



*Certified Family Home*

*Provider Manual*

*Department of Health & Welfare  
Division of Medicaid  
Region VI*



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

We promote and protect the  
health and safety of Idahoans



## **CERTIFIED FAMILY HOME PROGRAM VISION**

Residents living in a safe, family like environment where they are integrated into the community and receive quality services to ensure their health, dignity and personal choice.

## **CERTIFIED FAMILY HOME TEAM MISSION STATEMENT**

To promote and protect the health and safety of Idahoans living in certified family homes by ensuring a safe, homelike environment where residents receive the appropriate services and support to promote their health, dignity, personal choice and community integration.



**CERTIFIED FAMILY HOME**

**PROVIDER MANUAL**

Dear Certified Family Home Provider:

The Department of Health and Welfare recognizes the values of Certified Family Homes and those who provide a home-like setting environment for other people unable to live on their own. With your help, they can live in a less restrictive setting.

We hope this manual will help you understand and follow the regulations for a Certified Family Home provider.

Sincerely

Department of Health and Welfare  
Division of Medicaid

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CFH Provider Name

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CFH Trainer Name Date Orientation Completed

This training satisfies the requirements of IDAPA 16.03.19.100.06



# Certified Family Home Provider Manual

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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 certification and recertification criteria, and to charge and collect initial certification and recertification fees. (7-1-11)T

**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)

**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.**

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](#). (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](http://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 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)

**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. (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 nonaccidental 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 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 conclusion 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 on their own and require help with activities of daily living, protection and security, and need encouragement toward independence. (4-11-06)
- 08. Certified Family Home Care Provider.** The adult member 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. Incidental Supervision.** Supervision provided by an individual approved by the provider to supervise the resident, not to exceed four (4) hours per week. (4-11-06)
- 16. 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)
- 17. Neglect.** The failure to provide food, clothing, shelter or medical care to sustain the life and health of a resident. (4-11-06)
- 18. Negotiated Service Agreement.** The agreement between the resident and his representative, if applicable, and the home based on the assessment, physician's orders, if any, admission records, if any, and desires of the resident, that outlines services to be provided and the obligations of the home and the resident. (4-11-06)
- 19. Owner.** Any recognized legal entity, governmental unit, or person having legal ownership of the certified family home as a business operation. (4-11-06)

**20. 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)

**21. 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)

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

**23. 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)

**24. Substitute Caregiver.** An individual approved by the provider to provide care 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 is a parent, child, sibling, or grandparent of the resident. (4-7-11)

**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)

**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 Cardio-Pulmonary Resuscitation (CPR) which must be kept current; (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; 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 initial certification fee, and provide information required by the Department. (7-1-11)T

- 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)
- 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. (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 a statement 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 their relationship to the applicant. (4-11-06)

**09. Payment of Initial Certification.** Payment of the initial certification fee required in Section 109 of these rules. (7-1-11)T

**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 the form requested by the Department, or both. (4-11-06)

**102. -- 108. (RESERVED)**

**109. INITIAL CERTIFICATION AND RECERTIFICATION FEES FOR CERTIFIED FAMILY HOMES.**

**01. Initial Certification Fee Amount.** A provider is required to pay to the Department at the time of application a one-time non-refundable certification fee of one hundred fifty (\$150) dollars. (7-1-11)T

**02. Recertification Fees.** A provider is required to pay to the Department a recertification fee of twenty-five (\$25) 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 recertification fees when due may cause the Department to take enforcement action described in Section 913 of these rules. (7-1-11)T

**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 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 CPR cards; (4-11-06)

ii. Furnace, well, and fireplace inspection reports, as applicable; (4-11-06)

iii. Annual fire extinguisher inspection reports or sales receipts for fire extinguishers less than twelve (12) months old; (4-11-06)

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 owner's or renter's insurance; (4-11-06)

viii. 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 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 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)

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. -- 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. 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. Up to two (2) hours of ongoing first aid or CPR will count toward the eight (8) hour requirement. 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)

**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)

**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 waiver may be granted for a period of no more than twelve (12) months. (4-11-06)

**03. Waiver Renewal.** If the provider wishes to renew a waiver, he 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)

**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)
- 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. (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)

**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. 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, 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)

**05. 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 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. 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 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)

**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 each of the following to the resident without additional charge. (4-11-06)

**01. Supervision.** 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 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)

**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)

**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)

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

**07. 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 charge for room, utilities and three (3) daily meals must be established in the admission agreement. (4-11-06)

**176. -- 199. (RESERVED)**

**200. RESIDENT RIGHTS POLICY.**

Each certified family home will develop and implement a written resident rights policy which will protect and promote the rights of each resident. The written description of legal rights must include a description of the protection of personal funds and a statement that a resident may file a complaint with the Department at the address in Section 005 of these rules, or local Regional Office regarding resident abuse and neglect and misappropriation of resident property 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.** The right to send and receive mail unopened; (4-11-06)

**b.** 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 (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)

**c.** Freedom from discrimination; and (4-11-06)

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

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

- f.** 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 their personal use, the difference between their 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 their personal funds. A home must not require a resident to deposit his personal funds with the home. (4-11-06)
- 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. (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)
- 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. (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 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.** 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)
- i.** 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, of his legal rights during the stay at the home. (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 their rights and entitlements, their 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 their 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 their 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.**

**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. Provider Responsibility for Private-Pay Residents.** The provider will develop, identify, assess, or direct a uniform needs assessment 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. Results of Assessment.** The results of the assessment may be used to evaluate the ability of a provider to meet the identified resident's needs. The results of the assessment may also be used to determine the need for special training or licenses or certificates that may be required to care for certain residents. (4-11-06)

**04. 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; (4-11-06)
- b. Medical diagnosis; (4-11-06)
- c. Medical and health problems; (4-11-06)
- d. Prescription and over-the-counter medications; (4-11-06)
- e. Behavior patterns; (4-11-06)
- f. Cognitive function; (4-11-06)
- g. The 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. Time Frames for Completing 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 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)

226. -- 249. (RESERVED)

**250. PLAN OF SERVICE.**

The resident must have a plan of service. 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 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; (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)
- j.** Admission records; (4-11-06)
- k.** Community support systems; (4-11-06)
- l.** Resident's desires; (4-11-06)
- m.** Transfer and discharge 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.**

**01. Admission Agreement.** At the time of admission to a certified family home, the provider and the resident 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)
- c.** Whether or not the provider will accept responsibility for the resident's funds; (4-11-06)
- d.** How a partial month's refund will be managed; (4-11-06)
- e.** 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 liability coverage provided by the homeowner's or renter's insurance policy. (4-11-06)
- g.** 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.** 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.** 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.** Amount the home will charge for room, utilities and three (3) daily meals; and (4-11-06)
- m.** Other information as needed. (4-11-06)

**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 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 other residents in the home from harm; and (4-11-06)
- e.** Other written conditions as mutually established between the resident and the provider at the time of admission. (4-11-06)

**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. Their availability without the consent of the resident, 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 name, address, and telephone number of an individual 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 history and physical performed by a licensed physician or nurse practitioner 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)
- j.** A list of medications, treatments, and special diets, if any, prescribed for the resident and signed and dated by the physician; (4-11-06)
- k.** 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.** 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.** Written admission agreement which is signed and dated by the provider and the resident, his legal guardian or his conservator; (4-11-06)
- o.** 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.** A copy of the resident's most current uniform needs assessment for the certified family home; (4-11-06)
- q.** A copy of the signed and dated admission 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.** An inventory of the resident's belongings. The resident can inventory any item he chooses; (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)
- 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 current list of medications, diet, and treatments prescribed for the resident which is signed and dated by the physician giving the order. Current orders may be a copy of the signed doctor's order from the pharmacy; (4-11-06)
  - c.** 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)
  - d.** Any incident or accident occurring while the resident is living in the home; (4-11-06)
  - e.** Notes from the licensed nurse, home health, physical therapy, and other service providers, documenting the services provided at each visit; (4-11-06)
  - f.** 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.** 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 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 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 be used for resident expenses until a new payee is appointed. (4-11-06)

- 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; (4-11-06)
  - b.** Notify the resident that funds are available for his use; (4-11-06)
  - c.** Bill each resident for his certified family home care charges on a monthly basis from his funds; (4-11-06)
  - d.** Document on a monthly or on a weekly basis any financial transactions 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 of the home; (4-11-06)
  - f.** Not require the resident to purchase goods or services from 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 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 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. (4-11-06)

**02. Substitute Caregiver.** A substitute caregiver must be approved by the provider to provide care 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: (4-11-06)

- a.** Current certification in first aid and Cardio-Pulmonary Resuscitation (CPR); (4-11-06)
- b.** A criminal history check as provided in Section 009 of these rules; and (4-11-06)
- c.** Completed the "Assistance with Medications" course as provided in Section 400 of these rules, if they will assist the resident with medications. (4-11-06)

**03. Incidental Supervision.** An individual providing incidental supervision must be approved by the provider to 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 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 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 nurse 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. Mesisets filled and labeled by a pharmacist or licensed 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)

**c.** The home is responsible to safeguard the resident's medications. (4-11-06)

**d.** 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)

**03. Self-Administration of Medication.** 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 nurse or other qualified professional has evaluated the resident's ability to self-administer medication and has found that the resident: (4-11-06)

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

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

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

and

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

**04. Assistance with Medications.** The certified family home must provide assistance with medications to residents who need assistance; however, only a licensed nurse or other licensed 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 with resident medications must be an adult who 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. 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)

**c.** 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)

**d.** 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 nurse. Proper measuring devices must be available for liquid medication that is poured from a pharmacy-dispensed container; (4-11-06)

**e.** Written and oral instructions from the licensed physician or other practitioner of the healing arts, pharmacist, or nurse concerning the 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; (4-11-06)

**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. Administration of Medications.** Only a licensed nurse or other licensed health professionals working within the scope of their 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)

**06. Written Record of Disposal.** A written record of all disposal of drugs must be maintained in the home and will include: (4-11-06)

**a.** A description of the drug, including the amount; (4-11-06)

**b.** 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 responsible home personnel and a witness or the resident's family. (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 must use 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 a private accredited laboratory or the District Public Health Laboratory for 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 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. Nonmunicipal Sewage Disposal.** For homes with nonmunicipal sewage disposal, at the time of the initial certification and at least every five (5) years thereafter the home must provide 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 home must obtain a statement from the local health district indicating that the sewage disposal system meets local requirements. The statement must be kept on file at the home; or (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 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 sleeping room must be thoroughly cleaned including the bed, bedding, and furnishings before it is 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)

**501. -- 599. (RESERVED)**

**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 railings must be provided to protect the residents according to their need for supervision as documented in the plan of service; and (4-11-06)
- c.** The premises 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, hallways, on each level of the home, and as recommended by the local fire district. (4-11-06)
- b.** 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.** Portable heating devices 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; (4-11-06)
- f.** Flammable or highly combustible materials must not be stored in the home; (4-11-06)
- 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 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 fuel heating devices must be approved by the local building/heating/venting/air conditioning board. Openings in all solid fuel 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 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)
- c.** 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. The emergency plan must be reviewed with residents at admission and at least every six (6) months thereafter. This review must be documented in each resident's individual file. (4-11-06)

**05. Fire Drills.** Homes must conduct and document fire drills at least 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. (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 detectors must be tested at least monthly and a written record of the test results maintained on file; (4-11-06)

**b.** 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; (4-11-06)

iii. The extinguisher has not been physically damaged; (4-11-06)

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

v. Inspecting tags on each extinguisher show 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. The

resident must have adequate privacy while using the telephone. The telephone must be immediately available in case of an emergency. Emergency numbers must be posted near the telephone. (4-11-06)

- 04. 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 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 must be connected to hot and cold running water; and (4-11-06)
  - 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)

**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 comply with local and state codes. All plumbing fixtures must be easily cleanable and maintained in good repair. (4-11-06)

**11. Resident Sleeping Rooms.** (4-11-06)

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

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

**e.** Sleeping rooms must have 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.** 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)

**701. MANUFACTURED HOMES AND MODULAR BUILDINGS.**

**01. Use of Manufactured Homes and Modular Buildings.** Idaho Division of Building Safety (BDS) 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 BDS requirements in accordance with state and federal regulations as of the date of manufacture. (4-7-11)

**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)

**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. (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 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)

**02. Causes for Revocation of the Certificate.** The Department may revoke any certificate to include 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; (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 full access to the home environment, home records, or the residents; (7-1-11)T

**m.** Any condition exists in the home which endangers the health or safety of any resident; or(7-1-11)T

**n.** The provider fails to pay the recertification fee as specified in Subsection 109.02 of these rules. The recertification fee is considered delinquent if not paid within thirty (30) days of due date on the invoice. (7-1-11)T

**914. (RESERVED)**

**915. TRANSFER OF RESIDENT.**

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

**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. (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)**

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# Idaho Statutes

TITLE 39  
HEALTH AND SAFETY  
CHAPTER 35

IDAHO CERTIFIED FAMILY HOMES

**39-3501. LEGISLATIVE INTENT AND DECLARATION.** The purpose of a certified family home in Idaho is to provide a homelike alternative designed to allow individuals to remain in a more normal family-styled living environment, usually within their own community. Certified family homes provide a home to individuals who are elderly, individuals with a mental illness, developmental disabilities, physical disabilities or to those unable to live alone, and whose mental, emotional and physical condition can be met by the care provider to delay the need for more expensive congregate care or other institutional care. The home must obtain a waiver under section 39-1301A, Idaho Code, to care for two (2) persons requiring care described in section 39-1301(b), Idaho Code.

It is the intent of the legislature that certified family homes be available to meet the needs of those residing in these homes while providing a more homelike environment focused on integrated community living rather than other more restrictive environments and by recognizing the capabilities of individuals to direct their own care.

The certified family home shall be operated by a provider who has demonstrated the knowledge and experience required to provide safe and appropriate services to each resident of the certified family home. The provider shall protect each resident's rights and provide appropriate services to meet each resident's needs. For those residents whose care is not paid with public funds, the certified family home shall conduct an objective, individualized assessment to determine resident needs, develop a comprehensive negotiated plan of service to meet those needs, deliver appropriate services to meet resident needs and ensure resident rights are honored.

The department is responsible for monitoring and enforcing the provisions of this chapter. This responsibility includes, but is not limited to: monitoring the condition of the certified family home, ensuring that each resident has an individualized written plan of care that includes activities of daily living and support services, and managing enforcement procedures when violations occur.

**39-3502. DEFINITIONS.** As used in this chapter:

(1) "Abuse" means a nonaccidental act of sexual, physical or mental mistreatment or injury of a resident through the action or inaction of another individual.

(2) "Activities of daily living" means the performance of basic self-care activities in meeting an individual's needs to sustain him in a daily living environment.

(3) "Adult" means a person who has attained the age of eighteen (18) years.

(4) "Advocate" means an authorized or designated representative of a program or organization operating under federal or state mandate to represent the interests of a population group served by the certified family home.

(5) "Assessment" means the conclusion reached using uniform criteria which identifies resident strengths, weaknesses, risks and needs, to include functional, medical and behavioral. The assessment criteria shall be developed by the department and the advisory council.

(6) "Board" means the board of health and welfare.

(7) "Care provider" means the adult member of the home family responsible for maintaining the certified family home. The care provider and the legal owner may not necessarily be the same person. The care provider must live in the home.

(8) "Certified family home" means a family-styled living environment in which two (2) or fewer adults live who are not able to reside in their own home and who require care, help in daily living, protection and security, supervision, personal assistance and encouragement toward independence.

(9) "Certifying agent" means a person acting under the authority of the department to participate in the certification, inspection, and regulation of a family home.

(10) "Chemical restraint" means any drug that is used for discipline or convenience and not required to treat medical symptoms.

(11) "Client" means any person who receives financial aid and/or services from an organized program of the department.

(12) "Core issues" means abuse, neglect, exploitation, inadequate care, inoperable fire detection or extinguishing systems with no fire watch in place pending the correction of the system, and situations in which advocates, representatives and department certification staff are denied access to records, residents, or the certified family home.

(13) "Department" means the Idaho department of health and welfare.

(14) "Director" means the director of the Idaho department of health and welfare.

(15) "Exploitation" means the misuse of a vulnerable adult's funds, property or resources by another person for profit or advantage.

(16) "Governmental unit" means the state, any county, any city, other political subdivision, or any department, division, board or other agency thereof.

(17) "Home family" means all individuals related by blood, marriage, or adoption, other than residents, residing in the certified family home.

(18) "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 the provisions of section 39-3507, Idaho Code.

(19) "Neglect" means failure to provide food, clothing, shelter, or medical care necessary to sustain life and health of a resident.

(20) "Negotiated service agreement" means the agreement reached by the resident or their representative, if applicable, and the facility, based on the assessment, physician's orders if any, admission records if any, and desires of the resident, and which outlines services to be provided and the obligations of the certified family home and the resident.

(21) "Personal assistance" means the provision by the certified family home of one (1) or more of the following services:

(a) Assisting the resident with activities of daily living.

(b) Arranging for supportive services.

(c) Being aware of the resident's general whereabouts.

(d) Monitoring the activities of the resident while on the premises of the facility to ensure the resident's health, safety and well-being.

(22) "Political subdivision" means a city or county.

(23) "Representative of the department" means an employee of the department.

(24) "Resident" means an adult who lives in a certified family home and who requires personal assistance or supervision.

(25) "Room and board" means lodging and meals.

(26) "Substantial compliance" means a certified family home has no core issue deficiencies.

(27) "Substitute caregiver" means an adult designated by the certified family home provider to provide care and services in a certified family home in the temporary absence of the regular care provider.

(28) "Supervision" means administrative activity which provides the following: protection, guidance, knowledge of the resident's whereabouts and monitoring activities. The care provider is responsible for providing appropriate supervision based on each resident's negotiated service agreement.

(29) "Supportive services" means the specific services that are provided to the resident in the community and that are required by the negotiated service agreement or reasonably requested by the resident.

**39-3503. PAYMENT AGREEMENTS.** Each care provider shall negotiate a written, signed and dated agreement between the care provider and a resident specifying the amount of monthly payment to be paid by the resident and the method for payment.

**39-3504. PHYSICAL AND ENVIRONMENTAL STANDARDS.** Standards shall be developed through the regulatory process by the department to assure a safe, sanitary and comfortable environment for residents of certified family homes.

**39-3505. RULES.** The board shall have the power and it shall be its duty to promulgate appropriate rules necessary to implement and enforce the standards for certified family homes pursuant to this act including, but not limited to, the following:

(1) A home shall be certified for no more than two (2) adults, however, upon an application by the owner and upon a finding by the department that residents can be cared for safely and appropriately based on the residents' specific needs, the department may authorize not more than four (4) adults to be placed in a certified family home which is owner-occupied and which applies to the department for the authorization. Certification as a four (4) resident certified family home shall not be transferable to another person or entity.

Four (4) resident certified family homes shall be subject to all statutes and rules governing certified family homes but shall not be subject to the residential care facility administrator licensing requirements of chapter 42, title 54, Idaho Code, or section 39-3340, Idaho Code, licensing of residential care or assisted living facilities for individuals with mental illness, developmental disabilities or physical disabilities. This provision implementing four (4) resident certified family homes shall be effective on July 1, 2001. The department shall promulgate rules for four (4) resident certified

family homes through the negotiated rulemaking process. Nothing in this subsection shall be construed to authorize increased group size for providers of any form of care other than certified family homes.

(2) A care provider is the adult who has applied to be the care provider and who is responsible for client care and following the laws and rules of the certified family home program.

(3) A home cannot be approved as certified for family home care if it also provides room and board for other persons. A waiver may be granted by the department where a married couple wishes to live together in the same certified family home and one (1) member of the couple does not require certified family home care.

