other Information as Requested. Other information that may be requested by the Department for the proper administration and enforcement of the provisions of this chapter. (4-11-06)

11. Termination of Application Process. Failure of the applicant to cooperate with the Department in the application process will result in the termination of the application process. Failure to cooperate means that the information described in Section 101 of these rules is not provided in a timely manner, or not provided ~~in~~ on the form requested by the Department, or both. (4-11-06)

102. -- 108. (RESERVED)

109. APPLICATION AND CERTIFICATION FEES FOR CERTIFIED FAMILY HOMES.

01. Application Fee Amount. A provider is required to pay to the Department at the time of application a one-time non-refundable application fee of ~~one hundred fifty (\$150)~~ **one hundred seventy-five (\$175)** dollars. (3-21-12)

02. Certification Fees. A provider is required to pay to the Department a certification fee of ~~twenty five~~ **thirty (\$30)** dollars per month. This amount will be billed to the provider quarterly, and is due and payable within thirty (30) days of date of the invoice. Failure of the provider to pay certification fees when due may cause the Department to take enforcement action described in Section 913 of these rules. (3-21-12)

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03. Basic Medication Awareness Fees. Certified Family Home providers may elect to take a Department-approved Basic Medication Awareness course, at an additional cost of sixty (\$60) dollars, in lieu of the “Assistance with Medications” course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing.

110. ISSUANCE OF CERTIFICATE.

01. Certificate. A certificate is valid for no more than twelve (12) months from the date of approval. The certificate will expire at the end of the stated period unless it is continued in effect by the Department as provided in Subsection 110.03.c. of these rules. (4-11-06)

- a. The initial certificate requires a home inspection by the Department. (4-11-06)
- b. The certificate is valid only for the location and person named in the application and is not transferable or assignable; (4-11-06)
- c. The certificate must be available at the home on request. (4-11-06)

02. Provisional Certificate. A provisional certificate may be issued to a home that is not in substantial compliance with these rules if the deficiencies do not adversely affect the health or safety of the resident. (4-11-06)

- a. Provisional certificates may be issued for up to six (6) months and are contingent on an approved plan to correct all deficiencies prior to expiration of the provisional certificate. (4-11-06)
- b. A provisional certificate may be replaced with a **full** certificate when the Department has revisited the home prior to the expiration of the provisional certificate and has determined that the home qualifies for a certificate. (4-11-06)
- c. A home will not be issued more than one (1) provisional certificate in any twelve (12) month period. (4-11-06)

03. Renewal of Certificate. To renew the certificate, the provider must submit a written request on a form provided by the Department. The completed renewal application form and any required documentation must be returned to the Department at least thirty (30) days prior to the expiration of the existing certificate. (4-11-06)

- a. A home inspection is required the year after the initial home certification study and at least every twenty-four (24) months thereafter. (4-11-06)
- b. If the Department determines a home inspection is not required to renew the certificate, the provider must submit the renewal application and copies of the following documentation to renew the certificate: (4-11-06)
 - i. Current first aid and **adult** CPR cards; (4-11-06)
 - ii. Furnace, well, and fireplace inspection reports, **and septic inspection or pumping receipt** as applicable; (4-11-06)
 - iii. Annual fire extinguisher inspection reports or sales receipts for fire extinguishers less than twelve (12) months old. **Fire extinguisher must be an ABC type and at least 5 pounds or larger;** (4-11-06).

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- iv. Fire log of smoke detector checks, fire extinguisher checks, and fire drill and evacuation summaries; (4-11-06)
 - v. Training logs; (4-11-06)
 - vi. List of individuals currently living in the home and individuals who moved in and out of the home during the year; (4-11-06)
 - vii. **Proof of home ownership or lease agreement;** (4-11-06)
 - viii. Proof of home owner's or renter's insurance.
 - ix. Request for waiver or renewal of waiver and meets the requirements in Section 120 of these rules; and (4-11-06)
 - ix. Other information as requested by the Department. (4-11-06)
- c. The existing certificate, unless suspended or revoked, remains valid until the Department has acted on the application renewal when the renewal application and supporting documentation is filed in a timely manner. (4-11-06)

04. Change of Ownership Certification Requirements. Certificates are not transferable from one (1) individual to another or from one (1) location to another. **The Department must be notified prior to a move.** The home must be recertified using the same procedure as a new home that has never been certified when a change of ownership, lease, or location occurs. (4-11-06)

05. Denial of Certificate. The Department may deny the issuance of a certificate when conditions exist that endanger the health, safety, or welfare of any resident or when the home is not in substantial compliance with these rules. Additional causes for denial of a certificate include the following: (4-11-06)

- a. The applicant or provider has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a certificate; (4-11-06)
- b. The applicant or provider has been convicted of fraud, gross negligence, abuse, assault, battery or exploitation; (4-11-06)
- c. The applicant has been convicted of a criminal offense within the past five (5) years, other than a minor traffic violation or similar minor offense; (4-11-06)
- d. The applicant or provider has been denied or has had revoked any health facility, residential care or assisted living facility license, or certified family home certificate; (4-11-06)
- e. The applicant or provider has been ~~convicted~~ **found to be** ~~of~~ operating a health facility, residential care or assisted living facility, or certified family home without a license or certificate; (4-11-06)
- f. A court has ordered that the applicant or provider must not operate a health facility, residential care or assisted living facility, or certified family home; (4-11-06)
- g. The applicant or provider is listed on the statewide Child Abuse Registry, Adult Protection Registry, Sexual Offender Registry, or Medicaid exclusion lists; or (4-11-06)

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h. The applicant or provider is directly under the control or influence of any person who is described in Subsections 110.05.a. through 110.05.g. of these rules. (4-11-06)

06. Revocation of Certificate. The Department may revoke any certificate when conditions exist which endanger the health, safety, or welfare of any resident, or when the home is not in substantial compliance with these rules as described in Section 913 of these rules. (4-11-06)

07. Procedure for Appeal of Denial or Revocation of a Certificate. (4-11-06)

a. Immediately upon denial of any application for a certificate, or revocation of a certificate, the Department will notify the applicant or provider in writing by certified mail or by personal service of its decision, the reason for its decision, and how to appeal the decision. (4-11-06)

b. The appeal is subject to the hearing provisions in IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (4-11-06)

08. Family Home Operating Without a Certificate. A person found to be operating a family home without first obtaining a certificate may be referred for criminal prosecution. Upon discovery of a family home operating without a certificate, the Department will refer residents to the appropriate placement or adult protective services agency if: (4-11-06)

a. There is an immediate threat to any resident's health and safety; or (4-11-06)

b. The home does not cooperate with the Department to apply for certification, meet certification standards and obtain a valid certificate. (4-11-06)

111. CERTIFICATE CLOSURE.

The provider must notify the Department in writing of his desire to voluntarily close his Certified Family Home. This must include the planned closure date and the discharge plan for current residents.

~~112.~~ -- 114. (RESERVED)

115. REQUIRED ONGOING TRAINING.

All providers must document a minimum of eight (8) hours per year of ongoing, relevant training in the provision of supervision, services, and care **specific to the resident needs.**

01. The training must consist of at least four (4) hours of classroom training. The remaining four (4) hours may be independent study or classroom training. Two (2) hours of **classroom training for** ongoing first aid or **adult CPR** will count toward the eight (8) hour requirement. **Adult CPR must include hands on skills training.**

02. The initial provider training required in Subsection 100.06 of these rules will count toward the first year's eight (8) hour training requirement. (4-11-06)

03. **Training must be specific to the resident's condition and diagnosis.**

~~116.~~ -- 119. (RESERVED)

120. WAIVERS.

The Department may grant waivers. The decision to grant a waiver in one (1) home is not a precedent or applicable to any other home. (4-11-06)

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01. Written Request. A written request for a waiver must be submitted to the Department. The request must include the following: (4-11-06)

- a. Reference to the section of the rules for which the waiver is requested; (4-11-06)
- b. Reasons that show good cause why the waiver should be granted, including any extenuating circumstances and any compensating factors or conditions that may have bearing on the waiver, ~~such as additional floor space or additional staffing~~; (4-11-06)
- c. Written documentation that assures resident health and safety will not be jeopardized if the waiver is granted. (4-11-06)

02. Waiver Expiration. A temporary waiver may be granted for a period of no more than twelve (12) months. A permanent waiver of a specific standard may be granted at the discretion of the Department provided that good cause is shown for such a waiver and provided that a waiver of the standard does not endanger the health or safety of any resident. (4-11-06)

03. Waiver Renewal. If the provider wishes to renew a temporary waiver, ~~he~~ the provider must submit a written request to the Department. The appropriateness of renewing a waiver will be determined by the Department. (4-11-06)

04. Waiver Not Transferable. A waiver granted under Section 120 is not transferable to any other provider, address, or resident. (4-11-06)

121. -- 129. (RESERVED)

130. NURSING FACILITY LEVEL OF CARE WAIVER REQUIREMENTS.

A home may care for one (1) resident who requires nursing facility level of care without obtaining a waiver. A home seeking to provide care to two (2) residents who require nursing facility level of care must request a waiver in writing from the Department as required in Section 39-3554, Idaho Code. (4-11-06)

01. Conditions for a Waiver. The Department will issue a written waiver permitting the arrangement when: (4-11-06)

- a. Each of the residents provides a written statement to the Department requesting the arrangement; (4-11-06)
- b. Each of the residents making the request is competent, informed, and has not been coerced; (4-11-06)
- c. The Department finds the arrangement safe and effective. (4-11-06)

02. Revoking a Waiver. The Department will revoke the waiver when: (4-11-06)

- a. There is a threat to the life or safety of either resident; (4-11-06)
- b. One (1) of the residents leaves the home permanently; (4-11-06)

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c. One (1) of the residents notifies the Department in writing that he does not wish to live in the home with the other resident; or (4-11-06)

d. The Department finds the arrangement is no longer safe and effective. (4-11-06)

03. Waiver Not Transferable. A waiver granted under Section 130 is not transferable to any other provider, address, or resident. (4-11-06)