(4) A home cannot be approved as a certified family home and for child foster care at the same time, unless a waiver is granted by the department.

(5) The care provider must have sufficient resources to maintain the home and the services offered.

(6) Information obtained by the care provider shall be held confidential except to representatives of the department to provide services or determine compliance with this chapter or upon consent of the individual or his legal guardian.

(7) Recordkeeping and reporting requirements as may be deemed necessary.

(8) Requirements to assure the safety and adequate care of residents to include the recording of incidents and accidents.

(9) Management of medications.

(10) Inspections. The certifying agency may inspect and investigate certified family homes as necessary to determine compliance with this chapter and the department's rules.

(11) Revocation of certification or other enforcement actions.

**39-3506. STATE CERTIFICATION TO SUPERSEDE LOCAL REGULATION.** The provisions of this chapter, and the rules promulgated pursuant to this chapter, shall supersede any program of any political subdivision of the state which licenses or sets standards for certified family homes.

**39-3507. ADMISSIONS.** A certified family home shall not admit or retain any resident requiring a level of services or type of service which the certified family home does not have the time or appropriate skills to provide.

**39-3508. ASSESSMENT.** The department shall employ uniform assessment criteria to assess functional and cognitive disability. The conclusions shall be deemed the assessment and shall be used to provide appropriate placement and funding for service needs.

**39-3509. NEGOTIATED SERVICE AGREEMENT OR PLAN OF SERVICE.** Each resident shall be provided a negotiated service agreement or plan of service to provide for coordination of services and for guidance of the care provider where the person resides. Upon completion, the agreement shall clearly identify the resident and describe the services to be provided to the resident and how such services are to be delivered.

**39-3510. SEPARABILITY.** If any section, subsection, paragraph, sentence, or any other part of this chapter is adjudged unconstitutional or invalid, such judgment shall not affect, impair, or invalidate the remainder of this chapter, but shall be confined to this section, subsection, paragraph, sentence, or any other part of this

chapter directly involved in the controversy in which the judgment has been rendered.

**39-3511. ADVISORY COUNCIL.** (1) The department shall establish a state level advisory council consisting of twenty-two (22) members appointed by the organizations and/or agencies represented on the council. The chairman of the council shall be elected from the membership.

The members of the council shall be:

- (a) The director or his designee;
- (b) The state ombudsman for the elderly or his designee;
- (c) The director of the state protection and advocacy system or his designee;
- (d) The director of the state developmental disabilities council or his designee;
- (e) The director of the Idaho health care association or his designee;
- (f) An advocate for citizens with mental illness in the state;
- (g) Four (4) certified family home providers;
- (h) Five (5) administrators or licensees of residential care or assisted living facilities, one (1) of whom shall be the president of the state association representing the largest number of residential care or assisted living facilities in Idaho, two (2) of whom shall be designees representing such associations, and two (2) at-large designees appointed by the department. The administrators or licensees shall be selected so as to represent residential care or assisted living facilities providing care to the elderly, individuals with mental illness, and individuals with developmental disabilities, respectively;
- (i) Six (6) residents, three (3) of whom reside in residential care or assisted living facilities and three (3) of whom reside in certified family homes. A resident may be represented by his family member; and
- (j) The local representative of the American association of retired persons (AARP).

(2) Members who are not state agency representatives shall serve three (3) year terms. A vacancy shall be filled for the remainder of the unexpired term from the same class of persons represented by the outgoing member.

**39-3512. APPLICATION OF PROVISIONS.** Any individual providing care and housing commercially to the elderly, or individuals with mental illness, developmental disabilities, or physical disabilities shall at a minimum meet the requirements of this chapter or other provision of law governing care and housing for the elderly, individuals with mental illness, developmental disabilities, or physical disabilities if those provisions are more restrictive.

**39-3513. TRAINING.** The department shall assure that care providers receive, at a minimum, training which shall include the rights of the resident, and a basic understanding of the psychosocial and physical needs of residents to be served. The department will require annual continuing education requirements for care providers as defined by rules promulgated pursuant to this chapter.

**39-3516. RESIDENT RIGHTS.** A certified family home must protect and promote the rights of each resident, including each of the following rights:

(1) Resident records. Each certified family home must maintain and keep current a record of the following information on each resident:

(a) A copy of the resident's current negotiated plan of service and physician's history and physical that includes current medications and special treatments.

(b) Written acknowledgement that the resident has received copies of the rights.

(c) A record of all personal property and funds which the resident has entrusted to the certified family home, including copies of receipts for the property.

(d) Information about any specific health problems of the resident which may be useful in a medical emergency.

(e) The name, address and telephone number of an individual identified by the resident who should be contacted in the event of an emergency or death of the resident.

(f) Any other health-related, emergency or pertinent information which the resident requests the certified family home to keep on record.

(g) The current admission agreement between the resident and the certified family home.

(2) 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.

(3) Humane care and environment (dignity and respect).

(a) Each resident shall have the right to humane care and a humane environment, including the following:

(i) The right to a diet which is consistent with any religious or health-related restrictions.

(ii) The right to refuse a restricted diet.

(iii) The right to a safe and sanitary living environment.

(b) Each resident shall have the right to be treated with dignity and respect, including:

(i) The right to be treated in a courteous manner by staff.

(ii) The right to receive a response from the certified family home to any request of the resident within a reasonable time.

(4) Personal possessions. Each resident shall have the right to:

(a) Wear his own clothing.

(b) Determine his own dress or hair style.

(c) Retain and use his own personal property in his own living area so as to maintain individuality and personal dignity.

(d) Be provided a separate storage area in his own living area and at least one (1) lockable cabinet or drawer for keeping personal property if requested by the resident.

(5) Personal funds. Residents whose board and care is paid for by public assistance shall retain, for their personal use, the difference between their total income and the applicable board and care allowance established by department rules.

(a) A certified family home shall not require a resident to deposit his personal funds with the certified family home.

(b) Once the certified family home accepts the written authorization of the resident, the certified family home must hold, safeguard and account for such personal funds under a system established and maintained by the certified family home in accordance with this subparagraph.

(6) Management of personal funds. Upon a certified family home's acceptance of written authorization of a resident, the certified family

home must manage and account for the personal funds of the resident deposited with the certified family home. Upon the death of a resident with such an account, the certified family home must promptly convey the resident's personal funds, and a final accounting of such funds, to the individual administering the resident's estate. For clients of the department, the remaining balance of funds shall be refunded to the department.

(7) Access and visitation rights. Each certified family home must permit:

(a) Immediate access to any resident by any representative of the department, by the state ombudsman for the elderly or his designee, or by the resident's individual physician.

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

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

(d) 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.

(e) Access by protection and advocacy system. The certified family home shall permit advocates and representatives of the protection and advocacy system designated by the governor pursuant to 42 U.S.C. 15043 and 42

U.S.C. 10801 et seq. access to residents, certified family homes and records in accordance with applicable federal law and regulations.

(8) Employment. Each resident shall have the right to refuse to perform services for the certified family home except as contracted for by the resident and the care provider of the home. If the resident is hired by the certified family home to perform services as an employee of the home, the wage paid to the resident shall be consistent with state and federal law.

(9) Confidentiality. Each resident shall have the right to confidentiality of personal and clinical records.

(10) Freedom from abuse, neglect and restraints. Each resident shall have the right to be free from physical, mental or sexual abuse, neglect, corporal punishment, involuntary seclusion, and any physical or chemical restraints.

(11) Freedom of religion. Each resident shall have the right to practice the religion of his choice or to abstain from religious practice. Residents shall also be free from the imposition of the religious practices of others.

(12) Control and receipt of health-related services. Each resident shall have the right to control his receipt of health-related services, including:

(a) The right to retain the services of his own personal physician, dentist and other health care professionals.

(b) The right to select the pharmacy or pharmacist of his choice.

(c) The right to confidentiality and privacy concerning his medical or dental condition and treatment.

(13) Grievances. Each resident shall have the right to voice grievances with respect to treatment or care that is (or fails to be) furnished, without discrimination or reprisal for voicing the grievances and the right to prompt efforts by the certified family home

to resolve grievances the resident may have, including those with respect to the behavior of other residents.

(14) Participation in other activities. Each resident shall have the right to participate in social, religious and community activities that do not interfere with the rights of other residents in the certified family home.

(15) Examination of home inspection reports. Each resident shall have the right to examine, upon reasonable request, the results of the most recent home inspection of the certified family home conducted by the department with respect to the certified family home and any plan of correction in effect with respect to the certified family home.

**39-3519. ACCESS BY ADVOCATES AND REPRESENTATIVES.** A certified family home shall permit advocates and representatives of community legal services programs, including the protection and advocacy system pursuant to 42 U.S.C. 15043 and 42 U.S.C. 10801 et seq., whose purposes include rendering assistance without charge to residents, to have access to the certified family home at reasonable times.

**39-3520. APPLICATION FOR CERTIFICATION.** An application for certification shall be made to regional offices of the department upon forms provided by the department and shall contain such information as the department reasonably requires which will include a background check and fingerprinting through the department. Following receipt of an application, the department shall conduct a study, including a visit to the home, to determine the capability of the provider to provide care as a certified family home.

**39-3521. ISSUANCE AND RENEWAL OF CERTIFICATION.** Each certificate shall be issued only for the home and provider named in the application and shall not be transferable or assignable. Each certified family home is required to renew its certification annually. The application for renewal shall be filed with the regional office of the department within thirty (30) days prior to the date of expiration. The existing certificate, unless suspended or revoked, shall remain in force and effect until the department has acted upon the application renewal when such application for renewal is timely filed.

**39-3522. PROVISIONAL CERTIFICATION.** Upon initial investigation, should an applicant for a certificate be unable to meet a standard because of conditions that are unlikely to endure beyond six (6) months, the department may grant a provisional certificate pending the satisfactory correction of all deficiencies and provided that the deficiencies do not jeopardize the health and safety of residents. No more than one (1) provisional certificate shall be issued to the same certified family home in any twelve (12) month period.

**39-3523. DENIAL OR REVOCATION OF A CERTIFICATE.** The department may deny the issuance of a certificate or revoke any certificate when persuaded by a preponderance of evidence that such conditions exist as to endanger the health or safety of any resident, or when the home is not in substantial compliance with the provisions of this chapter or rules promulgated pursuant to this chapter.

**39-3524. PROCEDURE FOR DENIAL OR REVOCATION OF A CERTIFICATE.**

Immediately upon the denial of any application for a certificate, or the revocation of a certificate, the department shall notify the applicant in writing. The proceedings shall be conducted in accordance with the Idaho administrative procedure act and the department's rules.

**39-3525. EFFECT OF PREVIOUS REVOCATION OR DENIAL OF A CERTIFICATE.** The department is not required to review the application of an applicant who has had a certificate denied or revoked until five (5) years have elapsed from the date of certificate denial, revocation, or appeals.

**39-3526. RULES PROVIDED.** Upon initial certification, certified family homes shall be provided a printed copy of all applicable statutes and rules by the department, without charge.

**39-3527. RESPONSIBILITY FOR INSPECTIONS AND TECHNICAL ASSISTANCE.** The certifying agency shall inspect and provide technical assistance to certified family homes. The department may provide consulting services upon request to any certified family home to assist in the identification and correction of deficiencies and in the upgrading of the quality of care provided by the certified family home.

**39-3528. OPERATING WITHOUT CERTIFICATION -- MISDEMEANOR.** Any person who operates a certified family home within the state without first obtaining certification as provided in this chapter shall be guilty of a misdemeanor.

**39-3554. WAIVER OR VARIANCE.** The board shall provide, by rule, a procedure whereby a temporary variance or a permanent waiver of a specific standard may be granted in the event that good cause is shown for such a variance or waiver and providing that a variance or waiver of a standard does not endanger the health and safety of any resident. The decision to grant a variance or waiver shall not be considered as precedent or be given any force of effect in any other proceeding.

**39-3556. COMPLAINTS.** (1) A person who believes that any provision of this chapter has been violated may file a complaint with the certifying agency. Any such complaint shall be subject to the exemption from disclosure set forth in section 9-340B(16), Idaho Code.

(2) The certifying agency shall investigate, or cause to be investigated, any complaint alleging a violation of this chapter or applicable rules. If the certifying agency reasonably believes there has been such a violation, it shall conduct an inspection of the facility.



## Idaho Statute

### **TITLE 39 HEALTH AND SAFETY**

#### ***CHAPTER 53 ADULT ABUSE, NEGLECT AND EXPLOITATION ACT***

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# Idaho Statutes

TITLE 39  
HEALTH AND SAFETY  
CHAPTER 53

ADULT ABUSE, NEGLECT AND EXPLOITATION ACT

**39-5301. SHORT TITLE.**

This chapter shall be known and may be cited as the "Adult Abuse, Neglect and Exploitation Act."

**39-5301A. DECLARATION OF POLICY.**

(1) It is the intent of the adult abuse, neglect and exploitation act to authorize the fewest possible restrictions on the exercise of personal freedom and religious beliefs consistent with a vulnerable adult's need for services and to empower vulnerable adults to protect themselves.

(2)The legislature recognizes that vulnerable adults sometimes experience difficulties managing their own affairs or are unable to protect themselves from abuse, neglect or exploitation. Often, vulnerable adults cannot find others who are able or willing to provide assistance.

(3)The commission is directed to investigate allegations of abuse, neglect, self-neglect or exploitation involving a vulnerable adult, to make appropriate referrals to law enforcement, and to arrange for the provision of necessary services. Further, the commission shall honor a vulnerable adult's freedom of choice and right to self-determination. When it becomes necessary for the commission to assist a vulnerable adult, actions shall be tempered by the requirements of due process and must place the fewest possible restrictions on personal freedom. Services provided under this act are also intended to provide assistance to caregiving families experiencing difficulties in maintaining functionally impaired relatives in the household.

(4)In the process of carrying out its adult protection responsibilities, the commission is directed to make effective use of multidisciplinary services available through any and all public agencies, community-based organizations, and informal resources.

**39-5302. DEFINITIONS.**

For the purposes of this chapter:

(1)"Abuse" means the intentional or negligent infliction of physical pain, injury or mental injury.

(2)"Caretaker" means any individual or institution that is responsible by relationship, contract, or court order to provide food, shelter or clothing, medical or other life-sustaining necessities to a vulnerable adult.

(3)"Commission" means the Idaho commission on aging, established pursuant to Chapter 50, title 67, Idaho Code.

(4)"Contractor" means an area agency on aging and its duly authorized agents and employees providing adult protection services pursuant to a contract with the commission in accordance with section 67-5011, Idaho Code. The commission designates area agencies on aging pursuant to 42 U.S.C.A. 025(a)(2)(A) and may establish by rule when duties or obligations under this chapter may be fulfilled by an area agency on aging.

- (5)"Department" means the Idaho department of health and welfare.
- (6)"Emergency" means an exigent circumstance in which a vulnerable adult's health and safety is placed in imminent danger. Imminent danger is when death or severe bodily injury could reasonably be expected to occur without intervention.
- (7)"Exploitation" means an action which may include, but is not limited to, the misuse of a vulnerable adult's funds, property, or resources by another person for profit or advantage.
- (8)"Neglect" means failure of a caretaker to provide food, clothing, shelter or medical care reasonably necessary to sustain the life and health of a vulnerable adult, or the failure of a vulnerable adult to provide those services for himself.
- (9)"Supportive services" means noninvestigatory remedial, social, legal, health, educational, mental health and referral services provided to a vulnerable adult.
- (10)"Vulnerable adult" means a person eighteen (18) years of age or older who is unable to protect himself from abuse, neglect or exploitation due to physical or mental impairment which affects the person's judgment or behavior to the extent that he lacks sufficient understanding or capacity to make or communicate or implement decisions regarding his person.

Nothing in this chapter shall be construed to mean a person is abused, neglected, or exploited for the sole reason he is relying upon treatment by spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination; nor shall the provisions of this chapter be construed to require any medical care or treatment in contravention of the stated or implied objection of such a person.

**39-5303. DUTY TO REPORT CASES OF ABUSE, NEGLECT OR EXPLOITATION OF VULNERABLE ADULTS.**

(1)Any physician, nurse, employee of a public or private health facility, or a state licensed or certified residential facility serving vulnerable adults, medical examiner, dentist, ombudsman for the elderly, osteopath, optometrist, chiropractor, podiatrist, social worker, police officer, pharmacist, physical therapist, or home care worker who has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected or exploited shall immediately report such information to the commission. Provided however, that nursing facilities defined in section 39-1301(b), Idaho Code, and employees of such facilities shall make reports required under this chapter to the department. When there is reasonable cause to believe that abuse or sexual assault has resulted in death or serious physical injury jeopardizing the life, health or safety of a vulnerable adult, any person required to report under this section shall also report such information within four (4) hours to the appropriate law enforcement agency.

(2)Failure to report as provided under this section is a misdemeanor subject to punishment as provided in section 18-113, Idaho Code. If an employee at a state licensed or certified residential facility fails to report abuse or sexual assault that has resulted in death or serious physical injury jeopardizing the life, health or safety of a vulnerable adult as provided under this section, the department shall also have the authority to:

- (a)Revoke the facility's license and/or contract with the state to provide services;
- (b)Deny payment;

- (c) Assess and collect a civil monetary penalty with interest from the facility owner and/or facility administrator
- (d) Appoint temporary management;
- (e) Close the facility and/or transfer residents to another certified facility;
- (f) Direct a plan of correction;
- (g) Ban admission of persons with certain diagnoses or requiring specialized care
- (h) Ban all admissions to the facility;
- (i) Assign monitors to the facility; or
- (j) Reduce the licensed bed capacity.

Any action taken by the department pursuant to this subsection shall be appealable as provided in chapter 52, title 67, Idaho Code.

(3) Any person, including any officer or employee of a financial institution, who has reasonable cause to believe that a vulnerable adult is being abused, neglected or exploited may report such information to the commission or its contractors.

(4) The commission and its contractors shall make training available to officers and employees of financial institutions in identifying and reporting instances of abuse, neglect or exploitation involving vulnerable adults.

(5) Any person who makes any report pursuant to this chapter, or who testifies in any administrative or judicial proceeding arising from such report, or who is authorized to provide supportive or emergency services pursuant to the provisions of this chapter, shall be immune from any civil or criminal liability on account of such report, testimony or services provided in good faith, except that such immunity shall not extend to perjury, reports made in bad faith or with malicious purpose nor, in the case of provision of services, in the presence of gross negligence under the existing circumstances.

(6) Any person who makes a report or allegation in bad faith, with malice or knowing it to be false, shall be liable to the party against whom the report was made for the amount of actual damages sustained or statutory damages in the amount of five hundred dollars (\$500), whichever is greater, plus attorney's fees and costs of suit. If the court finds that the defendant acted with malice or oppression, the court may award treble actual damages or treble statutory damages, whichever is greater.

**39-5303A. EXEMPTION FROM DUTY TO REPORT -- LIMITED APPLICATION OF EXEMPTION.**

(1) The requirements set forth in section 39-5303, Idaho Code, pertaining to the reporting of instances of abuse, neglect or exploitation of a vulnerable adult to the commission or the department shall not apply to situations involving resident-to-resident contact within public or private health facilities or state licensed or certified facilities which serve vulnerable adults, except in those cases involving sex abuse, death or serious physical injury that jeopardizes the life, health or safety of a vulnerable adult or repeated resident-to-resident physical or verbal altercations, not resulting in observable physical or mental injury, but constituting an ongoing pattern of resident behavior that a facility's staff are unable to remedy through reasonable efforts.

(2) This exemption applies only to reports involving resident-to-resident abuse that are to be directed to the commission or the department pursuant to section 39-5303, Idaho Code. This exemption

shall not limit any other reporting obligation or requirement whether statutory or otherwise.

**39-5304. REPORTING REQUIREMENTS, INVESTIGATION, EMERGENCY ACCESS.**

(1)When a report is required pursuant to this chapter, such report shall be made immediately to the commission or appropriate contractor. Provided however, that nursing facilities defined in section 39-1301(b), Idaho Code, and employees of such facilities shall make reports required under this chapter to the department. If known, the report shall contain the name and address of the vulnerable adult; the caretaker; the alleged perpetrator; the nature and extent of suspected abuse, neglect or exploitation; and any other information that will be of assistance in the investigation.

(2)If the allegations in the report indicate that an emergency exists, the commission or contractor must initiate an investigation immediately, and initiate contact with the alleged vulnerable adult within twenty-four (24) hours from the time the report is received. All other investigations must be initiated within seventy-two (72) hours from the time the report is received.

(3)The investigation shall include a determination of the nature, extent and cause of the abuse, neglect, or exploitation, examination of evidence and consultation with persons thought to have knowledge of the circumstances and identification, if possible, of the person alleged to be responsible for the abuse, neglect or exploitation of the vulnerable adult.

(4)Where no emergency exists, the commission or contractor may determine, based on the review of the report and any initial inquiries, that an interview with the vulnerable adult is not necessary to the investigation. If the commission or contractor determines that an interview is necessary, the preferred method of interviewing is by means of a personal visit with the vulnerable adult in the adult's dwelling. Alternatively, the interview may occur in the local office of the commission or contractor, or by telephone conversation, or by any other means available to the commission or contractor. Decisions regarding the method of conducting any interview will be within the discretion of the commission or contractor.

(5)Upon completion of an investigation, the commission or contractor shall prepare a written report of the investigation. The name of the person making the original report or any person mentioned in the report shall not be disclosed unless those persons specifically request such disclosure or unless the disclosure is made pursuant to the commission's duty to notify law enforcement as required in section 39-5310, Idaho Code, to a request to law enforcement for emergency access, a court order or hearing.

If the abuse, neglect, or exploitation is substantiated to have occurred in a state certified or licensed facility, a copy of the findings shall be sent to the licensing and certification office of the department.

If the commission or contractor determines that a report is unsubstantiated and that no other law has been violated, all records related to the report shall be expunged no later than three (3) years following the completion of the investigation.

**39-5305. INSPECTIONS -- RIGHT OF ENTRY.**

(1)Upon receiving information that a vulnerable adult is alleged to be abused, neglected, or exploited, the commission or contractor shall cause such investigation to be made in accordance with the provisions

of this chapter as is appropriate. In making the investigation, the commission or contractor shall use its own resources and may enlist the cooperation of peace officers. In an emergency any authorized commission employee or contractor shall enlist the cooperation of a peace officer to ensure the safety of the vulnerable adult, and they shall receive the peace officer's assistance. Assistance in an emergency may include entry on private or public property where a vulnerable adult is allegedly subject to abuse, neglect or exploitation, and the removal and transportation of the vulnerable adult to a medical facility, care-providing facility, or other appropriate and safe environment.

(2) In a nonemergency, any peace officer may cooperate with an authorized commission employee or contractor in ensuring the safety of a vulnerable adult who has been abused, neglected or exploited, including a vulnerable adult living in a condition of self-neglect. Assistance shall only be provided with the consent of the vulnerable adult or his legal representative.

(3) For the purposes of implementing or enforcing any provision of this chapter or any rule authorized under the provisions of this chapter, any duly authorized commission employee or contractor may, upon presentation of appropriate credentials at any reasonable time, with consent or in an emergency, enter upon any private or public property where a vulnerable adult allegedly is subject to abuse, neglect, or exploitation.

(4) All inspections and searches conducted under the provisions of this chapter shall be performed in conformity with the prohibitions against unreasonable searches and seizures contained in the fourth amendment to the constitution of the United States and article I, section 17, of the constitution of the state of Idaho. The state shall not, under the authority granted in this chapter, conduct warrantless administrative searches of private property except with consent, or in an emergency.

(5) If consent to entry is not given, a commission employee or contractor with the assistance of the county prosecutor may obtain, and any magistrate or district judge is authorized to issue a search warrant upon showing that probable cause exists to believe a vulnerable adult is subject to abuse, neglect or exploitation. Upon request of a commission employee or contractor, a peace officer shall serve the search warrant.

### **39-5306. SUPPORTIVE SERVICES AND DISCLOSURE.**

(1) If there is substantiated abuse, neglect, or exploitation of a vulnerable adult, the commission or contractor has the responsibility to assist the adult in obtaining available services.

(2) If the commission or contractor develops a plan of supportive services for the vulnerable adult, the plan shall provide for appropriate supportive services available to the vulnerable adult that are least restrictive to personal freedom and shall provide encouragement for client self-determination and continuity of care.

(3) If the vulnerable adult does not consent to the receipt of reasonable and necessary supportive services, or if the vulnerable adult withdraws consent, services shall not be provided or continued.

(4) If the commission or contractor determines that a vulnerable adult is an incapacitated person, as defined in section 15-5-101(a), Idaho Code, mentally ill as defined in section 66-317, Idaho Code, or developmentally disabled as defined in section 66-402, Idaho Code, the commission or contractor may petition the court for protective proceedings, appointment of a guardian or conservator and such other

relief as may be provided by chapter 5, title 15, Idaho Code, and chapters 3 and 4, title 66, Idaho Code.

(5) An employee or contractor of the commission shall not be appointed the guardian or conservator of a vulnerable adult unless the commission employee or contractor has a spousal or familial relationship with the vulnerable adult.

#### **39-5307. ACCESS TO RECORDS.**

Any person, department, agency or commission authorized to carry out the duties enumerated in this chapter shall have access to all relevant records, which shall be subject to disclosure according to chapter 3, title 9, Idaho Code, and shall only be divulged with the written consent of the vulnerable adult or his legal representative. No medical records of any vulnerable adult may be divulged for any purpose without the express written consent of such person or his legal representative, or pursuant to other proper judicial process.

#### **39-5308. INTERAGENCY COOPERATION.**

(1) In performing the duties set forth in this chapter, the commission or contractor may request the assistance of the staffs and resources of all appropriate state departments, agencies and commissions and local health directors, and may utilize any other public or private agencies, groups or individuals who are appropriate and who may be available. Interagency cooperation shall include the involvement, when appropriate, of law enforcement personnel, department personnel, medical personnel, and any other person or entity deemed necessary due to their specialized training in providing services to vulnerable adults. Interagency cooperation may also include access to client information necessary for the provision of services to vulnerable adults.

(2) The commission shall provide to the department on at least a quarterly basis a listing of all alleged perpetrators against whom an allegation of adult abuse, neglect or exploitation has been substantiated. Upon request, all available supportive information shall be provided to enable the department to conduct criminal background checks and other required investigations.

(3) The department shall provide to the commission or contractor any report received under this chapter from a nursing facility defined in section 39-1301(b), Idaho Code, or an employee of such facility.

(4) The commission or contractor shall provide the department with any report received under this chapter involving allegations of abuse, neglect or exploitation occurring in a nursing facility as defined in section 39-1301(b), Idaho Code.

(5) The commission, contractors and the department shall use interagency staffing when necessary and share client and facility information necessary to provide services to vulnerable adults.

#### **39-5309. COORDINATION OF SERVICES.**

Subsequent to the authorization for the provision of reasonable and necessary emergency and support services, the commission or contractor shall initiate a review of each case at reasonable intervals over a reasonable period of time as the commission or contractor deems necessary based upon the circumstances in each individual case to determine whether continuation or modification of the services provided is warranted. A decision to continue the provision of such services should be made in concert with appropriate personnel from state

agencies, departments, service providers and others, and shall comply with the consent provisions of this chapter.

**39-5310. REPORT TO LAW ENFORCEMENT -- PROSECUTION.**

(1) If, as the result of any investigation initiated under the provisions of this chapter, it appears that the abuse, neglect, or exploitation has caused injury or a serious imposition on the rights of the vulnerable adult, the commission shall immediately notify the appropriate law enforcement agency which shall initiate an investigation and shall determine whether criminal proceedings should be initiated against the caretaker or other persons in accordance with applicable state law. Notwithstanding the prohibition against disclosure of names of persons associated with the written report of an investigation as provided in section 39-5304, Idaho Code, the commission shall disclose names associated with the written report when notification is made as required in this section.

(2) The abuse, neglect or exploitation of a vulnerable adult is a crime under section 18-1505, Idaho Code, and is subject to punishments provided in that section and other applicable state law.

**39-5311. EFFECT OF ACTIONS TAKEN PURSUANT TO THE NATURAL DEATH ACT.**

Any action taken by a physician or health facility pursuant to an agreement with a vulnerable adult in accordance with the provisions of chapter 45, title 39, Idaho Code, shall not be construed to constitute abuse, exploitation, or neglect, so long as it is consistent with the withholding or withdrawal of artificial life-sustaining procedures from a qualified patient.

**39-5312. RULES.**

The director of the commission shall have the authority to adopt, promulgate and enforce such rules as he deems necessary in carrying out the provisions of this chapter, subject to the provisions of chapter 52, title 67, Idaho Code.



## **Certified Family Home Level of Care**

Each person applying for or receiving funding for care received in a certified family home through a program offered by the Department must be assessed to determine his or her level of care.

The Idaho Statutes and Certified Family Home Administrative Rules require a uniform assessment for state-funded residents and private pay residents. That requirement is met through the Department's Uniform Assessment Instrument (UAI). To be eligible for one of the state funded "waiver" programs while living in a certified family home, the UAI must result in a person meeting level of care requirements. Payment for care is made by Medicaid for residents who meet level of care requirements for our waiver programs.

The certified family home provider must become a "Medicaid Provider." The provider actually bills Medicaid after services are performed, similar to the system doctors and hospitals use. The resident pays for his or her own room, utilities and food from their personal income and the resident also keeps a small amount to meet basic personal needs. The Medicaid payment for services for waiver residents is based on each individual's needs. Every case is different.

If the resident qualifies for PCS State Plan, he/she is exempt from having to pay a contribution for services.

Questions about becoming a provider and payment for services for residents in your certified family homes should be directed to your local Regional Medicaid Services unit. The DHW Self Reliance Programs may be contacted for questions related to the resident's financial determination and Medicaid eligibility. The following are types of Medicaid waived programs.

### **Aged and Disabled Waiver Program (A & D Waiver):**

The person must be at least eighteen (18) years or older and require services due to the disabling condition which impairs their mental or physical function or independence and is capable of being maintained safely and effectively in a non-institutional setting. The person may be elderly, or disabled because of a developmental delay, a physical illness, or a mental illness. Additionally, the person

must meet the Nursing Facility level of care as assessed using the UAI. The Department of Health & Welfare (DH&W) makes this determination.

### **PCS State Plan Levels I, II, and III:**

The applicant must be at least eighteen (18) years or older. The Department of Health and Welfare (DHW) makes the eligibility determination. To be eligible, the Regional Medicaid Services (RMS) must find that it is medically necessary for the applicant to receive PCS because of a medical condition impairing his/her physical or mental function or independence. The person may be elderly, or disabled because of a developmental delay, a physical illness, or a mental illness. If the person meets PCS State Plan criteria, the RMS staffs will assign a level based on the Uniform Assessment Instrument assessment findings.

- If the participant is assigned a Level I, they will be authorized 35 units or 8.75 hours weekly.
- Those assigned to Level II will be authorized 42 units or 10.5 hours weekly.
- Those assigned to Level III will be authorized 63 units or 15.75 hours weekly.

### **PCS State Plan Level IV:**

In March 2005, the Department implemented a Fourth Level of reimbursement for individuals receiving personal care services (PCS) in a Certified Family Home. This level pertains to individuals who have a documented diagnosis of mental retardation, mental illness, or Alzheimer's disease. All diagnosis must be documented by a licensed medical professional.

- Participants assigned a Level IV by the RMS staff will be authorized 50 units or 12.5 hours weekly.

If the participant's UAI assessment determines that he/she meets Level III, the Department will authorize this payment level instead.

### **Developmentally Delayed Waiver Program (DD Waiver), including the Idaho State School and Hospital (ISSH) Waiver:**

The person must be at least eighteen (18) years of age and meet the Intermediate Care Facility for persons with Mental Retardation (ICF/MR) level of care criteria. Other requirements to meet the DD and ISSH Waivers will be explained further if a resident fits the criteria. The determination is made by the DHW using the Woodcock Johnson Scales of Independent Behavior (SIB-R) assessment tool.



## Nursing Facility Level of Care in a Certified Family

**Purpose:** To ensure that nursing facility level of care (NF LOC) residents receive safe and effective services while residing in a certified family home (CFH).

A home may care for one (1) resident who requires NF LOC without obtaining a waiver. A home seeking to provide care to two (2) residents who require NF LOC must request a waiver from the department. If the department determines the living situation is safe and effective, a one (1) year waiver will be approved.

The LOC for residents residing in a CFH is determined by the results of the UAI assessment. The NF LOC is applicable for A & D waiver participants as well as private pay residents who score twelve (12) or more points on the UAI.

### **Procedure:**

Department staff should check the LOC status of current residents residing in the CFH prior to conducting an UAI assessment for a new applicant or authorizing services for an existing A & D waiver participant. For private pay residents, the provider will provide the department a completed UAI for review.

If the Department determines that a NF LOC waiver is required, the home shall be notified and provided a waiver form. It is the responsibility of the home return the form to the Department for approval.

If the participant's living situation is safe and effective, a one year waiver may be granted. The CFH Program Manager's signature on the waiver form will be the documentation of the Department's assessment that the living situation is safe and effective. The waiver is not transferable to any other provider, address, or resident and has to be renewed yearly.

The department may revoke the waiver if there is a threat to the life or safety of either resident or the arrangement is no longer safe and effective. The waiver becomes invalid if one of the residents moves from the home or no longer wishes to live in the home with the other resident.



## **AGED AND DISABLED WAIVER PROGRAM (A&D WAIVER)**

- Must be at least eighteen years or older and eligible for Medicaid services.
- Must meet Nursing Facility Level of Care. A Regional Medicaid Services nurse will determine the level of care and a daily reimbursement rate using the Uniform Assessment Instrument (UAI).
- The nurse will then develop a care plan called a Negotiated Service Agreement (NSA). You will be responsible for completing your portion of this plan and returning it to the RMS nurse prior to move-in.

*People that participate in this program can be elderly, disabled because of a developmental delay, have a physical illness, or a mental illness.*

## **PERSONAL CARE SERVICES (PCS) STATE PLAN**

- All the same criteria as the A & D Waiver program other than the resident does not need to meet Nursing Facility Level of Care.
- Hours of care are sixteen hours a week or less



## **DEVELOPMENTAL DISABILITY WAIVER PROGRAM** **(DD WAIVER)**

- Must be Medicaid eligible and eighteen years or older.
- Diagnosed with a developmental disability which appears before the age of twenty-two.
- Must meet the Intermediate Care Facility for persons with Mental Retardation (ICF/MR) level of care criteria.
- Evaluated by an Independent Assessment Provider (IAP) to determine eligibility. The evaluation tool is called a SIB-R.
- Once eligibility is determined, a care plan will be developed. The plan is called an Individual Support Plan (ISP).
- You will work with a Program Coordinator and develop an Implementation Plan.
- One of the primary focuses of this program is training.



### **PRIVATE PAY**

- The resident is paying for care, room and board. Medicaid is not responsible for payment.
- You decide how much to charge each private pay resident.
- Assessment (UAI) and plan of care (NSA) are completed by the CFH provider.
- The UAI and NSA must be completed within fourteen days of admission.
- The UAI and NSA forms can be found at [www.cfh.dhw.idaho.gov](http://www.cfh.dhw.idaho.gov) under forms.
- All Certified Family Home rules apply.



## **Recruiting a New Resident**

### **Elderly People**

- Hospital discharge planners and social workers
- Doctors
- Alzheimer's Association
- Notices in local senior newsletter
- Ads at local senior center
- Idaho Office on Aging
- Home health, personal care, or respite agencies
- Nursing home discharge planners
- Churches

### **People with a Developmental Disability**

- Department of Health and Welfare
- Targeted Service Coordinator agencies
- Intermediate Care Facilities for the Mentally Retarded (ICF/MR)
- Private developmental disability centers

### **People with a Mental Illness**

- Support groups
- Department of Health and Welfare
- Private treatment agencies



## Accepting a New Resident into Your Certified Family Home

### How to screen residents for your Certified Family Home

**Having a comfortable match between you and the person you are caring for is important for everyone's well being, stress level, and satisfaction:**

- Know your capabilities and limitations.
- Do not accept a resident if you cannot meet their needs.
- You may wish to consider a "trial visit" for a weekend or a few days to allow all persons involved time to assess compatibility.
- Other residents in your home should be allowed to participate in the decision regarding whom they live with.

#### **Lifestyle Considerations**

- The resident's personal habits, i.e., smoking, drinking
- Expectation for visitors
- Bedtime and awakening preferences
- Hobbies
- Reaction to any children or pets in the home
- Transportation needs

#### **Level of Care Considerations**

- Ability to communicate
- Need for help with bathing, dressing or grooming
- Continence/Incontinence
- Mobility
- Special equipment or therapy
- Medications
- Level of confusion

#### **Need for protective supervision or behavior management**

- Daily schedule
- Diet



## Helping a New Resident Adjust

**Recognize the feelings a resident may be experiencing when they move into their new home. It can be a very difficult and emotional time.**

- **Resentment/Anger.** Resentment and anger toward family, friends, a physician or other service provider who wanted (forced) them to move.
- **Denial.** Denial that there was a need to live in a setting other than being independent. Denial that help is needed in any area of his or her life.
- **Fear/Loneliness/Anxiety.** Fear of the unknown and of the future. Loneliness for the lost familiar setting and individuals in that setting. Worry about finances and belongings.
- **Grief/Depression.** Grief for the loss of independence and his or her home. Depression because of declining health, ability and vitality. Perceived loss of possessions and activities that made life meaningful.

### **Ways to help a resident adjust to your home:**

- If possible, have the resident spend time in your home before he or she actually moves in.
- Prior to moving in, encourage the resident to bring furniture, if appropriate, and other familiar items. Encourage and assist, if necessary, the resident to personalize his or her room.
- Use the time completing Resident Records as a time to get to know the resident's likes and dislikes and other personal preferences. Learn how the resident wishes to be addressed.
- Set a specific time and date for the resident to move in. Clear your schedule to have time to spend with the resident and the family so that no one feels rushed. Encourage the resident's family and friends or involved persons to help the new resident move in. Fully orient the resident to all areas of the home.
- Be prepared to spend extra time with new residents to reassure and support them, to make them feel welcome. Be patient and give them time.



## Introduction to Developmental Disabilities

### Examples

The causes and types of developmental disabilities are varied. Since you will work with many different people, a few examples of developmental disabilities are described below.

As you review the terms, remember that a label does not tell us about a person's skills or capabilities. For example, to best serve a person with cerebral palsy, you need to know the individual well. In a person's record, you may find reports from a physical or occupational therapist or a physician, which describe in detail the specific disability.

But while reports will provide you with important information, it is knowing the person, his or her family and his or her personal history, which will be the greatest source to guide you in providing assistance. It is important to understand the person's goals, hopes, experiences, and capabilities, as well as his or her particular type of disability.

- **Cerebral Palsy**

Cerebral palsy is a general term. Persons with cerebral palsy have difficulty controlling their body motions. They may make weak or uncoordinated movements. This is caused by damage to certain areas of the brain. Damage to different parts of the brain will cause different forms of cerebral palsy.

Persons with cerebral palsy have very different abilities and disabilities, and like all of us, each is a unique individual. Many persons with cerebral palsy have normal or above average intelligence, although sometimes an individual can have other disabilities like blindness, deafness, epilepsy or mental retardation.