131. -- 139. (RESERVED)

140. EXCEPTION TO THE TWO RESIDENT LIMIT.

01. Application for Exception. A home may apply to the Department for an exception to the two (2) resident limit to care for three (3) or four (4) residents. (4-11-06)

02. Criteria for Determination. The Department will determine if safe and appropriate care can be provided based on resident needs. The Department will consider, at a minimum, the following factors in making its determination: (4-11-06)

a. Each current or prospective resident's physical, mental and behavioral status and history; (4-11-06)

b. The household composition including the number of adults, children and other family members requiring care from the provider; (4-11-06)

c. The training, education, and experience of the provider to meet each resident's needs; (4-11-06)

d. Potential barriers that might limit resident safe access to and exit from the rooms in the home; (4-11-06)

e. The number and qualifications of care givers in the home; (4-11-06)

f. The desires of the prospective and current residents; (4-11-06)

g. The individual and collective hours of care needed by the residents; (4-11-06)

h. The physical layout of the home and the square footage available to meet the needs of all persons living in the home; and (4-11-06)

i. If an exception to the two (2) resident limit would result in two (2) or more residents who require nursing facility level of care living in the home, then the application must also include the information required in Section 130 of these rules. (4-11-06)

03. Other Employment. Providers of three (3) or four (4) bed homes must not have other gainful employment unless: (4-11-06)

a. The total direct care time for all residents, as reflected by the plan of service and assessments, does not exceed eight (8) hours per day; (4-11-06)

b. The provider is immediately available to meet resident needs as they arise; and (4-11-06)

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c. Each resident is supervised at all times unless the assessment or plan of service indicates the resident may be left unattended for designated periods of time. (4-11-06)

04. Additional Training. Providers of three (3) or four (4) bed homes must obtain additional training to meet the needs of the residents as determined necessary by the Department **and in accordance with section 115 of these rules. An addition of four (4) hours of training is required for each additional resident.** (4-11-06)

05. Exception Nontransferable. An exception to care for more than two (2) residents will not be transferable to another provider, address, or resident. (4-11-06)

06. Reassessment of Exception. An exception to care for more than two (2) residents must be reassessed at least annually and when either of the following occurs: (4-11-06)

a. Each time a new admission is considered; or (4-11-06)

b. When there is a significant change in any of the factors specified in Subsection 140.02 of these rules. (4-11-06)

07. Annual Home Inspection. A home with an exception to care for more than two (2) residents must have a home inspection at least annually. (4-11-06)

08. Shared Sleeping Rooms. In addition to the requirements in Section 700 of these rules, no more than two (2) residents will be housed in any multi-bed sleeping room. (4-11-06)

09. No emergency placement can be accepted without prior approval from the Certified Family Home program.

141. -- 149. (RESERVED)

150. INSPECTIONS OF HOMES.

The Department will inspect certified family homes at least every twenty-four (24) months, beginning with the first month of the most recent certification. Inspections may occur more frequently as the Department deems necessary. The Department may consider the results of previous inspections, history of compliance with rules, and complaints to determine the frequency of inspections. (4-11-06)

01. Notice of Inspection. All inspections **and investigations**, except for the initial certification study, may be made unannounced and without prior notice. (4-11-06)

02. Inspection by Department or Its Agent. The Department may use the services of any **legally** qualified person or organization, either public or private, to examine and inspect any home requesting certification. (4-11-06)

03. Access by Inspector. An inspector must have full access and authority to examine quality of care and services delivery; resident records; records including any records or documents pertaining to any financial transactions between residents and the home; resident accounts; physical premises, including the condition of the home, grounds and equipment; food service; water supply; sanitation; maintenance; housekeeping practices; and any other areas necessary to determine compliance with these rules and standards. (4-11-06)

a. An inspector has the authority to interview the provider, any adults living in the home, the resident and the resident's family, **substitute caregivers, persons who provide incidental**

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supervision, and any other person who is familiar with the home or its operation. Interviews with residents will be confidential and conducted privately unless otherwise specified by the resident. (4-11-06)

b. The inspector has full authority to inspect the entire home, accompanied by the provider or other adult, including personal living quarters of family members living in the home, to check for inappropriate storage of combustibles, faulty wiring, or other conditions that may have a direct impact on the operation of the certified family home. (4-11-06)

~~04. Written Report. Following any investigation or inspection, the Department will provide a written report to the provider of the home within thirty (30) days. The report will include the findings of the investigation or inspection. (4-11-06)~~

~~0504. Plan of Correction.~~ If deficiencies are identified during the ~~investigation or~~ inspection, the home will be sent a statement of deficiencies, which requires a plan of correction. (4-11-06)

a. Depending on the severity of the deficiency, the home may be given up to fourteen (14) calendar days to develop a written plan of correction and to return the plan of correction to the Department. (4-11-06)

b. An acceptable plan of correction must include how the deficiency was corrected or how it will be corrected, what steps have been taken to assure that the deficiency does not recur, and acceptable time frames for correction of the deficiency. (4-11-06)

c. Follow-up inspections may be conducted to determine whether corrections to deficiencies are being made according to time frames established in the **approved** plan of correction. (4-11-06)

d. The Department may provide consulting services to a home, upon request, to assist in identifying and correcting deficiencies and upgrading the quality of care. (4-11-06)

151. -- 159. (RESERVED)

160. COMPLAINT PROCEDURE.

Any person who believes that any rule has been violated by a home may file a complaint with the Department. ~~at the address listed in Section 005 of these rules or at the Department's Regional Office.~~ (4-11-06)

01. Investigation. The Department will investigate any complaint alleging a violation of these rules. **Investigations may be made unannounced and without prior notice.** Any complaint involving the abuse, neglect, or exploitation of an adult must also be referred to adult protective services in accordance with the Adult Abuse, Neglect, and Exploitation Act, Section 39-5303, Idaho Code. (4-11-06)

02. Investigation Method. The nature of the complaint will determine the method used to investigate the complaint. On-site investigations at the home may be unannounced. (4-11-06)

03. Statement of Deficiencies. If violations of these rules are identified, depending on the severity, the Department may send the home a statement of deficiencies. The home must **prepare complete and sign** a plan of correction as described in Subsection 150.05 of these rules; and return it to the Department within the time frame designated by the Department. (4-11-06)

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04. Public Disclosure. Information received by the Department through filed reports, inspection, or as otherwise authorized under the law, must not be disclosed publicly in such a manner as to identify individual residents except in a proceeding involving a question of certification. (4-11-06)

05. List of Deficiencies. A current list of deficiencies including plans of correction will be available to the public upon request in the individual homes or by written request to the Department. (4-11-06)

161. -- 169. (RESERVED)

170. ELEMENTS OF CARE.

As a condition of certification, the home must provide **adequate care to include the provision of services to meet the terms of the plan of service, room, board, activities of daily living, supervision, first aid, assistance and monitoring of medications, emergency intervention, coordination of outside services, a safe living environment and protection of resident rights. The home shall not admit or retain any resident requiring a level of services or type of services which the home does not have the time or appropriate skills to provide.** The provider must also provide each of the following to the resident without additional charge. (4-11-06)

01. Supervision. ~~Ensure a~~Appropriate, adequate supervision for twenty-four (24) hours each day ~~unless the resident's plan of service provides for alone time.~~ (4-11-06)

02. Daily Activities and Recreation. Daily activities, recreational activities, maintenance of self-help skills, assistance with activities of daily living and provisions for trips to social functions, special diets, and arrangements for payments. (4-11-06)

03. Medical. Arrangements for medical and dental services and monitoring of medications. If the resident is unable to give medical consent, the provider will give the name and contact information of the person holding guardianship or power of attorney for health care to any health care provider upon request. (4-11-06)

04. Furnishings and Equipment. Linens, towels, wash cloths, a reasonable supply of soap, shampoo, toilet paper, sanitary napkins or tampons, first aid supplies, shaving supplies, laundering of **clothing and** linens, housekeeping service, maintenance, and basic television in common areas. In addition, the following will apply: (4-11-06)

a. Resident living rooms must contain reading lamps, tables, and comfortable chairs or sofas; (4-11-06)

b. The resident must be provided with his own bed which must be at least thirty-six (36) inches wide, substantially constructed, and in good repair. Roll-away type beds, cots, folding beds, or double bunks must not be used. The bed must be provided with springs which are in good repair, a clean and comfortable mattress which is standard for the bed, and a pillow; (4-11-06)

c. The resident sleeping room must be equipped with a chair and dresser, substantially constructed and in good repair; (4-11-06)

d. On request, each sleeping room must be equipped with a lockable storage cabinet for personal items for each resident, in addition to the required storage in resident sleeping rooms; (4-11-06)

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e. Adequate and satisfactory equipment and supplies must be provided to serve the residents. The amount and kind will vary according to the size of the home and type of resident; and (4-11-06)

f. A monitoring or communication system must be provided when necessary due to the size or design of the home. (4-11-06)

g. Resident linens must include 2 sheets, a pillow case and a minimum of one blanket and a bedspread. Bed linens shall be changed regularly or when soiled.

h. Provider must ensure that resident's clothing is washed regularly or when soiled.

~~05. Plan of Service. Development and implementation of the plan of service for private pay residents and implementation of the plan of service for state funded residents. (4-11-06)~~

~~065. Activity Supplies.~~ Activity supplies in reasonable amounts, that reflect the interests of the resident. (4-11-06)

~~076. Transportation.~~ Arrangement of transportation in reasonable amounts to community, recreational and religious activities within twenty-five (25) miles of the home. The home must also arrange for emergency transportation. (4-11-06)

171. -- 174. (RESERVED)

175. ROOM, UTILITIES AND MEALS.

The home must provide room, utilities and three (3) daily meals to the resident. The **monthly** charge for room, utilities and **a minimum of three (3) daily nutritious meals or diet per health care provider instructions** must be established in the admission agreement.

176. FOOD AND NUTRITIONAL SERVICES.

A certified family home must provide each resident with at least the minimum food and nutritional needs for each resident.

01. Provider will provide a sufficient variety of foods in adequate amounts at each meal. (3-30-06)

02. Food selections should include foods that are in season, as well as residents' preferences, food habits, and physical abilities and meets his specific dietary recommendations.

03. Nutritionally-required snacks must be available and offered to residents between meals and at bedtime.

04. The provider must maintain an adequate supply of food.

05. The certified family home must provide residents at least three (3) meals daily, at regular times comparable to normal mealtimes in the community, unless the resident prefers a different meal schedule.

06. There must not be more than fourteen (14) hours between a substantial evening meal and breakfast;

07. Providers shall assure proper food preparation, serving, sanitation and safety.

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08. No live animals will be allowed in the food preparation area or on food service surfaces.

09. Food must be stored in a manner that is safe and free from spoilage.

10. All food and meals must be protected from contaminations.

11. All flatware, dinnerware, cookware, and other food preparation items used for a meal shall be thoroughly cleaned immediately after that meal.

1767. -- 199. (RESERVED)

200. RESIDENT RIGHTS POLICY.

Each certified family home will ~~develop~~ have and implement a written resident rights policy that which will protect and promote the rights of each resident. **The resident rights policy must be reviewed annually by the provider and the resident or resident's guardian or conservator, and include the date of the review.** The written description of legal rights must include a description of the protection of personal funds and a statement that a resident **or resident representative** may file a complaint with the Department at the address in Section 005 of these rules, or local Regional Office, regarding resident abuse, neglect, misappropriation of resident property, **or other resident rights violated** in the home. Resident rights include the following: (4-11-06)

01. Privacy. Each resident must be assured the right to privacy with regard to accommodations, medical and other treatment, written and telephone communications, visits and meetings of family and resident groups, including: (4-11-06)

a. Social Media. The resident has the right to privacy in regards to social media. **No information or pictures pertaining to the resident may be posted to a social media site without written consent by the resident or the resident's guardian, if applicable.**

a. b. The right to send and receive mail, **either regular or electronic**, unopened; (4-11-06)

b. c. If the resident is married, privacy for visits by his spouse. If both are residents in the home, they are permitted to share a room unless medically inadvisable, as documented by the attending physician. (4-11-06)

02. Humane Care. Each resident has the right to humane care and a humane environment, including the following: (4-11-06)

a. The right to a diet which is consistent with any religious or health-related restrictions; (4-11-06)

b. The right to refuse a restricted diet and have access to food at any time; and (4-11-06)

c. The right to a safe and sanitary living environment. (4-11-06)

03. Respectful Treatment. Each resident has the right to be treated with dignity and respect, including: (4-11-06)

a. The right to be treated in a courteous manner by the provider; (4-11-06)

b. The right to receive a response from the home to any request of the resident within a reasonable time; (4-11-06)

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c. The resident has the right ~~not to be required to receive routine care of a personal nature from a member of the opposite sex;~~ (4-11-06) **to choose a qualified provider to receive routine care of a personal nature.**

~~e.d.~~ Freedom from discrimination **as protected by law to include, race, gender, marital status, religious affiliation, age and sexual orientation;** and (4-11-06)

~~d. e.~~ Freedom from intimidation, manipulation, coercion, and exploitation. (4-11-06)

~~e. f.~~ The right to wear his own **clean** clothing. (4-11-06)

~~f. g.~~ The right to determine his own dress and hair style; (4-11-06)

04. Basic Needs Allowance. Residents whose care is paid for by public assistance must retain, for his personal use, the difference between his total income and the Certified Family Home basic allowance established by IDAPA 16.03.05. "Rules Governing Eligibility for Aid to the Aged, Blind and Disabled," Section 513. (4-11-06)

05. Resident Funds. Residents have the right to manage his personal funds. A home must not ~~require a resident to deposit his personal funds with the home.~~ (4-11-06) **deposit or transfer any resident's basic needs allowance to the home.**

06. Access to Resident. Each home must permit immediate access to any resident by any representative of the Department, by the state Ombudsman for the elderly or his designees, by an adult protection investigator or by the resident's personal physician. Each home must also permit the following: (4-11-06)

a. Immediate access to a resident by immediate family or other relatives, subject to the resident's right to deny or withdraw consent at any time; (4-11-06)

b. Immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time; (4-11-06)

c. Reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time. **A resident's health providers shall also have reasonable access to that resident's records and medications or treatments** (4-11-06)

07. Freedom From Harm. The resident has the right to be free from physical, mental, or sexual abuse, neglect, corporal punishment, involuntary seclusion, and any physical or chemical restraints imposed for purposes of discipline. (4-11-06)

a. A certified family provider who has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected, or exploited must immediately report this information to the Idaho Commission on Aging or its Area Agencies on Aging, according to Section 39-5303, Idaho Code. (4-11-06)

b. The home must report within four (4) hours to the appropriate law enforcement agency when there is reasonable cause to believe that abuse, neglect, ~~misappropriation of resident's property,~~ or sexual assault has resulted in death or serious physical injury jeopardizing the life, health, or safety of a vulnerable adult resident according to Sections 39-5303 and 39-5310, Idaho Code. (4-11-06)

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c. The home must immediately notify the appropriate law enforcement agency when there is reasonable cause to believe there has been misappropriation of resident's property according to Section 39-5310, Idaho Code.

08. Health Services. The resident has the right to control his health-related services, including: (4-11-06)

- a.** The right to retain the services of his own personal physician and dentist; (4-11-06)
- b.** The right to select the pharmacy or pharmacist of his choice; (4-11-06)
- c.** The right to confidentiality and privacy concerning his medical or dental condition and treatment; (4-11-06)
- d.** The right to participate in the formulation of his plan of service. (4-11-06)

09. Grievance. The resident has the right to voice or file a grievance with respect to care that is (or fails to be) furnished, without discrimination or reprisal for voicing the grievance and the right to prompt efforts by the home to resolve grievances the resident may have, including those with respect to the behavior of other residents. **The provider must provide a written response as to how the grievance was resolved.** (4-11-06)

10. Advance Notice. The resident must receive written advance notice at least fifteen (15) calendar days prior to his non-emergency transfer or discharge unless he is transferred or discharged only for medical reasons, or for his welfare or the welfare of other residents, or for nonpayment for his stay. The written advance notice can be up to thirty (30) days if agreed to in the admission agreement. (4-11-06)

11. Other Rights. In addition to the rights outlined in Subsections 200.01 through 200.10 of these rules, the resident has the following rights: (4-11-06)

- a.** The resident has the right to refuse to perform services for the home; (4-11-06)
- b.** The resident must have access to his personal records and must have the right to confidentiality of personal and clinical records; (4-11-06)
- c.** The resident has the right to practice the religion of his choice or to abstain from religious practice. Residents must also be free from the imposition of the religious practices of others; (4-11-06)
- d.** The resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the home; (4-11-06)
- e.** The resident has the right to examine, upon reasonable request, the results of the most recent inspection of the home conducted by the Department with respect to the home and any plan of correction in effect with respect to the home; (4-11-06)
- f.** The resident has a **the** right to review a list of other certified family homes that may be available to meet his needs in case of transfer; (4-11-06)

~~**g.** The resident has the right not to be required to receive routine care of a personal nature from a member of the opposite sex; (4-11-06)~~

~~**h.g.** The resident has the right to be informed, in writing, regarding the formulation of advance directives as described in Title 39, Chapter 45, Idaho Code; and (4-11-06)~~

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~~i.~~ **h.** The resident must have any other right established by law. (4-11-06)

201. NOTICE OF LEGAL RIGHTS.

The certified family home will inform the resident, verbally and in writing, at the time of admission to the home **and annually thereafter**, of his legal rights during the stay at the home. **The resident and/or his guardian will receive a copy.** (4-11-06)

202. ACCESS BY ADVOCATES AND REPRESENTATIVES.

A certified family home must permit advocates and representatives of community and legal services programs, whose purposes include rendering assistance without charge to residents, to have access to the home at reasonable times. Advocates and representatives may observe all common areas of the home. Access must be permitted in order for advocates and representatives to provide the following: (4-11-06)

01. Inform Residents of Services. Visit, talk with and make personal, social service programs and legal services available to all residents. (4-11-06)

02. Inform Residents of Rights. Inform residents of his rights and entitlements, his corresponding obligations under state, federal, and local laws by distribution of educational materials or discussion in groups and with individuals. (4-11-06)

03. Assist Residents to Secure Rights. Assist residents in asserting his legal rights regarding claims for public assistance, medical assistance, and social security benefits, as well as in other matters in which residents are aggrieved. This assistance may be provided individually, or in a group basis, and may include organizational activity, counseling, and litigation. (4-11-06)

04. Advise and Represent. Engage in other methods of assisting, advising, and representing residents so as to extend to them the full enjoyment of his rights. (4-11-06)

05. Communicate Privately. Communicate privately and without restrictions with any resident who consents to the communication. (4-11-06)

203. -- 224. (RESERVED)

225. ~~UNIFORM ASSESSMENT REQUIREMENTS.~~ PRIVATE PAY RESIDENTS.