Persons with cerebral palsy may make a number of different kinds of movement. Here are some common examples:

- **Spasticity:** Excessive muscle tightening causing heightened resistance to movement.
- **Rigidity:** Stiffness of the body or limbs.
- **Tremors:** Shaky muscles when a coordinated movement like reaching or walking is attempted.
- **Athetosis:** Slow, uncontrolled movements.

These movements are very different. Most people with cerebral palsy have a mixture of these movements.

- **Spina Bifida**

When the spinal cord fails to close, a baby may be born with spina bifida. These individuals may experience a variety of challenges. They may not have a sense of touch or pain in their legs, for example. They may have paralysis of their bladder or bowels which prevents them from controlling their body functions.

Some people need very little assistance while others require intensive support. Once again, you need to know the capabilities and needs of each person in order to help. Medical technology has enabled individuals with a spinal cord disability to participate in many more and varied environments than ever before. As a result, opportunities to contribute more fully in their communities as workers, family members, neighbors, friends, and citizens have become more available.

- **Autism**

Autism is relatively rare, and occurs more often in males than females. Researchers are uncertain of the cause of autism, but they believe there is a physical basis. Persons with autism have difficulty relating to other people. They avoid or may not pay attention to others. Generally, they have severely impaired language ability.

When a person with autism learns language skills, she/he may not use this language to talk to people in usual ways. For example, Lydia sometimes repeats exactly what other people say to her. This is called echolalia. Sometimes persons with autism learn how to talk to others in more effective ways. Still, since communicating is difficult, it is very important to learn how to understand what the person's patterns of behavior may communicate.

Often, persons with autism become upset with small changes in a room or a routine. Many individuals may spend hours each day rocking back and forth, singing to themselves, moving their hands in front of their eyes or rubbing their own bodies. This self-stimulatory behavior can interfere with learning more useful and productive ways of behaving.

While most persons with autism have some degree of mental retardation, not all do. A few people have unusual and exceptional skills in music, art, movement, memory, and math. Knowing the individual well helps you better facilitate his/her growth by providing more effective support and training.

- **Mental Retardation**

Persons with mental retardation are individuals who have difficulty learning general knowledge as well as adaptive behavior. Adaptive behavior is the way a person adjusts to their environment. When a person has difficulty with adaptive behavior, he/she will also have difficulty meeting expectations for personal independence at his/her age level.

There are a number of terms which are used to label individuals with mental retardation for purposes of information, funding services, and classification of needs. Again, these labels, while they serve a purpose, can also be harmful.

In order to classify levels of functioning, you will see the terms borderline, moderate, severe and profound. Like any label, these words take on negative stereotypes and self-fulfilling prophecies. While it is necessary to understand the usage of these terms by policy-makers, researchers, and others, it is not in the interest of the individual to use them in referring to him or her, and it is not helpful to plan supports and services based on labels.



## Challenging Behaviors

### Definition

A behavior which limits a person being able to be a part of regular community life, or erodes their personal dignity. Behavior is communication.

### Examples

- Repetitiveness
- Manipulation
- Distrust
- Withdrawal
- Depression
- Hypochondria
- Denial
- Aggressiveness
- Violence

### Causes of Difficult Behavior

- **Loss or lack of independence and personal privacy.** The losses associated with moving into an adult family home may include limited privacy and personal space for possessions, distance from familiar people and places, and schedules over which residents have no control. Residents may feel grateful for having someone to provide for their care needs, yet at the same time resent becoming increasingly dependent on others.
- **Loss of control.** Residents who are left out of decisions affecting their daily lives may respond negatively in an effort to regain some control. Doing "what is best" for a resident can result in your being the target of anger, not gratitude.
- **Stress.** Unrealistic expectations for a resident to do certain things can cause behavior problems. Comments such as "You can do it if you just try harder" often produce results opposite of those desired. Remember that some residents may be stressed by environmental factors that you may not notice, such as glare from a light source or acoustical problems.
- **Inability to Communicate.** Residents who are unable to express their thoughts or feelings in words may express frustration through behavior.

- **Pain.** Chronic pain may limit a resident's participation in activities of daily life. It can cause frustration and depression, which leads to behavioral problems.
- **Medications.** Medications used to treat pain or mental illness can affect behavior, especially when the resident is not taking the proper dosages. The section on medications will discuss this in more detail.
- **Mental Confusion.** Changes in brain function can alter the way people perceive what is happening around them.
- **Depression.** Depressed persons are not always withdrawn or cheerless. They may be agitated, hostile or aggressive.

### **Assessing Difficult Behavior**

The cause for a resident's difficult behavior may not be apparent. For example, a resident who is hostile and says, "I don't like you, go away!" could be experiencing depression. There could be a medical reason for the behavior, such as a reaction to medication. Perhaps the behavior is a manipulative tactic to gain attention.

The purpose of assessment is to determine the reason for the behavior and the best approach to take. First, rule out possible medical causes for the behavioral problem (e.g., medication reaction or disease). Then ask yourself these questions about the resident's behavior.

#### **Whose problem is it?**

Sometimes the "problem" is with the attitudes of others (provider, family, and staff), not in the person's conduct.

#### **Is the behavior appropriate under the circumstances?**

Behavior that seems inappropriate may actually be adaptive. You need to examine all aspects of the situation. For example, Mr. Jackson was viewed as difficult because he sometimes urinated in the backyard, although the bathroom was next to his room. When the problem was explored, it was found that he only went outdoors when the bathroom was occupied (there was only one bathroom in the home) and he "had to go." He chose to urinate outdoors rather than soil his clothes. Providing him with a portable urinal quickly solved the problem.

Also, the behavior may not seem inappropriate to the resident if it works (e.g., gains your attention, gives the resident control). If shouting seems like the only way to get people to listen, the resident will shout.

#### **Is there an unspoken message in the behavior?**

Is the person using actions to say or gain something? Once you understand the "message" you can respond appropriately to the resident's feelings or needs. For example, Louise, 77, dumps her food on the table while you are in the kitchen discussing Louise's care with her daughter. Why does she do this? What is she trying to tell you both?

#### **Does the behavior fit the resident's perception of reality?**

For example, because Martha believes there are rats under her bed, she refuses to go to bed. Her actions make sense in view of her beliefs. Try to understand the behavior from the resident's viewpoint. Ask yourself; if you were Martha, might you also refuse to go to bed?

### **Do I (staff, family) provoke the person's behavior?**

If so, how? For example: Do I violate the person's privacy? Do I try to control the person's daily life? Do I treat the person like a child? Do I talk about the person as if he or she is not present?

### **How do I respond or reinforce desired behavior?**

Am I prompt with praise? Do I tend to ignore good conduct? Do I offer smiles, hugs, or special treats?

### **How do I respond to negative behavior?**

Am I consistent, or do I ignore it (no reinforcement) sometimes, and become annoyed (negative reinforcement) at other times? When you are inconsistent, you reinforce the behavior.

### **Do I give immediate or delayed rewards?**

For example: Do I reward positive behavior when it occurs or do I wait until the end of the day? Do I follow through with stated rewards or consequences? Behavior followed by immediate actions (negative or positive) tends to be repeated. Behavior not followed by immediate actions tends to occur less frequently.

### **When do I (or other staff), primarily respond to the person?**

Is the person left alone when "being good," but given attention when displaying negative behavior? Maximize the rewards for positive behavior and minimize the response to negative behavior.

## **Approaches to Special Problems**

The following are general suggestions for handling certain types of difficult behavior. When an extreme form of difficult behavior is exhibited, or the problem persists for a long period of time, or you feel frustrated or "in over your head," consult with a mental health or behavioral specialist to determine the most effective methods of coping with the behavior.

- **Repetitiveness:** Use distraction to divert the person's attention.
- **Distrust:** Use passive friendliness to deal with distrustful residents. Wait for them to reach out to you. Be honest. Avoid making promises that cannot be carried out. Such promises add to feelings of distrust even though the intent is sincere. Be as specific as you can about what you will do. For example, instead of saying "I'll go for a walk with you as soon as I can," say "I'll go for a walk with you after lunch."

- **Depression:** Try to build the self-esteem of depressed residents. Reminiscence, care of a pet, and participation in activities and decisions may help. Consult with the health care team about medical treatment for depression.
- **Withdrawal:** Use active friendliness and give time and attention to the resident who is withdrawn. Gently reach out to engage the resident in conversation and activities. Encourage activities that the person enjoys on a solitary basis. If possible, get the person to do these activities in group settings when appropriate.

Gradually expand the activities to include increasing interaction. For example, if a resident enjoys reading poetry, provide the person with books by favorite poets. Suggest the person read in the family room ("where the light is good for reading"). Engage the person in conversation about favorite poems/poets. Look for an opportunity to reminisce with residents, including the person who is withdrawn, about the "first poem you had to memorize for school." Plan "afternoon poetry sessions" with audio poetry readings from the library; seek suggestions from the person and other residents.

- **Denial:** Avoid arguing. Reduce stressful demands and help the person see positive options. For example, an unsteady resident who denies needing to use a walker might be persuaded to use it to do something he or she wants to do, such as getting to the TV room ahead of other residents so he can choose the channel. The questions of "needing" the walker would not be discussed.
- **Hypochondria:** (Excessive bodily complaints.) Do not try to talk the person out of "being sick" or explain that the symptoms are "not real." The pain or symptoms are real to the person. If medical causes for the symptoms have been ruled out, ignoring the complaints sometimes may be appropriate. Set aside a time to talk about "aches and pains."
- If the person complains at times other than scheduled times, remind him or her to "Save that thought to talk about tomorrow morning at 10:30." Talk with the resident about other things at other times of the day. Try to shift the person's interest to the world outside of their environment. Be attentive at times when the person is not talking about health problems.
- **Manipulation:** Provide as many opportunities for decision making and independence as possible. This reduces the need for the person to resort to manipulation. Do not respond immediately to flattery or criticism. Wait until your feelings subside before you decide on an appropriate response.
- **Aggressiveness:** Behavior that presents a hazard to you or others should be evaluated and treated by a professional. Frequently, the person is reacting defensively to a confusing, threatening world.

Provide a consistent, secure environment that allows the individual as much independent activity as possible. Avoid arguing or placing the person in a negative light in front of others. The person may act aggressively to prove that he or she is in control.

When working with a potentially aggressive resident, select an open area where the resident has a choice of places to sit. Position yourself four or five feet away. Sit or stand a little to the side, rather than directly facing the person. This position is less challenging. Try to be at the same physical level as the resident; do not stand if the person is seated. Speak in a normal tone of voice. Offer reassurances.

## Remember . . .

- Do not wait until you have reached your limits to discuss the problems, or relocating the resident.
- There are no easy answers when dealing with behavioral problems.
- Ignore difficult behavior (when appropriate), but never ignore the underlying feelings and needs of the resident.
- Tactics that work today may not work tomorrow and what does work for you may not work for someone else.

## Communication Stoppers

Communication stoppers are messages that mean "Your thoughts, ideas, and feelings are not worth listening to. Mine are better." Such comments tend to reduce the self-esteem of the other person. They also trigger defensiveness, resistance, and resentment.

Communication stoppers include:

- **Criticizing or blaming — makes a negative judgment.**  
"Can't you remember anything?"  
"If you had done what I told you, we wouldn't be in this mess."
- **Diagnosing, analyzing, or interpreting — says you have the other person figured out.**  
"You're depressed, aren't you!"  
"You don't like it here because you don't have much privacy."
- **Name calling, ridiculing, or shaming — makes the other person feel foolish, belittled, or embarrassed.**  
"You're acting like a spoiled child."  
"Where did you get such a silly hat?"
- **Ordering or threatening — commands another person to do something, or warns what will happen.**  
"Now, stop that crying!"  
"If you don't chew your food more, you're going to choke."
- **Advising or giving solutions — suggests that the person isn't capable of finding a solution.**  
"Here's what I advise. Change physicians."
- **Moralizing or preaching — tells others what they should do.**  
"Just forget your old home. You live here now."  
"You mustn't come to the table dressed like that."
- **Questioning or probing — suggests finding reasons for and solving problems for the other persons.**  
"Have you always let your children make all your decisions?"  
"Why do you want to stay in your room by yourself?"
- **Diverting or distracting — suggests that you are not interested, or that the problem is not important.**

"Let's have a nice cup of tea and you'll feel better."  
"What you need is a good night's sleep."

- **Minimizing or denying — shows no regard for the person's feelings, values, or position.**

"You're just oversensitive."

"I don't see why you're so upset over a little thing like that."

- **Using logical arguments — discounts a person's feelings.**

"Think about all of the things that you still have, not what you have lost."

"Sooner or later all older people need help."



## Caring with Dignity, The Basics

Included as a resident right is the right to be cared for with dignity. Aging, increased frailty or disability do not erase someone's need to be his or her "own person."

Everyone thrives when his or her individuality and choices in life can be expressed. Good physical care alone is not enough to achieve well being.

Caring with dignity emphasizes the following:

- **Individuality.** As providers, you need to know and appreciate each resident as an individual. Negotiated Service Agreements should not all look alike. Individuality is often reflected in choices of social activities.
- **Capability.** Promoting your resident's independence and self-esteem is an important aspect of providing care. Doing something for a person because he or she may be too slow diminishes their feelings of self-worth and independence.
- **Respect.** All human beings gain self-worth and confidence by being treated with respect, appreciation and courtesy. Adults are not to be talked to like children. Neither should a person be talked about as if he or she is not present in the room.
- **Privacy.** Privacy means a person's choice to have time and space to themselves to do what he or she wants, think their own thoughts or tend to certain needs without others intruding. Just as in any family, the resident needs time with you and time away from you. Providers should respect and honor each resident's need for privacy as much as possible. The simple act of knocking on the resident's bedroom door demonstrates that the provider will respect the resident's right to privacy.
- **Choice.** Human beings need to have control of their lives. Choice is as simple as deciding what to wear, what to eat or what activities to participate in. Without choice, people become depressed and apathetic or resentful and angry.
- **Home.** A home-like environment means comfort, contentment and belonging. A Certified Family Home which promotes a homelike environment is relaxed, warm and inviting. Furnishings can be fancy or plain; but the atmosphere is one that says, "welcome." Residents feel they are part of a home and part of a family.



## The Aging Process

### Normal Changes That Come With Age

**Skin.** The skin becomes drier and loses some of its elasticity. The fat under the skin also decreases. As a result, the skin develops folds and wrinkles.

These changes affect the ability of an older person to maintain a constant body temperature. They are more sensitive to heat and cold. Due to its dryness, the skin is more easily irritated from soap, tight clothing, and weather changes. Continuous pressure on certain areas of the skin from lying or sitting in the same position for too long causes serious irritation and bed sores.

**Muscles and Bones.** Muscle fibers decline with age, and they become less flexible. However, daily activity and exercise can reduce some of this loss. Bones become more porous and less dense. In women, osteoporosis may occur. The padding between the discs of the spine begins to wear away, which can cause back pain. Also, changes in the spine can cause unstable balance, movement and poor posture.

**Heart and Circulatory.** Blood vessels constrict and lose flexibility, which may lead to blood pressure and circulatory problems. Signs of high blood pressure include headaches, dizziness, fatigue and shortness of breath. Good diet, reduced stress and exercise help keep the heart healthy and blood pressure normal.

**Respiratory.** Aging can affect a person's capacity for breathing. Muscles for breathing in and out can weaken, the rib cage expands less, and lungs decline in their ability to expel air.

**Urinary.** Loss of urinary control is a frequent problem, especially for women. Incontinence can range from the discomfort of slight urine loss, to the disability of severe, frequent wetting. In many cases, incontinence can be treated and controlled, if not cured. Prostate problems are common in men over fifty (50).

**Sexuality.** Except for the reduction of fertility in women, aging causes little change in sexual functioning. Companionship, intimacy, and touch are all-important aspects of sexuality. In caring for an older person, this desire for affection and touch can be achieved by remembering to hug the person. While talking, reach over and hold hands or even give a little shoulder massage or back rub while talking.

**Nutrition.** Nutritional needs of the elderly are essentially the same as the average adult. A high-fiber diet emphasizing vegetables, fruits, and whole grains are generally

recommended. One and a half to two quarts of water are also needed on a daily basis to maintain body temperature and prevent dehydration. Many older persons have difficulty chewing, so softer foods are preferred. Frequently, a decrease in the amount of saliva in the mouth makes swallowing some foods difficult. Poor teeth or poorly fitting dentures can also inhibit proper eating.

**Senses.** Vision changes are common in older persons. They require more light, and react slower to changes in light and dark. It also may become more difficult to distinguish between colors, especially blues, greens, and purples. Another sensory related age change is hearing. Older individuals may experience inability to hear higher pitched tones or sound may be muffled, as if hearing through cotton. Changes in the sense of taste, smell, and touch are less acute.

**Mental.** Very few changes in mental ability are caused by aging. Speed of recall and the mastery of new problems seem to be most affected by aging. Slight memory loss is normal as one ages. Significant memory loss is the decline of short-term memory or in the ability to recall recent events.

**Emotional Well-Being.** The way a person feels about life can be affected by personal and physical losses. Moving from home, death of family and friends, retirement from work, loss of independence and physical functioning all contribute to change and loss in a person's life. Because of multiple losses and stress, older persons may, on occasion, experience depression. Depression can generally be worked out by talking about feelings, helping the person find some area of enjoyment, or professional treatment. Some other common feelings among the elderly include anxiety and loneliness. Again, being able to talk about feelings and understanding that these feelings are a response to real loss can open the way for a different, more positive handling of the loss.

## **Common Diseases Associated With Aging**

**Arthritis** is basically inflammation of the joints. The most common is degenerative arthritis, or osteoarthritis. This disease involves the degeneration of the connecting cartilage of the joints, displacing it with new bone formation. The result is pain, stiffness upon rising, and creaking joints. You may wish to encourage non-strenuous exercises for an older adult that maintain whatever strength and flexibility remains.

**Coronary Artery Disease** occurs when the blood supply flowing through the arteries is reduced or blocked. A heart attack occurs when the blood supply is able to get to all areas of the heart. The person may experience a great deal of pain in the center of the chest and pain radiating to the shoulder, arm, and back. A heart attack requires immediate emergency assistance.

**Stroke** occurs when the blood supply to the brain is reduced or completely shut off. The result of a stroke depends upon the functions of the part of the brain that is damaged and the severity of the damage. Muscle movement, speech, memory, or emotions can be impaired. A care plan for stroke victims needs to be developed for their specific problems, be it speech, paralysis, or emotional control.

**Emphysema** is caused by the breakdown of air pockets in the lungs. Smoking can cause and/or heighten the effects of emphysema. The lack of oxygen getting to the heart and brain because of emphysema has a major impact on energy level and mental functioning. Lack of oxygen can cause a person to experience memory loss, disorientation, insomnia, and irritability.

**Prostate Problems** are common in men over 50. Because it surrounds the urethra, an enlarged prostate can make urination difficult. Most problems can be treated effectively. The forms of prostate problems are acute or chronic prostatitis, which are treated with antibiotics, and benign prostate hypertrophy.

**Cataracts** consist of increasing cloudiness of the eye lens. Cataract removal by surgery is now quite common and almost always successful.

**Parkinson's Disease** is the most common movement disorder involving the central nervous system. The symptoms include stiffness or muscle rigidity, tremors, a shuffling gait, and difficulty in initiating movement. Slower and monotonous speech, reduced voice volume, drooling, tearing of the eyes, difficulty in swallowing, loss of balance, difficulty in urinating, and a mask-like facial appearance further characterize Parkinson's disease. Usually, the intelligence level of the individual remains normal.

The person with Parkinson's disease should be encouraged to be as physically active as possible. Exercise can help prevent joint contractions, although it will not reverse rigidity. An unhurried environment and sufficient time to complete an activity should be provided for the Parkinson's individual.

**Dementia** describes a decline in intellectual ability severe enough to interfere with a person's daily functioning. Many diseases can cause the symptoms. Some of the diseases are treatable; others are not.

About 50 percent of the cases of dementia are caused by Alzheimer's disease. In the early stages of Alzheimer's disease, only memory may be noticeably impaired. As the illness progresses, impairments in language and motor abilities are seen. Late in the illness, the person becomes severely impaired, incontinent, and unable to walk.

A treatable type of dementia is acute organic brain syndrome. It comes on rapidly with symptoms such as confusion about time and place, having difficulty remembering things and acting peculiarly. Causes may be medication side effects, malnutrition, internal infections, severe stress, or other diseases. These types of behavioral changes should be reported to the doctor.

### **Tips for the Hard-of-Hearing in the Home Environment**

- Provide amplification devices on telephones.
- Provide a sitting/conversation area away from high background noise (e.g. television, stereo, radio, dishwasher, air conditioner, laundry area). Reduce background noises in your home as much as possible.
- Adjust the TV, stereo, or radio to increase lower tones, if possible. Lower tones are easier for many people who have hearing impairments to hear. Earphone units may be helpful for persons who need the volume louder than is comfortable for others.
- Purchase a TV set, or add-on adaptor, that allows viewing of closed-caption programs.
- Install smoke alarms that signal with flashing lights as well as sound.
- Avoid using fluorescent lights that emit a "buzzing" sound.

### **Communicating**

- **Reduce background noise.** The less confusion and competition for hearing, the better results you will have communicating.

- **Provide adequate light.** Residents need to be able to see your face to read your lips and pick up facial expressions. Minimize glare.
- **Get the person's attention.** Look him or her in the eye. A gentle touch on the arm or hand may draw the person's eyes to you.
- **Face the person.** Be sure there is nothing between you and the other person to block sight or hearing. If possible, be on the same physical level (e.g., sit down if the person is sitting). If the person's hearing is better on one side, speak to that side.
- **Speak clearly.** Don't exaggerate your speech. It distorts your lip movements and does not make words clearer. Do not have anything in your mouth (e.g., food, gum, cigarette).
- **Use a normal tone.** Do not yell or raise your voice. Shouting creates a booming effect that makes it difficult for the person to hear you. A raised voice also could be interpreted as a sign of impatience or irritation and might create a negative emotional climate. If your voice is high-pitched, try to lower the tone.
- **Use different words if you need to repeat.** Using different words with the same meaning may help the listener understand sounds that are unclear.
- **Allow time for response.** Hearing impairments slow reaction time.
- **If the person wears a hearing aid,** be sure he/she is wearing it, it is properly adjusted, and the battery is functioning.



## Infection Control in the Home

Infection control means preventing the spread of disease from one person to another. All we ever needed to know about it we learned as children. There is no reason to be afraid of germs or of infectious disease. Disease is spread in simple ways, and control is relatively simple, if you understand some basic principles. The entire science of infection control can be summed up as separation of "clean" and "dirty."

Items or areas which have (or might have) come in contact with human bodily secretions since cleaning are "dirty," and should not come in contact with areas or items which are clean. Just as Mom said, used linen, used dishes, and bedrooms and or bathrooms are dirty. The kitchen and areas where food, utensils and linens are stored are clean. Hands should always be washed between dirty and clean items or areas.

The following general principles will guide you in effective approaches. If you have concerns or questions about a specific disease, contact your local health department.

- To be effective, infection control methods must be applied at all times, not just when persons are known to be infected.
- Many organisms capable of causing disease (germs) are present all the time in healthy human beings.
- Most people who harbor the germs that cause such diseases as AIDS or Hepatitis have no symptoms and have not been diagnosed as having the disease.
- Persons coming down with diseases are often highly contagious before symptoms develop.

In general, surfaces that appear clean and dry will not contribute to the spread of disease.

- Germs are relatively easy to kill.
- They can only survive outside the body in some kind of moisture. Drying will kill them.
- Soap and water, household cleaners, and bleach are effective germ killers.

In order to get from one person to another, germs must "hitch a ride."

- Germs can't walk, crawl, jump or fly. They swim.
- The most common method of transmission is for germs to be carried from one person to another on the hands or clothing. Since they require moisture to survive, the hands or clothing must have come in contact with a moist substance containing germs.

- Another mode of transmission is by droplet. A droplet is a drop of moisture containing germs. Droplets must have some force to propel them, such as when a person coughs or sneezes, or when dirty linen is sorted or rinsed. Droplets are usually considered to have a range of up to four feet.
- The source of disease-causing organisms is any human being. In order for the disease to spread, organisms must leave the body of the host and enter the body of another person.
- Since germs require moisture to survive, they must leave the host in a moist substance. Moist substances, which are of concern are BM, urine, vomit, secretions from the mouth and nose, blood and wound drainage. (Sweat and tears have never been implicated in the spread of disease.)

The transfer of disease from one person to another can be prevented by some very simple measures, provided that they are carried out at all times, and for all persons.

- Handwashing, a brief rubbing together of lathered hands, followed by rinsing under running water, is the single most effective control measure. Hands should be washed after touching a contaminated substance. (BM, urine, sputum, nasal secretions, blood or any open wound.)
- Hands should always be washed before contact with food or medicine.
- Household gloves should be worn for contact with any contaminated substance, and hands should be washed after gloves are removed.
- If clothing should become soiled with contaminated substance, it should be changed before contact with another person or food or medicine.

The principles and procedures for blocking transmission of any infectious agent are no different than they ever have been. If the person is dependent and unable to manage his/her secretions and excretions, certain precautions should be practiced by the caregiver.

## **HAND WASHING**

Thorough hand washing with soap and water is essential in controlling the spread of infectious organisms. Intact skin is the body's natural barrier to infectious agents. Soap should be available at all times. Hand washing should occur before or after patient care, after contact with contaminated items, and when preparing or eating food. Adequate education of all caregivers in the proper hand washing techniques should be incorporated into the service plan. (See handout, which follows.)

## **GLOVES**

Gloves provide an additional barrier especially in the presence of open skin areas and should be worn in the following situations:

- When handling secretions and excretions; if a person has rectal or genital lesions; when the person has been incontinent or has vomited; and when handling soiled diapers, linens or clothing. Gloves should be worn during blood contact that may occur during wound, nose or mouth care, and during phlebotomy or caring for a woman during normal menstrual or post-parietal bleeding. Hands should be washed after removing gloves. Gloves are not needed for general care or during casual contact such as bathing of intact skin, assisting with ambulation, or feeding the person. In the absence of running water, gloves should be worn in preference to using antiseptic foams since they do not kill all organisms or provide a means of physical removal.

## **SOIL**

Generally speaking, good cleaning with household detergents is appropriate for washing floors, furniture, and items that do not have direct contact with mucous membranes or internal organs of the body. Where soiling occurs, hot soapy water should be used to remove secretions and excretions before disinfecting. A solution of one part household bleach to nine parts water is adequate to disinfect the area to kill organisms. Since applying bleach directly to soiled areas can cause the release of noxious fumes, it is important to clean the area before disinfecting with bleach solutions. This solution can be used to disinfect counters, toilet bowls, or floors. One cup of bleach can be added to hot soapy water in the washing machine to disinfect soiled linens. Bedpans and commodes should be cleaned on a regular basis. If only one patient is using the bedpan or commode, cleaning on a regular basis with household detergent should be adequate. If the bedpan or commode is shared, special precautions are unnecessary unless diarrhea, herpes lesions, or incontinence are a problem. Then, cleaning and disinfecting with bleach should occur after each use.

If large amounts of soiling are expected, the caregiver may feel most comfortable wearing a smock or protective clothing to keep a uniform clean. This is not necessary, however, as a method to prevent disease transmission. If soiling occurs, regular laundering is adequate to clean the caregiver's clothes.

## **DISPOSAL**

Disposable items such as gloves, diapers, under pads, tissues, paper towels, and dressings should be put in a heavy duty plastic bag, tied shut, and then placed in a second plastic bag before discarding. Needles and other sharp items should be placed into puncture-resistant containers. Removal of these items should be in a manner consistent with local regulations for solid waste disposal. The normal trash pickup by the city or county is generally an appropriate and adequate disposal mechanism.

In the adult family home, a basic level of good hygiene is essential, and living quarters should be well ventilated. Counters, sinks and floors in the kitchen should be kept free from food particles and cleaned regularly. Washing dishes with hot soapy water and drying them is sufficient cleaning after use. Sponges used to clean counters and dishes should not be used to clean the floor, or to clean bathroom spills. The interior of the refrigerator should be cleaned with soap and water to control molds, and old food should be disposed of regularly.

The floor, toilet bowl, tub, shower, floor and sink should be cleaned weekly to prevent the growth of fungi. These areas can be maintained regularly with common household detergents. If a spill of urine or other body fluids has occurred, mopping or wiping up the soiled area first with hot soapy water and then disinfecting with bleach as described previously will adequately clean the area of contaminated fluids. Sponges and mops used to clean up spills from bodily fluids in the bathroom or bedroom should not be rinsed out in the kitchen sink or used where food preparation occurs. Dirty mop water should be poured down the toilet.

Pets are of concern because some may carry organisms not well tolerated by some people. If the person wishes to keep a pet, care should be taken to maintain its good health. A veterinarian should treat any illness. Infectious organisms may be found in animal wastes, birdcages, cat litter boxes and fish tanks, so they should be well maintained.



## Resident Records Introduction

**Record keeping is an important part of providing care. The rules require record keeping.**

But even more important, records about residents contain valuable information for later reference and in providing instructions about how to meet the resident's needs. Records clarify information exchanges between the providers and residents to ensure all parties have the same expectations and understanding.

This section of the manual is divided into two parts, one for Admission Records, and the other for Ongoing Records. The Admission Records part will lead you through everything you must obtain during the new resident admission process. We have developed sample forms to help you meet the requirements and they are all contained in this section. The Ongoing Records part will explain the type of information you must keep after the admission.

**TO MEET THIS REQUIREMENT, you must set up a resident file.**

You may use a manila file, a file with dividers or even a notebook where you insert resident information. The information in the file should pertain only to that resident, so you can refer to the file when needed, and so other authorized persons can review the file. Maintain the information in an organized manner.



## Resident Admission Records

The following items must be obtained prior to, or within a short period of time after, admission:

1. **CFH Admission Policy and Agreement.** This agreement must be discussed with the resident/legal representative prior to admission and must be signed and dated by both parties. The admission agreement clearly spells out the basic services your home will offer, how the resident or family will pay you, your role in management of the resident's funds, any house rules, under what conditions you may request a resident to move out, what type of notice a resident must give you before moving out and any other special conditions.
2. **CFH Resident Records Form.** This form must be completed prior to or at the time of admission. It collects basic information about a resident and contains the names and telephone numbers of persons to contact on behalf of the resident and includes a social history.
3. **CFH Resident Belongings Inventory.** An inventory of the resident's belongings and must be completed at the time of admission.
4. **The Medication Authorization Form.** This form is signed by the physician and indicates the level of assistance the resident requires with medication.
5. **Resident Rights Policy and Notification Form.** This form must be reviewed with the resident upon admission and must be signed by the resident.
6. **Uniform Assessment Instrument (UAI).** The assessment of the resident completed by DH&W for clients of the Department and by the home for private pay residents. The UAI should be completed prior to admission but no later than 14 days from admission. The assessment determines what the resident's needs are and allows a determination of the home's ability to meet those needs. If your resident is private pay and you need the UAI, it can be found at [www.cfh.dhw.idaho.gov](http://www.cfh.dhw.idaho.gov) under forms.
7. **Negotiated Service Agreement (NSA).** The form is used to negotiate how the resident's needs that are identified in the Uniform Assessment will be met. It is a negotiated agreement between the resident and the provider. The provider and resident together must develop it, and it must be reviewed by the Department of Health and Welfare. It must be completed within 14 days of admission. If your resident is private pay and you need the NSA, it can be found at [www.cfh.dhw.idaho.gov](http://www.cfh.dhw.idaho.gov) under forms.

8. **All Advance Directive Forms.** Completed by the resident. If the resident chooses not to sign them, the provider should note in the resident's file that he or she was given the explanation and opportunity to sign the Advance Directive Forms.
9. **Physician's History and Physical.** This document must be completed within six months prior to admission.
10. **A current list of medications, diet and treatments signed by the physician.**
11. **Other information helpful in meeting the resident's needs.**



## ADMISSION POLICY AND AGREEMENT

This agreement will explain this Certified Family Home's policies about the care we will provide, how we will assist with medications, our policies for helping with resident finances, and the cost of living here.

This Certified Family Home and resident hereby enter into the following agreements:

**GOODS AND SERVICES:** This Certified Family Home agrees to provide the following goods and services without additional charge:

Assistance with activities of daily living	Arrangement for medical and dental care
Appropriate & adequate supervision	Essential toiletries*
Recreational activities/supplies	Maintenance of self-help skills
Arranging for transportation	Linens, towels and washcloth
Furnishings and equipment	Housekeeping
Laundering linens	Three (3) daily meals
Television in the common areas	

*\*Essential toiletries include a reasonable supply of soap, shampoo, toilet paper, sanitary napkins, first aid supplies, and shaving supplies.*

In addition, other goods and services are provided as specified in the Plan of Service.

**MEDICATIONS:** This Certified Family Home hereby adopts and incorporates into this Admission Agreement the following policies and procedures regarding the handling of medications.

1. If you wish to be responsible for your own medications, you must obtain a written statement from your primary physician or practitioner of the healing arts indicating you are capable of self-administering your medications.
2. If you wish, or need to have assistance with taking your medications, you must get a written statement from your physician or practitioner of the healing arts which includes written instructions concerning the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency.
3. This home will take necessary precautions to protect you and other residents from obtaining medications that are being stored either in individual resident's rooms or by the home.

4. This home will follow other rules governing medication procedures outlined in Section 16.19.03.400 of the Rules Governing Certified Family Homes.

**RESIDENT FUNDS:** This home hereby adopts and incorporates into this Admission Agreement the following policies and procedures governing resident funds and charges:

1. This home agrees to allow each resident whose care is paid fully or partially by the Department of Health & Welfare (DHW) to retain the amount specified for personal needs.
2. This home will accept the amount authorized by the Department for the goods and services as payment in full for eligible residents.
3. Goods and services not allowable by Medicaid may be negotiated separately and will be included in this agreement, if applicable.
4. The monthly charge for the resident's room, utilities, and 3 daily meals is \$\_\_\_\_\_ per \_\_\_\_\_.

**THE HOME AGREES TO THE FOLLOWING:**

1. This home will provide \_\_\_\_\_ (15- 30) days written notice before increasing any charges, and will revise this Agreement to include the changes that will be signed by the provider and the resident.
2. The home requires \_\_\_\_\_ (15 to 30) days written notice from the resident should the resident desire to move.
3. If the home received \_\_\_\_\_ (15 to 30) days written notice before moving from the resident, a partial month's refund will be prorated for the balance of the calendar month.
4. If the home wishes to terminate this agreement with the resident, the home will provide the resident \_\_\_\_\_ (15 - 30) days written notice. Terminations are typically made due to medical reasons, for the resident's welfare, or for non-payment of care.
5. If this home handles funds on behalf of the resident, the CFH rules governing these procedures 16.03.19.275.01 & .02 will be followed. The resident requests this home to accept responsibility for handling your funds? \_\_\_\_\_Yes  
\_\_\_\_\_No
6. This home provides \$\_\_\_\_\_of liability coverage.

**THE RESIDENT AGREES TO THE FOLLOWING:**

1. The resident will provide \_\_\_\_\_ (15 - 30) days notice to the home, notifying the home of their intention to move.
2. The resident gives permission to the home to transfer information from the resident record to the hospital, nursing facility, assisted living facility, or other certified family home in the event the resident moves from this home.

3. This home expects the resident to assume the responsibility specified in the Plan of Service.
4. The Department may approve this home to care for two (2) residents who require nursing facility level of care. The resident has requested this living arrangement and has been informed of the nursing facility level of care waiver requirements. The resident reserves the right to notify the Department if he/she does not wish to live in the home with the other resident.

Additional conditions of this agreement:

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We agree to these conditions of admission to this Certified Family Home.

Certified Family Home Provider \_\_\_\_\_

Date \_\_\_\_\_

Resident \_\_\_\_\_

Date \_\_\_\_\_

Guardian (*if applicable*) \_\_\_\_\_

Date \_\_\_\_\_



## Resident Records

This information must be obtained upon admission. It should be kept at the front of a resident's file so that it can be easily accessed. Periodically, the information should be reviewed to be certain it is still current.

Resident Name \_\_\_\_\_ Date \_\_\_\_\_

SSN \_\_\_\_\_ Medicaid Number \_\_\_\_\_

Permanent Address \_\_\_\_\_

Date of Admission \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ State or Privately Funded \_\_\_\_\_

Birth Place \_\_\_\_\_ Religion (Optional) \_\_\_\_\_

Responsible agent or agency, including guardian if applicable:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Contact this person in the event of an emergency or death:

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

(Use additional sheets for other involved/related parties and natural paid supports)

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Pharmacy \_\_\_\_\_ Telephone \_\_\_\_\_





## Resident Belongings Inventory

16.03.19.270.01.r & 270.02.l

The rules state the resident's record must contain "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. This form may be used to document the inventory or you may use your own format.

Resident \_\_\_\_\_

Date of Admission \_\_\_\_\_

CFH Provider \_\_\_\_\_ Region \_\_\_\_\_

Item	# Items	Description	Date
Glasses			
Dentures			
Hearing Aid			
Watch			
Radio			
Stereo			
TV			
Clock			
Wheelchair			

Item	# Items	Description	Date
Walker			
Hair Dryer			
Luggage			
Furniture			
Jewelry			



Date \_\_\_\_\_ Participant Name \_\_\_\_\_

**RE: Medication Authorization**

Dear Physician:

I am considering moving into a Certified Family Home. Certified Family Homes are homes certified by the State of Idaho as safe and effective. The homes accept only one or two residents to participate as a member of their family. The provider may or may not have any special training.

The rules governing Certified Family Homes specify that I must obtain certain directions from my physician regarding the administration of medication. I would appreciate your completion of the following questions:

- Yes  No **1. This patient is able to self-administer all medication.** The patient understands the purpose of the medication; knows appropriate dosage and times to take the medication; understands expected side effects, adverse reactions or side effects, and action to take in an emergency; and is able to take the medication without assistance.\*
- Yes  No **2. This patient requires assistance with taking both routine and non-routine medications.**

\*For these purposes, assistance means reminders, assisting with removal from container and observing the taking of the medications. No other functions of medication administration are allowed unless the provider meets requirements of the Board of Nursing. *The physician's signature authorizes UAP to assist with both routine and non-routine medication as prescribed, along with provision of defined criteria for non-routine medication.*

Comments \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

Thank you for your assistance. Please mail this form to my representative or me at:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_



### Authorization for Over the Counter Medications

The listed resident lives in a Certified Family Home. This is a home certified by the State of Idaho to care for disabled adults. The certified family home provider is required to obtain written consent by the resident's licensed medical professional before giving any medications.

Resident's Name: \_\_\_\_\_

#### Standard OTC Medications

- Pain Reliever: \_\_\_\_\_
- Antacid: \_\_\_\_\_
- Cold/Sinus: \_\_\_\_\_
- Anti Diarrhea: \_\_\_\_\_
- Stool Softener: \_\_\_\_\_
- Other: \_\_\_\_\_

Supplements/Herbs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Purpose of Resident Rights**

### **Required to Explain Rights**

As a Certified Family Home, you are required to explain the Resident Rights to the resident and to give the resident a copy of their rights. Resident rights can be confusing and even perceived as a threatening topic. Providers may feel it establishes an “us against them” environment.