~~01. State Responsibility for State-Funded Residents. The Department will assess State-funded residents according to IDAPA 16.03.23, "Rules Governing Uniform Assessments for State-Funded Clients."(4-11-06)~~

~~02. 01. Provider Responsibility for Private-Pay Residents. The provider will develop, identify, assess, or direct obtain a current uniform needs assessment from a health care professional. of private-pay residents. The Department's Uniform Assessment Instrument may be used as the uniform needs assessment as described in IDAPA 16.03.23, "Rules Governing Uniform Assessments for State-Funded Clients." (4-11-06)~~

~~03. 02. Results of Assessment. The results of the assessment may must be used to evaluate the ability of a provider to meet the identified resident's needs. The results of the assessment may must also be used to determine the need for special training or licenses or certificates that may be required to care for certain residents. The assessment must be submitted to the Certified Family Home program for approval prior to admission. (4-11-06)~~

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04. 03. Uniform Needs Assessment for Private-Pay. The **uniform needs** assessment used by the home ~~for private pay residents~~ must include: (4-11-06)

- a. Identification and background information, **including, emergency contact information and proof of guardianship, if applicable.** (4-11-06)
- b. **Current** Medical diagnosis **es**; (4-11-06)
- c. **Current** Medical and health **problems needs**; (4-11-06)
- d. **Current list of** Prescriptions **including route of administration. and All** over-the-counter medications **including supplements**; (4-11-06)
- e. **Historical and current** Behavior patterns; (4-11-06)
- f. Cognitive function; (4-11-06)
- g. The **current** psychosocial and physical needs of the resident; (4-11-06)
- ~~h. Functional status; and (4-11-06)~~
- ~~i. Assessed level of care. (4-11-06)~~

05. 04. Time Frames for **Completing Renewing the **Uniform Needs Assessment for Private-Pay Residents.**** ~~The assessment must be completed no later than fourteen (14) calendar days after admission.~~ The assessment must be reviewed **and updated by the health care professional** when there is a change in need, or every twelve (12) months, whichever comes first. ~~Upon request, the Department may provide training in conducting a uniform needs assessment.~~ (4-11-06)

05. Plan of Service. The resident must have a plan of service. The resident's plan of service must be updated at least every twelve (12) months or when there is a change in need and include ~~will be based on:~~ (4-11-06)

- a. Assessment; (4-11-06)
- b. Service needs for activities of daily living; (4-11-06)
- c. Need for ~~limited nursing services~~ health services. (4-11-06) (4-11-06)
- d. Need for medication assistance; (4-11-06)
- e. Frequency of needed services. ; (4-11-06)
- f. Level of assistance; (4-11-06)
- g. Habilitation and training needs; (4-11-06)
- h. Behavioral management needs, including identification of situations that trigger inappropriate behavior; (4-11-06)
- ~~i. Physician's dated history and physical; (4-11-06)~~

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~~j. Admission records; (4-11-06)~~

~~k.i. Community support systems; (4-11-06)~~

~~l.j. Resident's desires; (4-11-06)~~

~~m.k. Transfer and discharge procedures requirement; and (4-11-06)~~

~~n. Other identified needs. (4-11-06)~~

02.06. Signature and Approval. The provider and the resident, his legal guardian or his conservator must sign and date the plan of service upon its completion, within fourteen (14) days after the resident's admission. ~~Plans must be signed by the health care professional. (4-11-06)~~

0307. Developing the Plan. The provider will consult the resident and other individuals identified by the resident in developing the plan of service. ~~Professional staff must be involved in developing the plan if required by another program. (4-11-06)~~

0408. Resident Choice. A resident or his guardian, as applicable, must be given the choice and control of how and what services the provider or external vendors will provide to the extent the resident can make choices. (4-11-06)

~~0708. Periodic Review. The next scheduled date of review must be documented in the plan of service. The plan of service should be reviewed as necessary but must be reviewed at least every twelve (12) months. (4-11-06)~~

~~108. For private pay residents, the history and physical should include a description of the resident's needs for personal assistance and supervision, and indicate that the resident is appropriate for placement in a home; (4-11-06)~~

~~08. On the death of a private pay resident, notify the Department. convey the resident's funds with a final accounting of those funds to the individual administering the resident's estate; within thirty (30) days; (4-11-06)~~

~~02. Changes to the Plan. A record must be made of any changes to the plan or when the provider is unable to provide services outlined in the plan of service. (4-11-06)~~

09. All other rules in this chapter apply.

226. -- 249. (RESERVED)

250. PLAN OF SERVICE FOR STATE-FUNDED RESIDENTS

The resident must have a **current** plan of service. **The resident's plan of service must be updated at least every twelve (12) months or when there is a change in need.** Signed copies of the plan of service must be placed in the resident's file. ~~The plan must identify the resident, describe the services to be provided, and describe how the services will be delivered. (4-11-06)~~

~~01. Core Elements. A resident's plan of service must include will be based on: (4-11-06)~~

~~a. Assessment; (4-11-06)~~

~~b. Service needs for activities of daily living; (4-11-06)~~

~~c. Need for limited nursing services health services. (4-11-06) (4-11-06)~~

~~d. Need for medication assistance; (4-11-06)~~

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- e. Frequency of needed services.; (4-11-06)
- f. Level of assistance; (4-11-06)
- g. Habilitation and training needs; (4-11-06)
- h. Behavioral management needs, including identification of situations that trigger inappropriate behavior; (4-11-06)
- i. Physician's dated history and physical; (4-11-06)
- j. Admission records; (4-11-06)
- k. Community support systems; (4-11-06)
- l. Resident's desires; (4-11-06)
- m. Transfer and discharge procedures requirement; and (4-11-06)
- n. Other identified needs. (4-11-06)

~~02. Signature and Approval. The provider and the resident, his legal guardian or his conservator must sign and date the plan of service upon its completion, within fourteen (14) days after the resident's admission. For homes serving state funded residents, services must be authorized by the Department prior to admission. (4-11-06)~~

~~03. Developing the Plan. The provider will consult the resident and other individuals identified by the resident in developing the plan of service. Professional staff must be involved in developing the plan if required by another program. (4-11-06)~~

~~04. Resident Choice. A resident must be given the choice and control of how and what services the provider or external vendors will provide to the extent the resident can make choices. (4-11-06)~~

~~05. Copy of the Plan. Signed copies of the plan of service must be placed in the resident's file, given to the resident, and given to his legal guardian or his conservator no later than fourteen (14) days after admission. A copy of the Department approved plan must be in the resident's file, if applicable. (4-11-06)~~

~~06. Changes to the Plan. A record must be made of any changes to the plan or when the provider is unable to provide services outlined in the plan of service. (4-11-06)~~

~~07. Periodic Review. The next scheduled date of review must be documented in the plan of service. The plan of service should be reviewed as necessary but must be reviewed at least every twelve (12) months. (4-11-06)~~

251. - 259. (RESERVED)

260. ADMISSIONS.

The Certified Family Home program must approve all resident placements prior to admission.

01. Admission Agreement. At the time of admission to a Certified Family Home, the provider and the resident **or guardian, as applicable**, must enter into an admission agreement. The agreement will be in writing and must be signed by both parties. The agreement must, in itself or by reference to the resident's plan of care, include at least the following: (4-11-06)

a. Whether or not the resident will assume responsibility for his own medication including reporting missed medication or medication taken on a PRN basis; (4-11-06)

~~**b.** Whether or not the resident has ongoing ability to safeguard himself against personal harm, injury or accident. The certified family home must have a plan in place for steps it will take if the resident is not able to carry out his own self-preservation. (4-11-06)~~

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- ~~e.b.~~ Whether or not the provider **or his relative** will accept responsibility for the resident's funds; (4-11-06)
- ~~d.c.~~ How a partial month's refund will be managed; (4-11-06)
- ~~e.d.~~ Responsibility for valuables belonging to the resident and provision for the return of a resident's valuables should the resident leave the home; (4-11-06)
- ~~f.~~ ~~Amount of Maintain home owner's or renter's insurance liability and property coverage provided by the homeowner's or renter's insurance policy.~~ (4-11-06)
- ~~g.e.~~ Fifteen (15) calendar days' written notice or up to thirty (30) calendar days as agreed to in the admission agreement prior to transfer or discharge on the part of either party; (4-11-06)
- ~~h.~~ ~~Conditions under which emergency transfers will be made;~~ (4-11-06)
- ~~i.f.~~ Signed permission to transfer pertinent information from the resident's record to a hospital, nursing home, residential and assisted living facility, or other certified family home; (4-11-06)
- ~~j.g.~~ Responsibility to obtain consent for medical procedures including the name, address, phone of guardian or power of attorney for health care for any resident who is unable to make his own medical decisions. (4-11-06)
- ~~k.~~ ~~Resident responsibilities as appropriate;~~ (4-11-06)
- ~~l.h.~~ Amount the home will charge for room, utilities, ~~and~~ three (3) daily meals **and nutritionally-required snacks, if applicable;** and (4-11-06)
- ~~m.i.~~ ~~Other information additional conditions as agreed upon by both parties as needed.~~ (4-11-06)
- ~~j.~~ **Advance notice to the resident for changes to his charges for Room, Utilities and Food as described in section 175 of these rules.**

02. Termination of Admission Agreement. The admission agreement must not be terminated except under the following conditions: (4-11-06)

- a.** By written notification by either party giving the other party fifteen (15) calendar days' written notice or as agreed to in the Admission Agreement but not to exceed thirty (30) days; (4-11-06)
- b.** The resident's mental or physical condition deteriorates to a level **of care requiring evaluation or services** that cannot be provided in a certified family home; (4-11-06)
- c.** Nonpayment of the resident's bill; (4-11-06)
- d.** Emergency conditions requiring a resident to transfer out of the home without fifteen (15) calendar days' written notice to protect the resident or others **living residents** in the **certified family** home from harm; and (4-11-06)
- e.** Other written conditions as mutually established between the resident, **guardian or conservator, as applicable,** and the provider at the time of admission. (4-11-06)

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03. Discharge Procedure. The provider must notify the Certified Family Home program of resident's change of living situation. It is the provider's responsibility to ensure and document the following at time of resident discharge or death:

a. Return to the resident or his guardian all financial documents and information. Convey the resident's funds with a final accounting of those funds to the entity administering the resident's finances within thirty (30) days; and

b. Return to the resident or his guardian all prescribed, over-the-counter and supplemental medications to match the current medication list. Upon the death of the resident, all medications must be disposed of and documented according to subsection 400.07 of this chapter.

c. Return to the resident, his guardian or family member all belongings to match his current belongings inventory list.

d. Return to the resident, his guardian or family member all types of identification and medical cards.