Resident rights are less threatening when viewed as “the right thing to do.” It’s the right thing to do to give a resident his or her mail unopened, to allow residents to choose their own clothes, and to accept or decline visitors.

Providers sometimes fear that residents will abuse or mismanage their “rights,” such as choosing inappropriate clothes or foods, or using the telephone constantly, or selecting a doctor whose practice is 100 miles away. However, individuals do have basic rights, even when they live in your home. If issues arise, it takes skills in negotiation and compromise to resolve them.

Ultimately, if the resident is making a choice within their rights and that choice pushes you beyond your limits as a care provider, you and the resident may decide a different home is better able to accommodate their choices.

### **Exercising the Right of Choice**

It is also good to remember that, instead of being constantly protected, the resident needs to exercise their right of choice and experience the consequences of that choice. We all learn through our experiences and the consequences resulting from choices we make.



## Residents Rights Policy and Notification Form

Dear Resident:

This Certified Family Home wishes to provide you with this form to ensure that you understand the policies we have in place to guarantee your legal rights while living with us. We must review and sign this document prior to or upon your admission. We will also give you a copy. If at any time you believe this home is not following any of these policies, you may file a complaint with the Department of Health and Welfare or the Ombudsman for the elderly, through the Commission on Aging.

1. You have the right to privacy with regard to accommodations, medical and other treatment, written and telephone communications, visits and meetings of family and resident groups.
2. You have the right to humane care and a humane environment.
3. You have the right to a diet that is consistent with any religious or health-related restrictions. You also have the right to refuse a restricted diet.
4. You have the right to a safe and sanitary living environment.
5. You have the right to be treated with dignity, respect and in a courteous manner by the provider.
6. You have the right to receive a response from this home to any request within a reasonable time.
7. You have the right to be free from discrimination, intimidation, manipulation, coercion and exploitation.
8. You have the right to determine your own dress and hairstyle and to wear your own clothing.
9. You have the right to retain and use your own personal property in your own living area so as to maintain individuality and personal dignity.
10. You have the right to a separate storage area in your own living area and at least one (1) locked cabinet or drawer, if you request and are capable of managing a lock and key, for personal property.
11. You have the right to retain the amount of funds determined by the Department of Health and Welfare to meet your personal needs.

12. You have the right to manage your own personal funds. The home may not require you to deposit your personal funds with the home.
13. You have the right, if a home accepts your written authorization, to expect the home to hold, safeguard, manage and account for your funds in accordance with the Certified Family Home rules.
14. The home must permit:
  - a. Immediate access to any resident by any representative of the Department, by the state Ombudsman for the elderly or his designees, or by the resident's individual physician;
  - b. Immediate access to a resident, subject to the resident's right to deny or withdraw consent at any time, by immediate family or other relatives;
  - c. Immediate access to a resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, by others who are visiting with the consent of the resident; and
  - d. 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.
15. You have the right to refuse to perform services for this home.
16. You have the right to access your personal records and the right to confidentiality and privacy of personal, clinical, dental and medical records.
17. You have 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 or convenience. You should also be aware of the following:
  - a. Any physician, nurse, employee of a public or private health facility, or a state certified family home serving vulnerable adults, medical examiner, dentist, ombudsman for the elderly, osteopath, optometrist, chiropractor, podiatrist, social worker, police officer, pharmacist, physical therapist, or home care worker who has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected, or exploited will immediately report such information to the Idaho Commission on Aging or to the Area Agencies on Aging (refer to Idaho Code 39-5303).
  - b. It is this home's responsibility to 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 (refer to Idaho Codes 39-5303 and 39-5310).
18. You have the right to practice the religion of your choice or to abstain from religious practice. You also have the right to be free from the imposition of the religious practices of others.
19. You have the right to control your health-related services.

20. You have the right to retain the services of your own personal physician, dentist and pharmacist.
21. You have the right to participate in the formulation of your Negotiated Service Agreement.
22. You have the right to voice/file a grievance with respect to treatment or care that is (or fails to be) furnished, without discrimination or reprisal for voicing the grievance and the right to prompt efforts by this home to resolve grievances you have, including those with respect to the behavior of other residents.
23. You have the right to participate in social, religious and community activities that do not interfere with the rights of other residents.
24. You have the right to examine, upon reasonable request; the results of the most recent survey of this home conducted by the Department with respect to this home and any plan of correction in effect.
25. You have the right to not be transferred or discharged unless for medical reasons, or for your own welfare or that of other residents, or for nonpayment for your care. You have the right to at least fifteen (15) days advance written notice prior to the date of discharge or transfer or up to thirty (30) days as agreed to in the Admissions Agreement.
26. You have the right to review a list of other certified family homes that may be available to meet your needs in case of a transfer.
27. You have the right not to be required to receive routine care of a personal nature from a member of the opposite sex.
28. You have the right to send and receive mail unopened.
29. If you are married, you must be assured privacy for visits by your spouse. If both are residents in this home, you are permitted to share a room unless medically contraindicated (as documented by the attending physician).
30. You have the right to be informed, in writing, regarding the formulation of an Advance Directive to include applicable State Law.
31. You have the right to expect this home to maintain current records about you, your level of care and the services you require as specified in the Rules Governing Certified Family Homes.
32. You have any other right established by law.

---

**CFH Provider**

---

**Date**

---

**Resident/Guardian**

---

**Date**



## Advanced Directives Signature Page

Every resident must be advised of his or her right to sign a Living Will and Durable Power of Attorney for Health Care. If the resident chooses to sign the Advanced Directives document, the home must have a copy of the form in the resident's file for use in case of an emergency.

I, the Certified Family Home Provider, have informed

\_\_\_\_\_ of their right to have a

Living Will and Durable Power of Attorney for Health Care on file.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

**OR:**

This resident, \_\_\_\_\_, is not capable of understanding the Advanced Directives forms or does not wish to complete the form at this time.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date



## Advance Directives

### Introduction to Advance Directives

Advance Directives help protect your right to refuse medical treatment that you do not want, or to request treatment that you do want, in the event that you lose the ability to make decisions for yourself. You can assure this protection by completing the **Living Will and Durable Power of Attorney for Health Care** included in this section.

- The **Living Will** portion of this document lets you state your wishes about medical care in the event that you are terminally ill or in a persistent vegetative state and can no longer make your own medical decisions. Your *Living Will* only becomes effective when two doctors certify that you are terminally ill and that your death will occur with or without the use of life-sustaining procedures or that you are in a persistent vegetative state.
- The **Durable Power of Attorney for Health Care** portion of this document lets you name someone to make decisions about your medical care — including decisions about life support — if you can no longer speak for yourself. Your *Durable Power of Attorney for Health Care* appoints someone to speak for you any time that you are unable to make your own medical decisions, not only at the end of life.

Completing all sections of this legal document is recommended to ensure that you receive the medical care you want when you cannot speak for yourself.

*Note: These documents are legally binding only if the person completing them is a competent adult (at least 18 years of age) or is an emancipated minor.*

### Completing Your Advance Directives

#### **Can I add personal instructions to my *Living Will and Durable Power of Attorney for Health Care*?**

Yes. You may add personal instructions in the part of the document called "Statement of Desires, Special Provisions, and Limitations." However, by doing so you might unintentionally restrict your agent's power to act in your best interest. One of the strongest reasons for naming an agent is to have someone who can respond flexibly as your medical situation changes and deal with situations that you did not foresee. Instead of adding specific instructions, you might consider talking to your agent about your future medical care and describe what you consider to be an acceptable "quality of life." Your agent must make decisions that are consistent with your known desires.

If you do add specific instructions to this section they may include things like refusing specific treatments such as, "I especially do not want cardiopulmonary resuscitation, a respirator, artificial feeding, or antibiotics." You may also emphasize pain control by adding

instructions such as, "I want to receive as much pain medication as necessary to ensure my comfort, even if it may hasten my death."

*It is important to learn about the kinds of treatment you might receive. Consult your doctor or other health care provider for more information.*

### **Who should I appoint as my agent?**

Your agent is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your agent can be a family member or another person you trust to make serious decisions. The person you name as your agent should clearly understand your wishes and be willing to accept responsibility for making medical decisions for you. An agent may sometimes be called an "attorney-in-fact" or "proxy."

The person you appoint as your agent cannot be:

- **Your doctor or other treating health care provider;**
- **An employee of your treating health care provider, unless he or she is related to you;**
- **An operator of a community care facility; or**
- **An employee of a community care facility, unless he or she is related to you.**

You can appoint a second and third person as your alternate agent(s). The alternate will step in if the first person you name as agent is unable, unwilling, or unavailable to act for you.

### **What other important facts should I know?**

- Your *Living Will and Durable Power of Attorney for Health Care* may not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called "non-hospital do-not-resuscitate orders," are designed for people whose poor health gives them little chance of benefiting from CPR. These orders must be signed by your physician, and ambulance personnel must be instructed not to attempt CPR if your heart or breathing should stop. In Idaho this is called a "Comfort One" order. A "Comfort One" order is a form obtained from your physician and is kept on file by the EMS office in Boise. For more information, call the EMS office at 208-334-4000 or you may download a printable brochure at: [http://www.healthandwelfare.idaho.gov/Rainbow/Documents/medical/DNR\\_Brochure.pdf](http://www.healthandwelfare.idaho.gov/Rainbow/Documents/medical/DNR_Brochure.pdf).
- A pregnant patient's *Living Will* may not be honored due to restrictions in state law.
- The legal requirements for a *Living Will and Durable Power of Attorney for Health Care* are outlined in Chapter 45, Title 39, Idaho Code.

### **How do I make my *Living Will and Durable Power of Attorney for Health Care* legal?**

The law only requires that you sign your *Living Will and Durable Power of Attorney for Health Care* to make it legal. If you think there is a possibility that your document may be disputed at any time you may consider having your signature witnessed and/or notarized.

### **What if I change my mind?**

You may revoke your Durable Power of Attorney for Health Care at any time, regardless of your mental condition, by:

- **Canceling, defacing, obliterating, or otherwise destroying the document, or directing another to do so in your presence;**
- **Signing a written revocation; or**
- **Orally expressing your intent to revoke your document.**

### **After You Complete Your Documents**

- Your *Living Will and Durable Power of Attorney for Health Care* is an important legal document. Keep the original signed document in a secure but accessible place. You should not put the original document in a safe deposit box or any other security box that would keep others from having access to them.
- Give photocopies of the signed originals to your agent and alternate agents, doctor(s), family, close friends, clergy, and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your documents placed in your medical records.
- Be sure to talk to your agent and alternative agents, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
- If you want to make changes to your documents after they have been signed and witnessed, you must complete new documents.
- Remember, you can always revoke your *Living Will and Durable Power of Attorney for Health Care*.

## LIVING WILL AND DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Date of Directive:

Name of person executing directive:

Address of person executing directive:

### A LIVING WILL A Directive to Withhold or to Provide Treatment

1. Being of sound mind, I willfully and voluntarily make known my desire that my life shall not be prolonged artificially under the circumstances set forth below. This Directive shall only be effective if I am unable to communicate instructions and:
  - a. I have an incurable injury, disease, illness or condition and two (2) medical doctors who have examined me have certified:
    1. That such injury, disease, illness or condition is terminal; and
    2. That the application of artificial life-sustaining procedures would serve only to prolong artificially my life; and
    3. That my death is imminent, whether or not artificial life-sustaining procedures are utilized; or
  - b. I have been diagnosed as being in a persistent vegetative state.

In such event, I direct that the following marked expression of my intent be followed, and that I receive any medical treatment or care that may be required to keep me free of pain or distress.

Check one box and initial the line after such box:

\_\_\_\_\_ I direct that all medical treatment, care and procedures necessary to restore my health, sustain my life, and to abolish or alleviate pain or distress be provided to me. Nutrition and hydration, whether artificial or non-artificial shall not be withheld or withdrawn from me if, as a result, I would likely die primarily from malnutrition or dehydration rather than from my injury, disease, illness or condition.

OR

\_\_\_\_\_ I direct that all medical treatment, care and procedures, including artificial life-sustaining procedures, be withheld or withdrawn, except that nutrition and hydration, whether artificial or nonartificial shall not be withheld or withdrawn from me if, as a result, I would likely die primarily from malnutrition or dehydration rather than from my injury, disease, illness or condition, as follows: (If none of the following boxes are checked and initialed, then both nutrition and hydration, of any nature, whether artificial or non-artificial, shall be administered.)

Check one box and initial the line after such box:

- A.  \_\_\_\_\_ Only hydration of any nature, whether artificial or non-artificial, shall be administered;

- B.  \_\_\_\_\_ Only nutrition, of any nature, whether artificial or non-artificial, shall be administered;
- C.  \_\_\_\_\_ Both nutrition and hydration, of any nature, whether artificial or non-artificial, shall be administered.

OR

\_\_\_\_\_ I direct that all medical treatment, care and procedures be withheld or withdrawn, including withdrawal of the administration of artificial nutrition and hydration.

- 2. This Directive shall be the final expression of my legal right to refuse or accept medical and surgical treatment, and I accept the consequences of such refusal or acceptance.
- 3. If I have been diagnosed as pregnant, this Directive shall have no force during the course of my pregnancy.
- 4. I understand the full importance of this Directive and am mentally competent to make this Directive. No participant in the making of this Directive or in its being carried into effect shall be held responsible in any way for complying with my directions.

**A DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

- 1. DESIGNATION OF HEALTH CARE AGENT. None of the following may be designated as your agent: (1) your treating health care provider; (2) a non-relative employee of your treating health care provider; (3) an operator of a community care facility; or (4) a non-relative employee of an operator of a community care facility. If the agent or an alternate agent designated in this Directive is my spouse, and our marriage is thereafter dissolved, such designation shall be thereupon revoked.

I do hereby designate and appoint the following individual as my attorney in fact (agent) to make health care decisions for me as authorized in this Directive. (Insert name, address and telephone number of one individual only as your agent to make health care decisions for you.)

Name of Health Care Agent: \_\_\_\_\_

Address of Health Care Agent: \_\_\_\_\_

Telephone Number of Health Care Agent: \_\_\_\_\_

For the purposes of this Directive, "health care decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat an individual's physical condition.

- 2. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE. By this portion of this Directive, I create a durable power of attorney for health care. This power of attorney shall not be affected by my subsequent incapacity. This power shall be effective only when I am unable to communicate rationally.
- 3. GENERAL STATEMENT OF AUTHORITY GRANTED. Subject to any limitations in this Directive, including as set forth in paragraph 2 immediately above, I hereby grant to my agent full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising

this authority, my agent shall make health care decisions that are consistent with my desires as stated in this Directive or otherwise made known to my agent including, but not limited to, my desires concerning obtaining or refusing or withdrawing life-prolonging care, treatment, services and procedures, including such desires set forth in a living will or similar document executed by me, if any. (If you want to limit the authority of your agent to make health care decisions for you, you can state the limitations in paragraph 4 ("Statement of Desires, Special Provisions, and Limitations") below. You can indicate your desires by including a statement of your desires in the same paragraph.)

4. STATEMENT OF DESIRES, SPECIAL PROVISIONS, AND LIMITATIONS. (Your agent must make health care decisions that are consistent with your known desires. You can, but are not required to, state your desires in the space provided below. You should consider whether you want to include a statement of your desires concerning life-prolonging care, treatment, services and procedures. You can also include a statement of your desires concerning other matters relating to your health care, including a list of one or more persons whom you designate to be able to receive medical information about you and/or to be allowed to visit you in a medical institution. You can also make your desires known to your agent by discussing your desires with your agent or by some other means. If there are any types of treatment that you do not want to be used, you should state them in the space below. If you want to limit in any other way the authority given your agent by this Directive, you should state the limits in the space below. If you do not state any limits, your agent will have broad powers to make health care decisions for you, except to the extent that there are limits provided by law.) In exercising the authority under this durable power of attorney for health care, my agent shall act consistently with my desires as stated below and is subject to the special provisions and limitations stated in a living will or similar document executed by me, if any. Additional statement of desires, special provisions, and limitations:

(You may attach additional pages or documents if you need more space to complete your statement.)

5. INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH.
  - A. General Grant of Power and Authority. Subject to any limitations in this Directive, my agent has the power and authority to do all of the following: (1) Request, review and receive any information, verbal or written, regarding my physical or mental health including, but not limited to, medical and hospital records; (2) Execute on my behalf any releases or other documents that may be required in order to obtain this information; (3) Consent to the disclosure of this information; and (4) Consent to the donation of any of my organs for medical purposes. (If you want to limit the authority of your agent to receive and disclose information relating to your health, you must state the limitations in paragraph 4 ("Statement of Desires, Special Provisions, and Limitations") above.)

B. HIPAA Release Authority. My agent shall be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160 through 164. I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse. The authority given my agent shall supersede any other agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

6. SIGNING DOCUMENTS, WAIVERS AND RELEASES. Where necessary to implement the health care decisions that my agent is authorized by this Directive to make, my agent has the power and authority to execute on my behalf all of the following: (a) Documents titled, or purporting to be, a "Refusal to Permit Treatment" and/or a "Leaving Hospital Against Medical Advice"; and (b) Any necessary waiver or release from liability required by a hospital or physician.

7. DESIGNATION OF ALTERNATE AGENTS. (You are not required to designate any alternate agents but you may do so. Any alternate agent you designate will be able to make the same health care decisions as the agent you designated in paragraph 1 above, in the event that agent is unable or ineligible to act as your agent. If an alternate agent you designate is your spouse, he or she becomes ineligible to act as your agent if your marriage is thereafter dissolved.) If the person designated as my agent in paragraph 1 is not available or becomes ineligible to act as my agent to make a health care decision for me or loses the mental capacity to make health care decisions for me, or if I revoke that person's appointment or authority to act as my agent to make health care decisions for me, then I designate and appoint the following persons to serve as my agent to make health care decisions for me as authorized in this Directive, such persons to serve in the order listed below:

A. First Alternate Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

B. Second Alternate Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

C. Third Alternate Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

8. PRIOR DESIGNATIONS REVOKED. I revoke any prior durable power of attorney for health care.

DATE AND SIGNATURE OF PRINCIPAL. (You must date and sign this Durable Power of Attorney for Health Care.)

I sign my name to this Statutory Form Living Will and Durable Power of Attorney for Health Care on the date set forth at the beginning of this Form at

---

(City, State)

---

Signature



## Ongoing Resident Records

**After admission, you must continue to maintain information about residents. The following items are the types of data to document.**

1. Any changes in admission information, i.e., new medication list, updated history and physical, updated inventory, etc.
2. Documentation of incidents that occur while the resident is in the home.
3. Documentation of medication refusals or missed dosages and refusal of restricted diets. Documentation should include actions taken by the CFH provider.
4. Resident's financial records, if provider is handling funds. Receipts and bank statements must be maintained, kept up-to-date, and organized. A transaction record must be maintained for each resident. Checkbook balances should be kept up-to-date.
5. Documentation of any changes in physical or mental condition.
6. Updates to the UAI, ISP, and NSA (required annually or as significant changes occur).
7. Contact names of other service providers and plans of care developed and in place by those providers.
8. Notes from other service providers, i.e., nurse, physical therapist, other service providers.



## Assisting with Resident Self-Medication

### Your Role with Residents' Medications

- Understand, follow and keep a record of doctor's orders;
- Monitor whether the resident is taking their medications;
- Be aware of how often medications need to be taken, and how, e.g., with food, or before meals, etc.;
- You may need to remind the resident to take an oral medication. You may take off the lid and hand the container to them, but you may not actually take the medication out of the bottle and place in resident's mouth;
- Be familiar with any potential adverse reactions and interactions of the resident's medications; and
- Observe, report and record adverse effects of medications.