261. -- 269. (RESERVED)

270. RESIDENT RECORDS.

01. Admission Records. Records required for admission to a home must be maintained and updated and must be kept confidential. His availability without the consent of the resident **and guardian, if applicable**, subject to IDAPA 16.05.01, "Use and Disclosure of Department Records," is limited to the home, professional consultants, the resident's physician and representatives of the Department. All entries must be kept current, recorded legibly in ink, dated, signed, and must include: (4-11-06)

a. Name; (4-11-06)

b. Permanent address if other than the home; (4-11-06)

c. Marital status and sex; (4-11-06)

d. Birth place and date of birth; (4-11-06)

e. The **current** name, address, and telephone number of **guardian, conservator, power of attorney and/or an** individuals identified by the resident who should be contacted in the event of an emergency or death of the resident; (4-11-06)

f. Personal physician and dentist; (4-11-06)

g. Admission date and name of person who completed admission form; (4-11-06)

h. Results of a **current** history and physical performed by a ~~licensed physician or nurse practitioner~~ **health care professional** within six (6) months prior to admission; (4-11-06)

~~**i.** ——— For private pay residents, the history and physical should include a description of the resident's needs for personal assistance and supervision, and indicate that the resident is appropriate for placement in a home; (4-11-06)~~

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j.i. A list of medications, treatments, and special diets, if any, prescribed for the resident and signed and dated by the **physician health care professional**; (4-11-06)

k.j. Religious affiliation if resident chooses to disclose; (4-11-06)

~~l. Interested relatives and friends other than those outlined in Subsection 270.01.e. of these rules, to include names, addresses, and telephone numbers of family members, legal guardian or conservator, or significant others, or all; (4-11-06)~~

m.k. Social information, obtained by the home from the resident, family, service coordinator, legal guardian or conservator, or other knowledgeable individuals. The information must include the resident's social history, hobbies, and interests; (4-11-06)

n.l. Written admission agreement which is signed and dated by the provider and the resident, his legal guardian or his conservator; (4-11-06)

o.m. A signed copy of the resident's rights as specified in Section 200 of these rules, or documentation that the resident, his legal guardian, or his conservator has read and understands his rights as a resident of the home; (4-11-06)

p.n. A copy of the resident's most current **uniform needs** assessment for the certified family home; (4-11-06)

q.o. A copy of the signed and dated **admission current**-plan of service ~~that contains all elements of a plan of service between the resident, his legal guardian, or his conservator and the home~~; (4-11-06)

r.p. ~~An current~~ inventory of the resident's belongings. The resident, ~~and~~ or resident's guardian or conservator, if applicable, can inventory any item he chooses. ~~Video~~Photographic evidence is accepted in lieu of inventory form; (4-11-06)

~~s. Information about any specific health problems of the resident which may be useful in a medical emergency; and (4-11-06)~~

q. Copy of legal authority paperwork to include guardianship, conservatorship ~~and~~ or power of attorney if applicable

~~t. Any other health related, emergency, or pertinent information which the resident requests the home to keep on record. (4-11-06)~~

02. Ongoing Resident Records. Records must be kept current, including: (4-11-06)

~~a. Admission information required in Subsection 270.01 of these rules; (4-11-06)~~

~~b. a.~~ A current list of medications, diet, and treatments prescribed for the resident which is signed and dated by the **physician health care professional** giving the order. Current orders may be a copy of the signed doctor's order from the pharmacy; (4-11-06)

~~e. Documentation of any medication refused by the resident, not given to the resident or not taken by the resident with the reason for the omission. All PRN medication must be documented with the reason for taking the medication; (4-11-06)~~

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b. Daily medication documentation, if the home assists the resident with his medications.

d.c. Any incident or accident occurring while the resident is living in the home; (4-11-06)

e.d. Notes from the licensed nurse, home health, physical therapy, and other service providers, documenting the services provided at each visit; (4-11-06)

f.e. Documentation of significant changes in the residents' physical, mental status, or both and the home's response; (4-11-06)

~~g. If appropriate, the resident's financial accounting records; (4-11-06)~~

~~h. The resident's uniform needs assessment, to include the admission assessment and all assessments for the past year, for certified family home care; (4-11-06)~~

~~i. Signed and dated plan of service, to include the admission plan of service and all service agreements for the past year between the resident, his legal guardian, or his conservator and the home; (4-11-06)~~

j.f. Contact name, address, phone number of individuals or agencies providing paid supports;(4-11-06)

~~k. Signed copies of all care plans that are prepared by all outside service providers; and (4-11-06)~~

~~l. An inventory of resident's belongings. The resident can inventory any item he chooses. The inventory can be updated at any time but must be updated annually. (4-11-06)~~

03. Maintenance of Resident Records. All records ~~of services delivered by the provider~~ pertaining to certification of the home and services to the resident while he lived in the home must be maintained in the home for at least five (5) years from the date of service. (4-11-06)

271. -- 274. (RESERVED)

275. RESIDENT FUNDS AND FINANCIAL RECORDS.

01. Resident Funds Policy. If a resident's funds are turned over to the provider for any purpose other than payment for services allowed under these rules, or if the provider or his relative acts as resident payee, the home is deemed to be handling the resident's funds. Each home must ~~develop~~ **have** and implement a policy and procedure outlining how the resident's funds will be managed. This policy and procedure must include the following: (4-11-06)

a. Statement of whether the home will or will not manage resident funds; (4-11-06)

b. If the home manages resident funds and the resident leaves the home under any circumstances, the home can only retain room and board funds prorated to the last day of the fifteen (15) calendar day notice period, or thirty (30) calendar day notice period as specified in the admission agreement, or upon moving from the home, whichever is later. All remaining funds must follow the resident, and resident funds must **only** be used for resident expenses until a new payee is appointed. (4-11-06)

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02. Managing Resident Funds. A home that manages resident funds must: (4-11-06)

a. Establish a separate account at a financial institution for each resident. There can be no commingling of resident funds with home funds. Borrowing between resident accounts is prohibited. ~~The provider may not borrow funds from the resident;~~ (4-11-06)

b. Notify the resident that funds are available for his use; (4-11-06)

c. ~~Bill Charge~~ each resident ~~certified family home care charges~~ a consistent amount on a monthly basis from ~~his funds for Room, Utilities and Food in accordance with section 175 of these rules ;~~ (4-11-06)

d. ~~Document on a monthly or on a weekly basis~~ Provide accounting documentation including financial statements, receipts and ledgers signed by the resident or his guardian, conservator or power of attorney, if applicable, of all ~~any~~ financial transactions of the resident's basic needs allowance ~~in excess of five dollars (\$5) between the resident and the home.~~ A separate transaction record must be maintained for each resident;(4-11-06)

e. Restore funds to the resident if the home cannot produce proper accounting records of resident's funds or property, including receipts for purchases made using the resident's personal funds. Restitution of the funds to the resident is a condition for continued ~~operation~~ certification of the home; (4-11-06)

f. Not require the resident to purchase goods or services from ~~or for~~ the home. ~~other than those designated in the admission agreement;~~ (4-11-06)

g. Provide access to the resident's funds to the resident, his legal guardian or conservator ~~or another person of the resident's choice;~~ (4-11-06)

~~h. ——— On the death of a private pay resident, convey the resident's funds with a final accounting of those funds to the individual administering the resident's estate; within thirty (30) days; (4-11-06)~~

~~i. ——— On the death of a client of the Department, convey the resident's funds with a final accounting of those funds, to the Department within thirty (30) days. (4-11-06)~~

276. -- 299. (RESERVED)

300. SHORT-TERM CARE AND SUPERVISION.

When the provider is temporarily unable to provide care or supervision to the resident, he may designate another adult to provide care and supervision or ~~only~~ supervision ~~only~~ to the resident. The provider must assure that this short-term arrangement meets the needs of the resident and protects the resident from harm. (4-11-06)

01. Alternate Caregiver. An alternate caregiver must be a certified family home provider. An alternate caregiver provides care and supervision in ~~his~~ his home to a resident from another certified family home. ~~according to the resident's original plan of service and admission agreement.~~ The provider is responsible to provide or arrange for resident-specific training for the alternate caregiver. Alternate care can be provided for up to thirty (30) consecutive days. ~~Alternate care givers must not exceed the number of resident beds for which they are certified. Alternate caregivers must comply with subsection 140 of these rules if the short-term admission results in the home exceeding the two (2) bed limit.~~ (4-11-06)

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02. Substitute Caregiver. A substitute caregiver must be **an adult and** approved by the provider to provide care, **services** and supervision to the resident in the provider's certified family home. The provider is responsible to provide or arrange for resident-specific training for the substitute caregiver. Substitute care can be provided for up to thirty (30) consecutive days. In addition ~~the substitute caregiver must have~~ **In addition, the provider must maintain documentation of the following requirements for the all substitute caregivers** ~~must have~~: (4-11-06)

a. **Certification in first aid and adult Cardio-Pulmonary Resuscitation (CPR) which must be kept current. Online-only certification is not acceptable;** (4-11-06)

b. A criminal history check **specific to the certified family home program** as provided in Section 009.05 of these rules; and (4-11-06)

c. ~~Completed~~ **Successful completion of the “Assistance with Medications” course or Department approved Basic Medication Awareness course for Certified family homes** as provided in Section 400 of these rules, ~~if they will assist the resident with medications.~~ (4-11-06)

03. Incidental Supervision. An ~~individual~~ **adult** providing incidental supervision must be approved by the provider to **only** supervise the resident. Incidental supervision must not include resident care. Incidental supervision may be provided for up to four (4) hours per week. (4-11-06)

301. -- 399. (RESERVED)

400. MEDICATION STANDARDS AND REQUIREMENTS.

01. Medication Policy. The certified family home provider must **develop maintain and implement** written medication policies and procedures that outline ~~in detail~~ how the home will assure appropriate handling and safeguarding of medications. This documentation must be maintained in the home. (4-11-06)

02. ~~Handling and Safeguarding~~ of Resident's Medication. (4-11-06)

a. The medication must be in the original pharmacy-dispensed container, or in an original over-the-counter container, or placed in a unit container by a **licensed registered nurse or other qualified health care professional** and be appropriately labeled with the name of the medication, dosage, time to be taken, route of administration, and any special instructions. ~~Each medication must be packaged separately unless in a Mediset, blister pack, or similar system.~~ (4-11-06)

~~b. Evidence of the written or verbal order for the medication from the physician or other practitioner of the healing arts must be maintained in the resident's record. Medisets filled and labeled by a pharmacist or licensed registered nurse may serve as written evidence of the order. An original prescription bottle labeled by a pharmacist describing the order and instructions for use may also serve as written evidence of an order from the physician or other practitioner of the healing arts.~~ (4-11-06)

eb. The home is responsible to safeguard the resident's medications. **All prescription medications must be locked at all times, unless the medication requires refrigeration.**(4-11-06)

~~e. The home must acquire and maintain a written order of discontinuation of prescription medications. Medications that are no longer used by the resident must not be retained by the certified family home for longer than thirty (30) calendar days.~~ (4-11-06)

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c. Area for storage must be clean and contain only one ~~clients~~ resident's medication. No more than one ~~client's~~ resident's medication should be out of ~~his~~ its assigned storage unit at a one time.