### Storing Medications

- Keep medications in their Mediset, Blister Pak, pharmacy-dispensed container, or original over-the-counter container.
- If the resident requires supervision in properly taking medications, keep the medications safely stored.
- Call the doctor or supervising nurse if:
  - The resident is refusing to take the medication;
  - The resident vomits medication within twenty (20) minutes of taking it;
  - The resident cannot take the medication due to nausea, vomiting, or diarrhea;
  - You observe parts of coated tablets in the resident's stool;
  - The resident shows sudden changes in mental status or behavior; or
  - The resident shows sudden changes in eating, sleeping, or elimination patterns.

### If the Resident Refuses Medication

Residents may resist taking medications for a variety of reasons. Because a person may not openly object, you must be alert to signs that medication is not being taken. For example, a resident may pretend to swallow a pill but actually store it in the mouth and spit it out later.

If a resident refuses to take a medication, ask why. Try to understand the resident's point of view. Remember, the resident has a right to refuse; you cannot force a medication to be taken. It is inappropriate to put medication in a resident's food or beverage in order to "trick" the resident into taking it.

# MEDICATION LOG – Prescription and Non-Prescription

Participant's Name \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Physician's Name \_\_\_\_\_

Food Allergies \_\_\_\_\_

Month/Year \_\_\_\_\_

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Medication	Time																																
	A.M.																																
	Noon																																
	P.M.																																
	Bed Time																																
	A.M.																																
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	P.M.																																
	Bed Time																																



## Unused Medication Form

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. A written record of all disposal of drugs must be maintained in the home and will include:

Client Name: \_\_\_\_\_

Drug Name **AND** Dosage: \_\_\_\_\_

Number of Pills Disposed: \_\_\_\_\_

Reason for Disposal: \_\_\_\_\_

\_\_\_\_\_

Method of Disposal: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date:     /     /

Witness Signature: \_\_\_\_\_ Date:     /     /

*(Should be client's family, RN, or Pharmacist):*

DHW Review: \_\_\_\_\_ Date:     /     /  
*Signature of Reviewer*



## Resident Incident Form

Although daily notes are required about residents in your home, this form, or log, is to be completed whenever something "unusual" happens involving a specific resident.

Examples:

- **Missed dosage of medication;**
- **Refusal to follow a restricted diet;**
- **Fall or other type of injury; or**
- **Episodes of behavioral problems.**

You must document the incident and the actions you took. This log is of great benefit to you as a provider and to other service providers.

**Name of Resident** \_\_\_\_\_

Date	Incident	Action Taken and Initials

<b>Name of Resident:</b>		
<b>Date</b>	<b>Incident</b>	<b>Action Taken and Initials</b>



## **Certified Family Home Guidelines for Alternate Care & Supervision**

When the provider is temporarily unable to provide care or supervision to the resident, he/she may designate another adult to provide care and supervision to the resident. The provider must assure that this short-term arrangement meets the needs of the resident and protects the resident from harm. Alternate care can be provided up to thirty (30) consecutive days.

An alternate caregiver must be a certified family home provider. The provider is responsible for contacting other CFHs to locate an available bed. The alternate provider will not exceed the number of residents for their home certification.

An alternate caregiver provides care and supervision in his home to a resident from another CFH according to the resident's original plan of service and admission agreement. **The provider is responsible to ensure the alternate caregiver receives resident specific training. The primary CFH provider is responsible to ensure the alternate provider has the knowledge, ability, and training to provide resident care as specified in the service plan i.e. NSA, UAI, or ISP.**

Documents required at the alternate care provider's home:

- *Admission Agreement*
- *Resident Records Form*
- *Inventory list of items taken to the alternate care home*
- *Medication Authorization & Log*
- *Resident Rights Policy & Agreement*
- *NSA or ISP*
- 

Documents required to be kept at the CFH after resident discharge:

- *Progress Notes\**
- *Unusual Incidents/Accident log*
- *Copy of ISP or NSA*

\*The alternate CFH provider will need to keep a log of services provided to the participant while the resident is in the alternate CFH. These logs will stay at the alternate CFH as proof that the billed services were provided.

The CFH provider and alternate provider need to decide who will bill Medicaid for the day the participant arrives at the alternate provider's home and date the participant returns to the CFH providers residence. Also, the CFH provider and alternate provider will need to determine the pro-rated RUF amount based upon the number of days the alternate provider bills Medicaid for services provided.

The Primary CFH Provider will be required to notify Regional Medicaid Services Certified Family Home Specialist or the resident's Regional Care Coordinator of any alternate care prior to the date of actual care and notifies the Regional Medicaid Services within forty-eight (48) hours of residents return to the primary CFH.



**CERTIFIED FAMILY HOME  
Alternate Caregiver Training Form**

**C.F.H. Provider** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Alternate Caregiver** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Participant Name(s)** \_\_\_\_\_

Date(s) Alternate Care to be provided: from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_ **I have been supplied relevant resident information:**

Emergency Numbers, Primary Physician(s), Family Contacts, Affiliated Agency, Program Coordinator, Target Service Coordinator, DDA, and all scheduled appointments.

*Comments* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ **I am aware of the resident's needs as outlined in the Service Plan and agree to ensure that these needs are met.**

*Comments* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ **I am aware of all daily and PRN medications, treatments, special diets, physician orders, current health, and behavioral status. I have been provided with \_\_\_\_\_ days medications in blister pack, mediset, original pharmacy-dispensed container, or original over-the-counter container for alternate care.**

*Comments* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ **I am aware of all skills training programs, formal and informal, and data to be taken. All programs are to be continued while resident is in my care (if applicable).**

*Comments* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, the Alternate Caregiver, have been trained to provide alternate care and services for \_\_\_\_\_ and have received all records required to do so. I have the necessary skills and training to provide the care this resident needs. All agreements made between the CFH Provider and the resident will remain in effect while I am providing care. I agree to maintain documentation of the services I provide and will return the resident's records to the Primary Provider when alternate care is completed except a copy of NSA or ISP, progress notes and incidents/accidents log which will be kept in my file.

---

**Alternate Caregiver**

**Date**

The following records have been provided the Alternate Caregiver to ensure continuity of services while in alternate care:

\_\_\_\_ Admission Agreement

\_\_\_\_ Resident Rights Policy & Agreement

\_\_\_\_ Inventory Sheet of Items taken to Alternate Care

\_\_\_\_ Medication Authorization

\_\_\_\_ Resident Records Form  
Medication sheet & medications

\_\_\_\_ Equipment

\_\_\_\_ Copies of Service Plan (ISP or NSA)

Other \_\_\_\_\_

---

**Certified Family Home Provider**

**Date**



## **Certified Family Home Records**

Certain records apply to the certification of your home and to you as a provider. These items do not pertain to a specific resident. You will find you have to organize and maintain quite a lot of paperwork during the time you are a CFH Provider.

These items must be maintained and available for inspection. It is recommended that you start a file, such as a manila file, a file with pockets or some other system to help you organize this paperwork.

### **The types of items you need to maintain in that file include:**

1. CFH Report of Deficiencies issued by the Department following any compliance study. This must be available for the resident to review upon request.
2. CFH Training Log. The form you use to document and track training received.
3. CFH Certificates. Certificates issued by the Department giving the home full, provisional or temporary certification as a Certified Family Home. An example is included.
4. CFH Waiver Request Form. The form you must complete to request a waiver of any rule and any correspondence from the Department pertaining to your request.
5. Copies of any Medicaid related "Provider Agreements."
6. Results of home inspections for the electrical inspection, furnace inspection, fire extinguishers servicing, water sample report, etc.
7. Copies of current First Aid and CPR Certifications.
8. Any other information about you or your home which may be relevant to the provision of Certified Family Home care.



**CERTIFIED FAMILY HOME TRAINING LOG**  
16.03.19.115

All providers must document a minimum of eight (8) hours per certification year of ongoing relevant training in the provision of supervision, services, and care. 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. Up to two (2) hours of ongoing first aid or CPR training will count towards the eight (8) hours required each year. The initial provider training required in Subsection 100.06 of these rules will count towards the first year's eight (8) hour training requirement.

This log allows you to track your training so that you can provide documentation to the Department on an annual basis. If the training you attend provides a certificate of completion, provide that verification during your annual home certification process.

Name of training, name of presenter, facility and agency providing training, their phone number, if available	Date	Time Hr/Min.	Classroom ✓	Independent Study ✓



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

Division of Medicaid  
Administration of Licensing and Certification  
PO Box 83720  
Boise, Idaho 83720-0036  
Phone: (208) 364-1959 Fax: (208) 364-1811

**CERTIFIED FAMILY HOME**  
**Full Certificate CFH-3710**

*In accordance with Idaho Department of Health and Welfare Rules and Regulations, Title 3, Chapter 19 "Rules Governing Certified Family Homes" and the rules and regulations promulgated thereunder,*

***[LASTNAME], [FIRSTNAME]***

***555 Merry Way  
Happyville, Idaho 83401-***

*is certified as a Certified Family Home.*

***Effective Date: 6/1/2011***

***Expiration Date: 6/11/2012***

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***Karen Vasterling, CFH Program Manager  
Certified Family Home Program***

*This certificate is effective as noted above unless otherwise suspended or revoked.*



**INITIAL CERTIFIED HOME COMPLIANCE STUDY**

<p>Name of Provider: <u>Name</u>          Address: <u>Address</u>          Mailing Address : <u>Address</u>          Zip: <u>Zip</u>          Home phone: <u>Home Phone</u>          Cell Phone: <u>Cell Phone</u>          Work Phone: <u>Work Phone</u>          Email Address: <u>Address</u></p>	<p>Date of Study: <u>Date of Study</u></p> <p style="text-align: center;">Would you consider an emergency placement?  <u>Yes or No</u></p>	<p>Reshab Affiliation: <u>Affiliate</u></p> <p>Number of Clients in the home? <u>Number</u></p> <p>Number of Available Bedrooms: <u>Number</u></p> <p>Wheelchair Accessible? <u>Yes or No</u></p> <p># of NF LOC: <u>Number</u></p>																
<p><b>Provider Training:</b>                      <u>Date</u></p> <p>1<sup>st</sup> Aid    <u>Date</u></p> <p>CPR    <u>Date</u></p> <p>Orientation    <u>Date</u></p> <p>Med. Awareness    <u>Date</u></p>	<p><b>Waivers:</b></p> <p style="text-align: center;"><u>Waiver</u> <u>Waiver</u></p>	<p><b>Verifications:</b></p> <p>Home Ownership    <u>Yes or No</u></p> <p>Electrical Inspection    <u>Yes or No</u></p> <p>Evacuation Plan    <u>Yes or No</u></p> <p>Emergency Telephone #'s    <u>Yes or No</u></p> <p>Fire Extinguisher Inspection    <u>Date</u></p> <p>Furnace Inspection    <u>Date</u></p> <p>Septic System Inspection    <u>Date</u></p> <p>Water Supply Inspection    <u>Date</u></p> <p>Stove/Fireplace Inspection    <u>Date</u></p> <p>Proof of Insurance    <u>Date</u></p> <p>Fire Dist. Letter    <u>Yes or No</u></p> <p>Fire Arms Secured?    <u>Yes or No</u></p>																
<p><b>Substitute Caregivers:</b></p> <p>Name: <u>Name</u> <u>Name</u></p> <p>1<sup>st</sup> Aid: <u>Date</u> 1<sup>st</sup> Aid: <u>Date</u></p> <p>CPR <u>Date</u> CPR <u>Date</u></p> <p>MA <u>Date</u> MA <u>Date</u></p> <p>CBC <u>Date</u> CBC <u>Date</u></p>	<p><b>Caring for Relative? <u>Y/N/Both</u></b></p> <p><b>Resident's Name &amp; Guardian's Name</b></p> <p>1. Resident Name</p> <p>1a. Guardian</p> <p>2. Resident Name</p> <p>2a. Guardian</p> <p>3. Resident Name</p> <p>3a. Guardian</p> <p>4. Resident Name</p> <p>4a. Guardian</p>	<p>Does the provider work outside the home?  <u>Yes or No</u></p> <p>Which days and hours?  <u>Days</u> <u>Hours</u></p>																
<p><b>List all living in the home:</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">1. Name: <u>Name</u></td> <td style="width:25%;">Date of Birth: <u>DOB</u></td> <td style="width:25%;">CHC: <u>Y/N</u></td> <td style="width:25%;">Date: <u>Date</u></td> </tr> <tr> <td>2. Name: <u>Name</u></td> <td>Date of Birth: <u>DOB</u></td> <td>CHC: <u>Y/N</u></td> <td>Date: <u>Date</u></td> </tr> <tr> <td>3. Name: <u>Name</u></td> <td>Date of Birth: <u>DOB</u></td> <td>CHC: <u>Y/N</u></td> <td>Date: <u>Date</u></td> </tr> <tr> <td>4. Name: <u>Name</u></td> <td>Date of Birth: <u>DOB</u></td> <td>CHC: <u>Y/N</u></td> <td>Date: <u>Date</u></td> </tr> </table>			1. Name: <u>Name</u>	Date of Birth: <u>DOB</u>	CHC: <u>Y/N</u>	Date: <u>Date</u>	2. Name: <u>Name</u>	Date of Birth: <u>DOB</u>	CHC: <u>Y/N</u>	Date: <u>Date</u>	3. Name: <u>Name</u>	Date of Birth: <u>DOB</u>	CHC: <u>Y/N</u>	Date: <u>Date</u>	4. Name: <u>Name</u>	Date of Birth: <u>DOB</u>	CHC: <u>Y/N</u>	Date: <u>Date</u>
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COMPLIANCE STANDARD Y = Met N = Not Met NA = Not Applicable	COMMENTS	
<b>16.03.19.170 ELEMENTS OF CARE</b> As a condition of certification, the home must provide each of the following to the resident without additional charge.		
<b>04. Furnishings and Equipment.</b> Linens, towels, wash cloths, a reasonable supply of soap, shampoo, toilet paper, sanitary napkins or tampons, first aid supplies, shaving supplies, laundering of linens, housekeeping service, maintenance, and <b>basic television in common areas</b> . In addition, the following will apply:	Y/N	Comments
a. Resident living rooms must contain reading lamps, tables, and comfortable chairs or sofas;	Y/N	Comments
f. A monitoring or communication system must be provided when necessary due to the size or design of the home	Y/N	Comments
<b>16.03.19.175 ROOM, UTILITIES AND MEALS.</b> The home must provide room, utilities and three (3) daily meals to the resident. The charge for room, utilities and three (3) daily meals must be established in the admission agreement.		
<b>500. ENVIRONMENTAL SANITATION STANDARDS.</b> The home is responsible for disease prevention and maintenance of sanitary conditions.		
c. There must be enough water pressure to meet the sanitary requirements at all times.	Y/N	Comments
<b>02.</b> 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.	Y/N	Comments
<b>04. Garbage and Refuse Disposal.</b> Garbage and refuse disposal must be provided by the home.		
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 shall be provided with tight-fitting lids.	Y/N	Comments
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 shall be kept clean and sanitary.	Y/N	Comments
<b>05. Insect and Rodent Control.</b> The home must be maintained free from infestations of insects, rodents, and other pests. Chemicals (pesticides) used in the control program shall be selected, stored, and used safely		
b. The home must take the necessary precautions to protect residents from obtaining toxic chemicals.	Y/N	Comments
<b>06. Yards.</b> The yard surrounding the home must be safe and maintained.		
<b>07. Linen-Laundry Facilities And Services.</b> A washing machine and dryer must be provided for the proper and sanitary washing of linen and other washable goods.		
<b>08. Housekeeping and Maintenance.</b> Sufficient housekeeping and maintenance must be provided to maintain the interior of the home in a clean, safe, and orderly manner.		
a. A sleeping room must be thoroughly cleaned including the bed, bedding and furnishings before it is occupied by a new resident.	Y/N	Comments
<b>600. FIRE AND LIFE SAFETY STANDARDS</b> Certified family homes must meet all applicable requirements of local and state codes concerning fire and life safety.		
<b>01.a. General Requirements</b> - The home must be structurally sound and equipped and maintained to assure the safety of residents.	Y/N	Comments
b. When natural or man-made hazards are present, suitable fences, guards, and railings must be provided to protect the residents according to their need for supervision as documented in the plan of service	Y/N	Comments
c. The premises of the certified family home must be kept free from the accumulation of weeds, trash, and rubbish.	Y/N	Comments

<b>02.a. Fire and Life Safety Requirements.</b> Smoke detectors must be installed in sleeping rooms, hallways, on each level of the home, and as recommended by the local fire district.	Y/N	Comments
<b>b.</b> Any locks installed on exit doors must be easily opened from the inside without the use of keys or any special knowledge.	Y/N	Comments
<b>c.</b> Portable heating devices of any kind are prohibited.	Y/N	Comments
<b>d.</b> Homes use of fuel-fired stoves must provide adequate railings or other approved protection designed to prevent residents from coming into contact with the stove surfaces.	Y/N	Comments
<b>f.</b> Flammable or highly combustible materials must not be stored in the home.	Y/N	Comments
<b>g.</b> Boilers, hot water heaters, and unfired pressure vessels must be equipped with automatic pressure relief valves.	Y/N	Comments
<b>h.</b> 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 multipurpose ABC type.	Y/N	Number
<b>k.</b> Exits must be free from obstruction.	Y/N	Comments
<b>m.</b> The door into each bathroom must unlock from the outside in case of an emergency.	Y/N	Comments
<b>03. Smoking.</b> 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:		
<b>a.</b> Prohibiting smoking in any area where flammable liquids, gases, or oxidizers are in use or stored;	Y/N	Comments
<b>b.</b> Prohibiting residents from smoking in bed; and	Y/N	Comments
<b>c.</b> Prohibiting unsupervised smoking by residents unless unsupervised smoking is allowed in the plan of service.	Y/N	Comments
<b>16.03.19.700. HOME CONSTRUCTION AND PHYSICAL HOME STANDARDS</b>		
<b>01. General requirements.</b> Any residence used as certified family home must be suitable for that use. Certified family home must only be located in buildings intended for residential use.	Y/N	Comments
<b>02. Walls and Floors.</b> Walls and floors must withstand frequent cleaning. Walls in sleeping rooms must extend from floor to ceiling.	Y/N	Comments
<b>04. Toilet Facilities and Bathrooms.</b> Each certified family home must contain:	Y/N	Comments
<b>a.</b> At least one (1) flush toilet, one (1) tub or shower, and one (1) lavatory with a mirror.	Y/N	Comments
<b>b.</b> Toilet facilities and bathrooms must be separated from all rooms by solid walls or partitions.	Y/N	Comments
<b>c.</b> All inside toilet facilities and bathrooms must have either a window that is easily opened or forced ventilation to the outside.	Y/N	Comments
<b>d.</b> Tubs, showers, and lavatories must be connected to hot and cold running water.	Y/N	Comments
<b>e.</b> Access to resident toilet facilities and bathrooms must not require a resident a resident to pass through another sleeping room to reach the toilet or bath.	Y/N	Comments
<b>05. Accessibility for Residents With Physical and Sensory Impairments.</b> 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:		
<b>a.</b> A ramp that complies with the Americans with Disabilities Act Accessibility Guidelines (ADAAG) 4.8	Y/N	Comments
<b>b.</b> Bathrooms and doorways large enough to allow easy passage of a wheelchair and that comply with the ADAAG 4.13.	Y/N	Comments
<b>c.</b> Toilet facilities that comply with the ADAAG 4.16 and 4.23.	Y/N	Comments