03. Self-Administration of Medication.

a. If the resident is responsible for administering his own medication without assistance, a written approval stating that the resident is capable of self-administration must be obtained from the resident's primary physician or other practitioner of the healing arts. The resident's record must also include documentation that ~~a licensed registered nurse or other qualified professional~~ the resident has been evaluated by a qualified health care professional, ~~the resident's~~ and has the ability to self-administer medication and ~~has found~~ that the resident: (4-11-06)

i. Understands the purpose of the medication; (4-11-06)

ii. Knows the appropriate dosage and times to take the medication; (4-11-06)

iii. Understands expected effects, adverse reactions or side effects, and action to take in an emergency; and (4-11-06)

iv. Is able to take the medication without assistance. (4-11-06)

b. The resident is responsible for safeguarding his own medication.

04. Assistance with Medications. The certified family home must provide assistance with medications to residents who need assistance. ~~however,~~ Only a ~~licensed~~ registered nurse or other ~~licensed~~ qualified health professional may administer medications. Prior to assisting residents with medication, the following conditions must be in place: (4-11-06)

a. ~~Each person assisting~~ All ~~The providers with resident medications~~ must be an adult who ~~have~~ has successfully completed and follows the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing, or ~~other Department approved training or Department approved Basic Medication Awareness course for Certified family homes.~~ ~~Family members previously exempted from this requirement must complete this course before July 1, 2006.~~ (4-11-06)

b. The resident's health condition is stable; (4-11-06)

~~e. The resident's health status does not require nursing assessment before receiving the medication nor nursing assessment of the therapeutic or side effects after the medication is taken; (4-11-06)~~

~~dc. The medication is in the original pharmacy dispensed container with proper label and directions or in an original over the counter container or the medication has been placed in a unit container by a licensed registered nurse. Proper measuring devices must be available for liquid medication that is poured from a pharmacy dispensed container; (4-11-06)~~ All prescription medications must be kept in the original container which is labeled for the specific resident and must be given as prescribed. All over-the-counter medications must be kept in the original container and be given as directed.

~~ed. Written and oral instructions information on regarding the resident's current prescriptions from the licensed physician or other practitioner of the healing arts, or nurse concerning the~~

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reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency ~~have been reviewed by the staff person~~ must be maintained in the resident's records.; (4-11-06)

e. The provider must ensure that medication must only be taken by the resident for which it was prescribed.

~~f. Written instructions are in place that outline required documentation of medication assistance, and whom to call if any doses are not taken, overdoses occur, or actual or potential side effects are observed; and(4-11-06)~~

~~g. Procedures for disposal/destruction of medications must be documented and consistent with procedures outlined in the "Assistance with Medications" course. (4-11-06)~~

05. Medication Documentation. The provider must use a Department-approved medication documentation form to document all prescribed and over-the-counter medications and supplements. The provider must document any medication refused by or not taken by the resident with the reason for omission. All PRN medication must be documented with the reason for taking the medication.

a. The documentation must include the resident's six rights of medication, which are:

i. The right resident;

ii. The right medication;

iii. The right time;

iv. The right route;

v. The right dose;

vi. The right documentation.

~~b. Written instructions are in place that outline~~ The provider is required to document ~~ation of medication assistance, and whom to call if any doses are not taken, overdoses occur, or actual or potential side effects are observed ; and~~ The provider must ensure that written instructions are in place for substitute providers to follow.

c. The provider must ensure that they have a medication authorization document including over-the-counter medications for each resident signed by his primary physician or other practitioner of healing arts. The documentation must indicate whether or not the resident is capable of self-administering medications.

~~0506.~~ **Administration of Medications.** Only a licensed registered nurse or other licensed health professionals working within the scope of his license may administer medications. Administration of medications must comply with the Administrative Rules of the Board of Nursing, IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." ~~Some services are of such a technical nature that they must always be performed by, or under the supervision of, a licensed nurse or other licensed health professional. These services are outlined in IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Section 490. (4-11-06)~~

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0607. Written Record of Medication Disposal. Medications that are expired or discontinued by the resident's health provider must not be retained by the home for longer than thirty (30) calendar days. Disposal or destruction of medications must be documented and consistent with procedures outlined in the "Assistance with Medications" course. A written record of all disposed of ~~drugs~~ prescription medications must be maintained in the home and will include: (4-11-06)

a. ~~A description of the drug~~ The name of the medication, including and the amount; (4-11-06)

b. The name of the resident for whom the medication was prescribed; (4-11-06)

c. The reason for disposal; (4-11-06)

d. The method of disposal; and (4-11-06)

e. Signatures of the provider ~~responsible home personnel~~ and an adult witness other than the resident ~~or the resident's family~~. (4-11-06)

f. The home must acquire and maintain a written order of discontinuation of prescription medications.

~~g. Medications that are expired no longer used or discontinued by the resident must not be retained by the certified family home for longer than thirty (30) calendar days. (4-11-06)~~

~~gh. Procedures for disposal/destruction of medications must be documented and consistent with procedures outlined in the "Assistance with Medications" course. (4-11-06)~~

401. -- 499. (RESERVED)

500. ENVIRONMENTAL SANITATION STANDARDS.

The home is responsible for disease prevention and maintenance of sanitary conditions. (4-11-06)

01. Water Supply. The water supply for the home must be adequate, safe, and sanitary. (4-11-06)

a. ~~The home~~ provider must verify that ~~they~~ the home uses a public or municipal water supply or a Department-approved private water supply; (4-11-06)

b. If water is from a private supply, water samples must be submitted to an ~~private~~ accredited laboratory ~~or the District Public Health Laboratory for~~ and pass a bacteriological examination at least annually or more frequently if deemed necessary by the Department. Copies of the laboratory reports must be kept on file at the home; and (4-11-06)

c. There must be ~~enough~~ adequate water pressure to meet ~~the~~ sanitary requirements at all times. (4-11-06)

02. Sewage Disposal. The sewage disposal system must be in good working order. ~~All sewage and liquid wastes must be discharged, collected, treated, and disposed of in a manner approved by the Department.~~ (4-11-06)

03. Non-municipal Sewage Disposal. For homes with non-municipal sewage disposal, at the time of the initial certification and at least every five (5) years thereafter the home must provide

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proof that the septic tank has been pumped or that pumping was not necessary. ~~In addition, at the time of initial certification: (4-7-11).~~

a. **The Department may require** the home ~~must~~ to obtain a statement from the local health district indicating that the sewage disposal system meets local requirements. **If required, the** statement must be kept on file at the home. ~~;(4-11-06)~~

b. ~~If the local health district does not issue these statements, the home must obtain a statement to that effect from the health district. The statement must be kept on file at the home.~~ (4-11-06)

04. Garbage and Refuse Disposal. Garbage and refuse disposal must be provided by the home. (4-11-06)

a. Garbage containers outside the home used for storage of garbage and refuse must be constructed of durable, nonabsorbent materials and must not leak or absorb liquids. Containers must be provided with tight-fitting lids. (4-11-06)

b. Garbage containers must be maintained in good repair. Sufficient containers must be available to hold all garbage and refuse which accumulates between periods of removal from the premises. Storage areas must be kept clean and sanitary. (4-11-06)

05. Insect and Rodent Control. The home must be maintained free from infestations of insects, rodents and other pests. Chemicals (pesticides) used in the control program must be selected, stored, and used safely. (4-11-06)

a. The chemical must be selected on the basis of the pest involved and used only in the manner prescribed by the manufacturer; (4-11-06)

b. The home must take the necessary precautions to protect residents from obtaining toxic chemicals. (4-11-06)

06. Yard. The yard surrounding the home must be safe and maintained. (4-11-06)

07. Linen-Laundry Facilities and Services. A washing machine and dryer must be ~~provided~~ **available** for the proper and sanitary washing of linen and other washable goods. (4-11-06)

08. Housekeeping and Maintenance. ~~Sufficient~~ **Housekeeping** and maintenance must be provided to maintain the interior and exterior of the home in a clean, safe, and orderly manner. (4-11-06)

a. **A Residents'** sleeping room must be thoroughly cleaned including the bed, bedding, furnishings, **walls and floors. Resident sleeping rooms must be cleaned on a regular basis and before it is being** occupied by a new resident; and (4-11-06)

b. Deodorizers must not be used to cover odors caused by poor housekeeping or unsanitary conditions. (4-11-06)

c. **Household cleaners must be stored safely. The home must take necessary precautions to protect residents from obtaining toxic chemicals.**

501. -- 599. (RESERVED)

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600. FIRE AND LIFE SAFETY STANDARDS.

Certified family homes must meet all applicable requirements of local and state codes concerning fire and life safety. (4-11-06)

01. General Requirements. General requirements for the fire and life safety standards for a certified family home are: (4-11-06)

a. The home must be structurally sound and equipped and maintained to assure the safety of residents; and (4-11-06)

b. When natural or man-made hazards are present, suitable fences, guards, and/or railings must be provided to protect the residents according to his need for supervision as documented in the plan of service; and (4-11-06)

c. The ~~premises exterior and interior~~ of the certified family home must be kept free from the accumulation of-weeds, trash, and rubbish. (4-11-06)

02. Fire and Life Safety Requirements. (4-11-06)

a. Smoke detectors must be installed in sleeping rooms and hallways, and on each level of the home. ~~and as recommended by the local fire district.~~ (4-11-06)

b. Carbon Monoxide (CO) alarms must be installed as recommended in any certified family home with a fuel-burning appliance, fireplace, or an attached garage. Combination CO/smoke alarms are permitted.

~~b. c.~~ Any locks installed on exit doors must be easily opened from the inside without the use of keys or any special knowledge; (4-11-06)

~~c. d.~~ Portable heating devices may be used if they are maintained in good working condition and;

i. The heating elements of such heaters do not exceed 212 degrees Fahrenheit (100 degrees Celsius); and

ii. The heaters are labeled; and

iii. The heaters have tip-over protection. ~~of any kind are prohibited;~~ (4-11-06)

~~d. Homes that use fuel fired stoves must provide adequate railings or other approved protection designed to prevent residents from coming into contact with the stove surfaces;~~ (4-11-06)

e. Each resident's sleeping room will have a window that can be easily opened from the inside. The window sill height must not be more than forty-four (44) inches above the finished floor. Window openings must be at least twenty-two (22) inches in width and height. **The window must not open into a window well that cannot be exited;** (4-11-06)

f. Flammable or highly combustible materials must be stored safely. **The home must take necessary precautions to protect residents from obtaining flammable materials** not be stored in the home; (4-11-06)

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- g. Boilers, hot water heaters, and unfired pressure vessels must be equipped with automatic pressure relief valves; (4-11-06)
- h. Portable fire extinguishers must be mounted throughout the home according to the configuration of the home. Location of fire extinguishers is subject to Department approval. All extinguishers must be at least five (5) pound **chemical** multipurpose ABC type and; (4-11-06)
- i. Electrical installations and equipment must comply with the applicable local and state electrical codes; (4-11-06)
- j. ~~Solid~~ **Solid** fuel-fired heating devices must be approved by the local building/heating/venting/air conditioning board. Openings in all ~~solid~~ **solid** fuel-fired heating devices must have a door constructed of heat-tempered glass or other approved material; (4-11-06)
- k. Exits must be free from obstruction; (4-11-06)
- l. ~~Doorways in the~~ **Doorways in the** Path of travel to an exit and all exit doorways must be at least twenty-eight (28) inches wide; (4-11-06)
- m. The door into each bathroom must unlock from the outside in case of an emergency. (4-11-06)

03. Smoking. Smoking is a fire hazard. The home may choose to allow or not allow smoking. If the home chooses to allow smoking, it must reduce the risk of fire by: (4-11-06)

a. Prohibiting smoking in any area where flammable liquids, gases, or oxidizers are in use or stored; (4-11-06)

~~b. Prohibiting residents from smoking in bed; and (4-11-06)~~

e. **b.** Prohibiting unsupervised smoking by residents ~~unless unsupervised smoking is allowed in the plan of service.~~ (4-11-06)

04. Emergency Preparedness. ~~Each certified family home will develop and implement a plan for emergencies including evacuation of the home.~~ **Each Certified Family Home must develop and implement an emergency preparedness plan to follow in the event of fire, explosion, flood, earthquake, high wind, or other emergency.**

a. **Written procedures must outline the steps to be taken in the event of an emergency including who is to respond, each person's responsibilities, where and how residents are to be evacuated and notification of emergency agencies.** The emergency plan must be reviewed with residents at admission and at least **quarterly every six (6) months** thereafter. ~~This review must be documented in each resident's individual file.~~

b. **An emergency preparedness plan must include a floor plan that includes:**

i. **the location of all exits including windows;**

ii. **smoke and CO alarms;**

iii. **Fire extinguishers;**

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- iv. path of travel; and
- v. meeting location.(4-11-06)

05. Fire Drills. Homes must conduct and document fire drills at ~~least monthly~~ **quarterly**. ~~Residents who are physically unable to exit unassisted are exempt from physical participation in the drill if the provider has an effective evacuation plan for such residents and discusses the plan with the resident at the time of the drill.~~

a. The Certified Family home provider must demonstrate the ability to evacuate all residents within three (3) minutes to a point of safety outside of the certified family home. Each resident who is permanently or temporarily unable to participate in a drill or who fails to evacuate within three minutes must have a bedroom located at the ground level. However, each resident who is unable to participate in a drill will be permitted to be excused from up to two drills within one 12-month period, provided that the two excused drills are not consecutive. The certified family home must document all drills including:

- i. The date of the drill;
- ii. The time of day;
- iii. The length of time to evacuate all persons from the home,;
- iv. The name of each caregiver who participated;
- v. The name of each resident and whether the resident participated in the drill; and
- vi. ~~and w~~Whether the resident required assistance evacuating from the home. (4-11-06)

06. Report of Fire. A separate report on each fire incident occurring within the home must be submitted to the Department within thirty (30) calendar days of the occurrence. The report must include date of incident, origin, extent of damage, how the fire was extinguished, and injuries, if any. (4-11-06)

07. Maintenance of Equipment. The home will assure that all equipment is properly maintained. (4-11-06)

a. The smoke and CO detectors must be tested at least monthly and a written record of the test results maintained on file.

b. Documentation that batteries in smoke and carbon monoxide detectors have been changed at least twice (2 times) per year or according to manufacturer's instructions must be maintained on file. ; (4-11-06)

c. Portable fire extinguishers must be serviced annually by an outside servicing agency. Fire extinguishers purchased in the last twelve (12) months are exempt from annual service if the home has a dated receipt on file. All portable fire extinguishers must be examined at least quarterly by a knowledgeable family member to determine that; (4-11-06)

- i. The extinguisher is in its designated location; (4-11-06)
- ii. Seals or tamper indicators are not broken **or the extinguisher safety pin is in place;** (4-11-06)
- iii. The extinguisher has not been physically damaged; (4-11-06)

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iv. The extinguisher does not have any obvious defects; and (4-11-06)

v. Chemicals have not settled and hardened.

vi. Delivery of the chemical is unobstructed.

vii. ~~Inspecting tags on each extinguisher show at~~ Document at least the initials of the person making the quarterly examinations and the date of the examinations. (4-11-06)

c. Fuel-fired heating systems must be inspected, serviced, and approved at least annually by person(s) in the business of servicing these systems. The inspection records must be maintained on file in the home. (4-11-06)

601. -- 699. (RESERVED)

700. HOME CONSTRUCTION AND PHYSICAL HOME STANDARDS.

01. **General Requirements.** Any residence used as certified family home must be suitable for that use. Certified family homes must only be located in buildings intended for residential use. (4-11-06)

a. Remodeling or additions to homes must be consistent with residential use of the property and must conform to local building standards including obtaining building permits as required by the local jurisdiction. ~~Remodeling that is not consistent with the general practice of the neighborhood is not permitted. Examples may include converting garages to bedrooms or constructing large buildings which overwhelm the lot.~~ (4-11-06)

b. All homes are subject to Department approval. (4-11-06)

02. **Walls and Floors.** Walls and floors must withstand frequent cleaning. Walls in sleeping rooms must extend from floor to ceiling. (4-11-06)

03. **Telephone.** ~~There must be a landline telephone in the home that is accessible to all residents.~~ There must be at least one telephone that is 911 compliant in the home at all times. The phone must be immediately available in case of an emergency with dependable service coverage and maintain operational functioning at all times. The resident must have unlimited access to the phone and must have adequate privacy while using the telephone. ~~The telephone must be immediately available in case of an emergency.~~ Written emergency numbers must be accessible on file. ~~posted near the telephone.~~ (4-11-06)

04. **Functioning Toilet Facilities and Bathrooms.** Each certified family home must contain: (4-11-06)

a. At least one (1) flush toilet, one (1) tub or shower, and one (1) lavatory sink with a mirror; (4-11-06)

b. Toilet facilities and bathrooms must be separated from all rooms by solid walls ~~or~~ partitions; (4-11-06)

c. All toilet facilities and bathrooms must have either a window that is easily opened or forced ventilation to the outside; (4-11-06)

d. Tubs, showers, and lavatories sinks must be connected to hot and cold running water; and (4-11-06)

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e. Access to resident toilet facilities and bathrooms must not require a resident to pass through another sleeping room to reach the toilet or bath (4-11-06)

05. Accessibility for Residents with Physical and Sensory Impairments. Homes choosing to provide services to residents who have difficulty with mobility or who have sensory impairments must assure the physical environment meets the needs of the resident and maximizes independent mobility and use of appliances, bathroom facilities, and living areas. The home must provide necessary accommodations as described below according to the individual resident's needs: (4-11-06)

a. A ramp that complies with the Americans with Disabilities Act Accessibility Guidelines (ADAAG) [4.8](#); (4-11-06)

b. Bathrooms and doorways large enough to allow easy passage of a wheelchair and that comply with the ADAAG [4.13](#); (4-11-06)

c. Toilet facilities that comply with the ADAAG [4.16](#) and [4.23](#); (4-11-06)

d. Sinks that comply with the ADAAG [4.24](#); (4-11-06)

e. Grab bars in resident toilet facilities and bathrooms that comply with the ADAAG [4.26](#); (4-11-06)

f. Bathtubs and shower stalls that comply with ADAAG [4.20](#) and [4.21](#); (4-11-06)

g. Non-retractable faucet handles that comply with the ADAAG [4.19](#) and [4.27](#). Self-closing valves are not allowed; (4-11-06)

h. Suitable handrails on both sides of all stairways leading into and out of the home that comply with the ADAAG [4.9.4](#); (4-11-06)

i. **Smoke detectors in the home must meet sensory impairment needs of the resident served.**

06. Storage Areas. Adequate storage must be provided in addition to the required storage in resident sleeping rooms. (4-11-06)

07. Lighting. Adequate lighting must be provided in all resident sleeping rooms and any other rooms accessed by the resident. (4-11-06)

08. Ventilation. The home must be well ventilated and the provider must take precautions to prevent offensive odors. (4-11-06)

09. Heating. The temperature in the certified family home must be maintained at seventy degrees Fahrenheit (70°F) or more during waking hours when residents are at home and sixty-five degrees Fahrenheit (65°F) or more during sleeping hours [or as defined in the plan of service](#). Wood stoves must not be the primary source of heat and the thermostat for the primary source of heat must be remotely located away from the wood stove. (4-11-06)

10. Plumbing. All plumbing in the home must be **functional and in good working order**. ~~comply with local and state codes.~~ All plumbing fixtures must be easily cleanable and maintained in good repair. (4-11-06)

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11. Resident Sleeping Rooms. ~~(4-11-06)~~ The resident's sleeping room must not be any room commonly used for other than bedroom purposes. Bedrooms must have floors, ceilings, and walls that are finished to the same degree as the rest of the home. The sleeping room must meet all other requirements of these rules.

~~a. The resident's sleeping room must not be in an attic, stairway, hall, or any room commonly used for other than bedroom purposes.~~

~~The resident's sleeping rooms may be in a basement only if the following conditions are met:
(4-11-06)~~

~~i. The window must not open into a window well that cannot be exited. All other fire and life safety requirements for windows must be met; (4-11-06)~~

~~ii. The basement must have floors, ceilings, and walls which are finished to the same degree as the rest of the home. The sleeping room must meet all other requirements of these rules; and (4-11-06)~~

~~iii. The resident must be assessed through the plan of service to be capable of evacuating from the basement without assistance in an emergency. (4-11-06)~~

~~b. a.~~ Walls must run from floor to ceiling and doors must be solid; (4-11-06)

~~e. b.~~ The resident must not occupy the same bedroom as the provider. The resident must not occupy the same bedroom as the provider's family unless the resident is also a family member; (4-11-06)

~~d. c.~~ Ceiling heights in sleeping rooms must be at least seven feet six inches (7'6"); (4-11-06)

~~e. d.~~ Sleeping rooms must have a closets ~~equipped with doors~~. Closet space shared by two (2) residents, must have a substantial divider separating each resident's space. Free-standing closets must be deducted from the square footage in the sleeping room; and (4-11-06)

~~f. e.~~ Sleeping rooms must have at least one-hundred (100) square feet of floor space in a one (1) person sleeping room and at least one-hundred and sixty (160) square feet of floor space in a two (2) person sleeping room. (4-11-06)

f. A resident must be able to self-evacuate before they can be approved to sleep in or be assigned a bedroom located above or below the ground floor.

701. MANUFACTURED HOMES AND MODULAR BUILDINGS.

01. Use of Manufactured Homes and Modular Buildings. Idaho Division of Building Safety (DBS) approved modular buildings or U.S. Department of Housing and Urban Development (HUD) approved buildings may be approved for use as a certified family home when the home meets the following requirements. (4-7-11)

a. The manufactured or modular home meets the requirements of HUD or ~~BDDBS~~ DBS requirements in accordance with state and federal regulations as of the date of manufacture. (4-7-11)

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b. **The home meets the adopted standards and requirements of the local jurisdiction in which the home is located.** (4-7-11)

c. Recreational vehicles, commercial coaches, unregulated or unapproved modifications or additions to approved manufactured housing or modular buildings; and manufactured housing constructed prior to June 15, 1976, are prohibited for use as a certified family home ~~without DHW assessment and approval.~~ (4-7-11)

02. Previously Certified. A manufactured home approved for use as a certified family home before July 1, 2001, may continue to be certified when evaluated on a case-by-case basis. (4-7-11)

702. -- 709. (RESERVED)

710. SITE REQUIREMENTS FOR CERTIFIED FAMILY HOMES.

In addition to the requirements of Section 700 of these rules, certified family homes must comply with the following site requirements. (4-11-06)

01. Fire District. The home must be in a lawfully constituted fire district. (4-11-06)

02. Accessible Road. The home must be served by an all-weather road kept open to motor vehicles at all times of the year. (4-11-06)

03. Emergency Medical Services. The home must be accessible to emergency medical services within thirty (30) minutes driving time; and (4-11-06)

04. Accessible to Services. The home must be accessible ~~within thirty (30) minutes driving time~~ to necessary social, medical, and rehabilitation services. (4-11-06)

711. -- 899. (RESERVED)

900. EMERGENCY POWERS OF THE DIRECTOR.

In the event of an emergency endangering the life or safety of a resident, the Director may summarily suspend or revoke any certified family home certificate. As soon thereafter as practical, the Director will provide an opportunity for a hearing in accordance with the provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (4-11-06)

901. ENFORCEMENT PROCESS.

If the Department finds that a home does not or did not meet a rule governing certified family homes, it may impose a remedy, independently or in conjunction with others, subject to the provisions of these rules for notice and appeal. (4-11-06)

01. Recommendation of Remedy. In determining which remedy to recommend, the Department will consider the home's compliance history, change of ownership, the number of deficiencies, scope, and severity of the deficiencies. Subject to these considerations, the Department may impose any of the following remedies: (4-11-06)

a. Ban on all admissions, see Section 910 of these rules; (4-11-06)

b. Ban on admissions of residents with certain diagnosis, see Section 911 of these rules; (4-11-06)

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c. Summarily suspend the certificate and transfer residents, see Section 912 of these rules; (4-11-06)

d. Issue a provisional certificate, see Subsection 110.02 of these rules; or (4-11-06)

e. Revoke the home's certificate, see Section 913 of these rules. (4-11-06)

02. Notice of Enforcement Remedy. The Department will give the home written notice of an enforcement remedy by certified mail or by personal service. (4-11-06)

902. FAILURE TO COMPLY.

The Department may institute an action to revoke the home's certificate when the Department determines the home is out of compliance or lack of progress. (4-11-06)

01. Out of Compliance. A home has not complied with a program requirement within thirty (30) days of the date the home is found out of compliance with that requirement. (4-11-06)

02. Lack of Progress. A home has made little or no progress in correcting deficiencies within thirty (30) days from the date the Department accepted the home's plan of correction. (4-11-06)

903. REPEATED NONCOMPLIANCE.

When the Department makes a determination of repeated noncompliance with respect to a home, the Department may impose any of the remedies listed in Sections 910 through 913 of these rules. The Department will monitor the home on an as-needed basis, until the home has demonstrated that it is in compliance with all program requirements governing certified family homes and that it will remain in compliance. (4-11-06)

904. -- 909. (RESERVED)

910. ENFORCEMENT REMEDY OF BAN ON ALL ADMISSIONS.

All admissions to the home are banned pending satisfactory correction of all deficiencies. Bans will remain in effect until the Department determines that the home has achieved full compliance with all program requirements, or until a substitute remedy is imposed. (4-11-06)

911. ENFORCEMENT REMEDY OF BAN ON ADMISSIONS OF RESIDENT WITH SPECIFIC DIAGNOSIS.

Admission of any resident with a specific diagnosis is banned. A ban may be imposed for all prospective residents both state and private, and will prevent the home from admitting the kinds of residents for whom it has shown an inability to provide adequate care. (4-11-06)

912. ENFORCEMENT REMEDY OF SUMMARY SUSPENSION AND TRANSFER OF RESIDENT.

The Department may summarily suspend a home's certificate and transfer the resident when convinced by a preponderance of the evidence that the resident's health and safety are in immediate jeopardy. (4-11-06)

913. ENFORCEMENT REMEDY OF REVOCATION OF CERTIFICATE.

01. Revocation of the Home's Certificate. The Department may institute a revocation action when persuaded by a preponderance of the evidence that the home is not in substantial compliance with this chapter. (4-11-06)

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02. Causes for Revocation of the Certificate. The Department may revoke any certificate ~~to include~~ **for any of** the following causes: (4-11-06)

a. The certificate holder has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a certificate; (4-11-06)

b. The home is not in substantial compliance with these rules; (4-11-06)

c. When persuaded by a preponderance of the evidence that such conditions exist which endanger the health or safety of any resident; (4-11-06)

d. Any act adversely affecting the welfare of residents is being permitted, aided, performed, or abetted by the person or persons in charge of the home. Such acts may include, but are not limited to, neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights, or exploitation; (4-11-06)

e. The provider has demonstrated or exhibited a lack of sound judgment essential to the operation and management of a home; (4-11-06)

f. The provider has violated any of the conditions of a provisional certificate; (4-11-06)

g. The home has one (1) or more core issues. A core issue is a deficiency that endangers the health, safety, or welfare of any resident; (4-11-06)

h. An accumulation of minor violations that, taken as a whole, would constitute a ~~major deficiency~~ **core issue**; (4-11-06)

i. Repeat violations of any requirement of these rules or of the Idaho Code; (4-11-06)

j. The home lacks the ability to properly care for the type of residents residing at the home, as required by these rules or as directed by the Department; (4-11-06)

k. The home is not in substantial compliance with the provisions for services, resident rights or admissions; (4-11-06)

l. Certificate holder refuses to allow the Department or Protection and Advocacy agencies **immediate and** full access to the home environment, home records, or the residents; (3-21-12)

m. Any condition exists in the home which endangers the health or safety of any resident; or (3-21-12)

n. The provider fails to pay the certification fee as specified in Subsection 109.02 of these rules. The certification fee is considered delinquent if not paid within thirty (30) days of due date on the invoice. (3-21-12)

914. (RESERVED)

915. TRANSFER OF RESIDENT.

The Department may require transfer of a resident from a **certified family** home to an alternative placement on the following grounds: (4-11-06)

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01. Violation of Rules. As a result of a violation of a provision of these rules or standards, the home is unable or unwilling to provide an adequate level of meals, lodging, personal assistance, or supervision of a resident. (4-11-06)

02. Violation of Resident's Rights. A violation of a resident's rights provided in Section 39-3516, Idaho Code, or Section 200 of these rules; **or.** (4-11-06)

03. Immediate Jeopardy. A violation of a provision of this chapter or applicable rules or standards results in conditions that present an immediate jeopardy. (4-11-06)

916. -- 949. (RESERVED)

950. RIGHT TO SELL. Nothing contained in these rules limits the right of any home owner to sell, lease, mortgage, or close any home in accordance with all applicable laws. (4-11-06)

951. -- 999. (RESERVED)