d. Sinks that comply with the ADAAG 4.24.	Y/N	Comments
e. Grab bars in resident toilet facilities and bathrooms that comply with the ADAAG 4.26	Y/N	Comments
f. Bathtubs and shower stalls that comply with ADAAG 4.20 and 4.21	Y/N	Comments
g. Non-retractable faucet handles that comply with the ADAAG 4.19 and 4.27. Self closing valves are not allowed.	Y/N	Comments
h. Suitable handrails on both sides of all stairways leading into and out of the home that comply with the ADAAG 4.9.4	Y/N	Comments
<b>08. Ventilation.</b> The home must be well ventilated and the provider must take precautions to prevent offensive odors.	Y/N	Comments
<b>11.a. Resident Sleeping Rooms.</b> Resident sleeping rooms must not be in an attic, stairway, hall, or any room commonly used for other than bedroom purposes. Resident sleeping rooms may be in basements only if the following conditions are met:	Y/N	Comments
i. The window must not open into a window well that cannot be exited. All other fire and life safety requirements for window must be met.	Y/N	Comments
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.	Y/N	Comments
iii. The resident must be assessed through the plan of service to be capable of evacuating from the basement without assistance in an emergency.	Y/N	Comments
b. Walls must run from floor to ceiling and doors must be solid.	Y/N	Comments
c. 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.	Y/N	Comments
d. Ceiling heights in sleeping rooms must be at least seven feet six inches (7'6")	Y/N	height
e. Sleeping rooms must have 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.	Y/N	Comments
f. 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.	Y/N	Room Size: 1. Size 2. Size
<b>16.03.19.170 ELEMENTS OF CARE</b> As a condition of certification, the home must provide each of the following to the resident without additional charge.		
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;	Y/N	Comments
c. The resident sleeping room must be equipped with a chair and dresser, substantially constructed and in good repair;	Y/N	Comments
<b>600. FIRE AND LIFE SAFETY STANDARDS</b> Certified family homes must meet all applicable requirements of local and state codes concerning fire and life safety.		
<b>02.e. Fire and Life Safety Requirements.</b> 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.	Y/N	1. Size 2. Size
i. Doorways in the path of travel to an exit and all exit doorways must be at least twenty-eight (28) inches wide.	Y/N	Comments
<b>701. MANUFACTURED HOMES</b>		
<b>01. Use of Manufactured Homes.</b> A late-model manufactured home may be approved for use as a certified family home		

when the home meets the following requirements:		
<b>a.</b> The date the home was manufactured is within eighteen (18) years of the date of the initial certification.	<b>Y/N</b>	<b>Date</b>
<b>b.</b> The home meets the requirements of the local jurisdiction in which the home is located. If no local standard has been established, the home must be installed according to the Idaho Manufactured Home Installation standard.	<b>Y/N</b>	Comments
<b>16.03.19.710. SITE REQUIREMENTS FOR CERTIFIED FAMILY HOMES.</b> In addition to the requirements of section 700 of these rules, certified family homes must comply with the following site requirements.		
<b>02. Accessible Road.</b> The home must be served by an all-weather road kept open to motor vehicles at all times of the year.	<b>Y/N</b>	Comments
<b>03. Emergency Medical Services.</b> The home must be accessible to emergency medical services within thirty (30) minutes driving time.	<b>Y/N</b>	Comments
<b>04. Accessible to Services.</b> The home must be accessible within thirty (30) minutes driving time to necessary social, medical, and rehabilitation services.	<b>Y/N</b>	Comments
<b>Surveyor's Comments: Comments</b>		



**CERTIFIED FAMILY HOME COMPLIANCE STUDY  
RE-CERTIFICATION / CHANGE OF RESIDENCE**

<b>Provider: <u>Name</u></b>  <b>Address: <u>Address</u></b>  <b>Mailing Address: <u>Address</u></b>  <b>Zip: <u>Zip</u></b>  <b>Home phone: <u>Number</u></b> <b>Cell Phone: <u>Number</u></b>  <b>Work Phone: <u>Number</u></b> <b>Email Address: <u>Email</u></b>	<b>Date of Study: <u>Date</u></b>  <b>Certificate No: <u>Number</u></b>  <b>Does CFH provide care for any other adult? <u>Y/N</u></b>  <b>Would you consider an emergency placement? <u>Y/N</u></b>	<b>Reshab Affiliation: <u>Name</u></b> <hr/> <b>Number of Clients in the home? #</b> <hr/> <b>Number of Available Bedrooms: #</b> <hr/> <b>Wheelchair Accessible? <u>Y/N</u></b> <hr/> <b># of NF LOC: #</b> <hr/> <b>Verifications:</b> Home Ownership: <u>Y/N</u> Med Course Certificate <u>Y/N</u> First Aid <u>Date</u> CPR <u>Date</u> 8 Hours of Training <u>Date</u> Proof of Insurance <u>Date</u> Water Supply Inspection <u>Date</u> Septic System Inspection <u>Date</u> Furnace Inspection <u>Date</u> Stove/Fireplace Inspection <u>Date</u> Fire Extinguisher Inspection <u>Date</u> Electrical <u>Y/N</u> Fire Dist. Letter <u>Y/N</u> Emergency Prepared Log <u>Y/N</u> Evacuation Plan <u>Date</u> Fire Arms Secured? <u>Y/N</u> Emergency Telephone #'s <u>Date</u>
<b>Certificate <u>Y/N</u></b> <b>S.O.D. <u>Y/N</u></b>  <b>Does provider work outside the home? <u>Y/N</u></b>  <b>Which Days &amp; Hours?</b> <u>Days</u> <u>Hours</u>	<b>Waivers:</b> 1. <u>Waiver</u> 2. <u>Waiver</u>	
	<b>Caring for Relative? <u>Y/N</u></b> <b>Resident's Name &amp; Guardian's Name</b> 1. <u>Resident</u> 1a. <u>Guardian</u> 2. <u>Resident</u> 2a. <u>Guardian</u> 3. <u>Resident</u> 3a. <u>Guardian</u> 4. <u>Resident</u> 4a. <u>Guardian</u>	
<b>New Adults living in Home:</b> 1. <b>Name:</b> <u>Name</u> <b>Date of Birth:</b> <u>Date of Birth</u> <b>CHC:</b> <u>Y/N</u> <b>Date:</b> <u>Date</u> 2. <b>Name:</b> <u>Name</u> <b>Date of Birth:</b> <u>Date of Birth</u> <b>CHC:</b> <u>Y/N</u> <b>Date:</b> <u>Date</u> 3. <b>Name:</b> <u>Name</u> <b>Date of Birth:</b> <u>Date of Birth</u> <b>CHC:</b> <u>Y/N</u> <b>Date:</b> <u>Date</u>		

<b>COMPLIANCE STANDARD</b>		<b>COMMENTS</b>
<b>16.03.19.100. CERTIFICATION:</b>	Y-Yes N-No NA- Not Applicable	
<b>02.</b> 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.	Y	Comments
<b>16.03.19.140 EXCEPTION TO THE TWO RESIDENT LIMIT</b>		
<b>03. Other Employment.</b> Providers of three (3) or four (4) bed homes must not have other gainful employment unless:	NA	Comments
<b>03.a</b> 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;	NA	Comments
<b>03.b</b> The provider is immediately available to meet resident needs as they arise; and	NA	Comments
<b>03.c</b> 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.	NA	Comments
<b>04. Additional Training.</b> 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.	NA	Comments
<b>16.03.19.170. ELEMENTS OF CARE</b>		
<b>04. Furnishings and Equipment:</b> Linens, towels, wash cloths, a reasonable supply of soap, shampoo, toilet paper, sanitary napkins or tampons, first aid supplies, shaving supplies, laundering of linens, housekeeping service, maintenance, and <b>basic television in common areas.</b>	Y	Comments
<b>04.a</b> Resident living rooms must contain reading lamps, tables, and comfortable chairs and sofas	Y	Comments
<b>16.03.19.175 ROOM, UTILITIES AND MEALS.</b> The home must provide room, utilities and three (3) daily meals to the resident. The charge for room, utilities and three (3) daily meals must be established in the admission agreement.	Y	Comments
<b>16.03.19.500. ENVIRONMENTAL SANITATION STANDARDS</b>		
<b>01. Water Supply:</b> Shall be adequate, safe and sanitary	Y	Comments
<b>02. Sewage Disposal:</b> 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, either a municipal sewer system or a functioning private septic system.	Y	Comments
<b>04. Garbage and Refuse Disposal.</b> Garbage and refuse disposal must be provided by the home. Garbage containers shall be maintained in good repair. Storage areas shall be kept clean and sanitary.	Y	Comments
<b>05. Insect and Rodent Control.</b> 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.	Y	Comments
<b>06. Yards.</b> The yard surrounding the home must be safe and maintained.	Y	Comments
<b>07. Linen-Laundry Facilities And Services.</b> A washing machine and dryer must be provided for the proper and sanitary washing of linen and other washable goods.	Y	Comments
<b>08. Housekeeping and Maintenance.</b> Sufficient housekeeping and maintenance must be provided to maintain the interior and exterior of the home in a clean, safe, and orderly manner.	Y	Comments
<b>16.03.19.600. FIRE AND LIFE SAFETY STANDARDS</b>		

<b>01.a. General Requirements</b> - The home must be structurally sound and equipped and maintained to assure the safety of residents.	Y	Comments
<b>b.</b> When natural or man-made hazards are present suitable fences, guards, and railings must be provided to protect the residents according to their need for supervision as documented in the plan of service.	Y	Comments
<b>c.</b> The premises of the certified family home shall be kept free from the accumulation of weeds, trash, and rubbish.	Y	Comments
<b>02. Fire and Life Safety Requirements.</b>		
<b>a.</b> Smoke detectors must be installed in sleeping rooms, hallways, on each level of the home, and as recommended by the local fire district.	Y	Comments
<b>b.</b> Any locks installed on exit doors must be easily opened from the inside without the use of keys or any special knowledge.	Y	Comments
<b>c.</b> Portable comfort heating devices of any kind shall be prohibited.	Y	Comments
<b>d.</b> 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.	Y	Comments
<b>f.</b> Flammable or highly combustible materials must not be stored in the home.	Y	Comments
<b>k.</b> Exits must be free from obstruction.	Y	Comments
<b>04. Emergency Preparedness.</b> Each certified family home will develop and implement a plan for emergencies including evacuation of the home. The emergency plan must be reviewed with residents at admission and at least every six (6) months thereafter. This review must be documented in each resident's individual file.	Y	Comments
<b>05. Fire Drills.</b> Homes must conduct and document fire drills at least 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.	Y	Comments
<b>06. Report of Fire.</b> 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.	Y	Comments
<b>07. Maintenance of Equipment.</b> The home will assure that all equipment is properly maintained to assure the safety of the residents.	Y	Comments
<b>a.</b> The smoke detectors must be tested at least monthly and a written record of the test results maintained on file.	Y	Comments
<b>600.02.h.</b> 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 multipurpose ABC type.	Y	1 Comments
<b>600.07.b</b> All portable fire extinguishers must be examined at least quarterly by a knowledgeable family member.	Y	Comments
<b>16.03.19.700. HOME CONSTRUCTION AND PHYSICAL HOME STANDARDS</b>		
<b>05. Accessibility For Residents With Physical and Sensory Impairments. (Applies to current resident/s.)</b>		
<b>a.</b> A ramp that complies with the Americans with Disabilities Act Accessibility Guidelines ADAAG 4.8.	NA	Comments
<b>b.</b> Bathrooms and doorways large enough to allow the easy passage of a wheelchair and that comply with ADAAG 4.13.	NA	Comments
<b>c.</b> Toilet facilities that comply with the ADAAG 4.16 and 4.23.	NA	Comments
<b>d.</b> Sinks that comply with the ADAAG 4.24	NA	Comments
<b>e.</b> Grab bars in resident toilet facilities and bathrooms that comply with the ADAAG 4.26.	NA	Comments



<b>RESIDENT FILES SURVEY:</b> Mark For Each Resident: M-Met, NM-Not Met, NA- Not Applicable		<b>Res. 1</b>	<b>Res. 2</b>	<b>Res. 3</b>	<b>Res. 4</b>	<b>Comment</b>
<b>ADMISSIONS</b>	Resident's Initials	WHO	WHO	WHO	WHO	
<b>200.11.h</b> The provider has informed residents of their right to <b>Advanced Directives</b> and has signed the document in the Manual to indicate such.		Y/N	Y/N	Y/N	Y/N	Comments
<b>250.05</b> Signed copies of the <b>Plan of Service (NSA or ISP)</b> 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.		Y/N	Y/N	Y/N	Y/N	Comments
<b>260.01 Admission Agreement</b> was entered into at the time of admission to the CFH and signed by the resident and/or guardian and the provider.		Y/N	Y/N	Y/N	Y/N	Comments
<b>260.02 Termination of Admission Agreement</b> Were any placements/ Agreements terminated? Was the Agreement followed by both parties?		Y/N	Y/N	Y/N	Y/N	Comments
<b>270.01. a-g, k, m Resident Records Form &amp; Social Information</b> was completed at admission of the resident and has been kept current.		Y/N	Y/N	Y/N	Y/N	Comments
<b>270.01.r &amp; 270.02.l Resident Belongings Inventory</b> was taken at the time of the resident's admission and has been kept current.		Y/N	Y/N	Y/N	Y/N	Comments
<b>270.01.h</b> The resident's record contains the results of a <b>history and physical examination</b> performed by a licensed physician or nurse practitioner within six (6) months prior to admission.		Y/N	Y/N	Y/N	Y/N	Comments
<b>270.01.j</b> The resident's record contains a <b>current list of medications, diets and treatments prescribed by the physician.</b>		Y/N	Y/N	Y/N	Y/N	Comments
<b>270.01.o</b> A signed copy of the <b>Resident's Rights</b> 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		Y/N	Y/N	Y/N	Y/N	Comments
<b>270.01.p SIB-R or UAI:</b> Provider must have a copy of the resident's most current uniform needs assessment for the CFH.		Y/N	Y/N	Y/N	Y/N	Comments
<b>270.02.c</b> Is there documentation of any medication refused, not given to or not taken by the resident with the reason for the omission?		Y/N	Y/N	Y/N	Y/N	Comments
<b>Per Medication Course:</b> All medications given must be documented on a standardized form. Including: Medication, amount and time given.		Y/N	Y/N	Y/N	Y/N	Comments
<b>270.02.c</b> Are all PRN medications documented with the reason for taking the medication?		Y/N	Y/N	Y/N	Y/N	Comments
<b>270.02.d</b> Have any incidents/ accidents occurring while the resident is in the home been documented?		Y/N	Y/N	Y/N	Y/N	Comments
<b>270.02.e</b> Does the residents record contain notes from any nursing visits, home health, physical therapist or other service providers documenting each service provided at each visit? 16.03.09.701. (Medical Assist. Program)		Y/N	Y/N	Y/N	Y/N	Comments
<b>270.02.f</b> Documentation of significant changes in the residents' physical, mental status, or both and the home's response?		Y/N	Y/N	Y/N	Y/N	Comments
<b>270.02.j</b> Contact name, address, and phone number of individuals or agencies providing paid supports? 270.02.j		Y/N	Y/N	Y/N	Y/N	Comments

<b>270.02.k Implementation Plan:</b> There must be in the resident's file signed copies of all care plans that are prepared by all outside service providers.	Y/N	Y/N	Y/N	Y/N	Comments
<b>PRIVATE PAY RESIDENTS</b>					
<b>225.02 &amp; 225.05 UAI:</b> The provider will assess private-pay residents and the assessment will be completed within fourteen (14) days of admission.	Y/N	Y/N	Y/N	Y/N	Comments
<b>250.02 Negotiated Service Agreement</b> was also completed within fourteen (14) days after the resident's admission and placed in the resident's records.	Y/N	Y/N	Y/N	Y/N	Comments
<b>270.01.i</b> For private-pay residents, the <b>history and physical</b> 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 CFH.	Y/N	Y/N	Y/N	Y/N	Comments
<b>CFH PROGRESS NOTES</b>					
Does the participant record have detailed daily progress notes?	Y/N	Y/N	Y/N	Y/N	Comments
<b>RESIDENT FUNDS and FINANCIAL RECORDS</b>					
<b>275.02.a</b> Did the home, that manages resident funds, establish a <b>separate account</b> at a financial institution for each resident?	Y/N	Y/N	Y/N	Y/N	Comments
<b>275.02.c</b> Did the home, that manages resident funds, bill each resident for their CFH care charges on a monthly basis from their funds?	Y/N	Y/N	Y/N	Y/N	Comments
<b>275.02.d</b> Documentation on a monthly or on a weekly basis any financial transactions in excess of five dollars (\$5) between the resident and the home. A separate transaction record must be maintained for each resident.	Y/N	Y/N	Y/N	Y/N	Comments
<b>MEDICATION REQUIREMENTS</b>					
<b>400.02.c</b> The home is responsible to safeguard the resident's medications.	Y/N	Y/N	Y/N	Y/N	Comments
<b>400.02.a</b> 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 nurse 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.	Y/N	Y/N	Y/N	Y/N	Comments
<b>400.02.b</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 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.	Y/N	Y/N	Y/N	Y/N	Comments
<b>400.02.d</b> 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.	Y/N	Y/N	Y/N	Y/N	Comments
<b>400.03 A CFH Medication Authorization Form</b> 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.	Y/N	Y/N	Y/N	Y/N	Comments
<b>400.06</b> A written record of all disposal of drugs must be maintained in the home	Y/N	Y/N	Y/N	Y/N	Comments

**Surveyor's Comments:** Comments





TEMPORARY WAIVER REQUEST

Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Please complete the enclosed waiver form for only the items that are marked with a check mark. Please do not mark additional boxes as any unmarked items do not apply to your application.

In applying for certification or re-certification, I am requesting that the following section of the rules for certified family homes in Idaho be waived:

- Four checkbox items regarding IDAPA 16 regulations for sleeping rooms, window sill heights, door widths, and resident care levels.

RESIDENT LIVING ARRANGEMENT ACKNOWLEDGEMENT:

- One bullet point stating that the resident's signature indicates they have freely requested the waiver and living arrangement.

Resident Names:

Resident or Guardian Signatures:

Four horizontal lines for entering resident names.

Four horizontal lines for entering resident or guardian signatures.

\_\_\_\_\_  
\_\_\_\_\_

The following reasons show good cause or explain extenuating circumstances as to why the waiver should be granted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My home, in compensation for the waiver of this regulation, has the following qualities and strengths to offer the resident(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special conditions and terms of temporary waiver (*to be completed by CFH Specialist only*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In applying for this waiver, I am assuring that the health and safety of the residents will not be jeopardized if the waiver is granted. I also understand temporary waivers are granted for a year period and must be submitted annually for approval. They will not be considered as a precedent or be given any force of effect in any other proceedings.

Applicant/Sponsor's Signature

Date

RMS Approval

Date

**FOR OFFICE USE ONLY:**

- Initial Inspection
- Annual Inspection
- Waiver Denied
- Waiver Granted

This waiver in effect from \_\_\_\_\_ to \_\_\_\_\_.

**APPLICATION TO EXCEED TWO-BED CERTIFIED FAMILY HOME LIMIT**

<b>Provider's Name:</b>		<b>Date:</b>
Address:		
Phone Number:		
<b>NUMBER OF PEOPLE LIVING IN THE HOME (Do NOT include your residents here please)</b>		
<b>Number of adults</b>	<b>Number of children</b>	<b>Children's Ages</b>

<b>EMPLOYMENT STATUS OF EACH CAREGIVER</b>			
Employed outside the home?	NO	YES	If Yes, where & which days and what hours?
<i>Please insert caregiver name here</i> Caregiver #1			
<i>Please insert caregiver name here</i> Caregiver #2			

<b>QUALIFICATIONS OF EACH CAREGIVER</b>	
Caregiver #1	
Caregiver #2	

<b>NAMES OF CURRENT/PROPOSED RESIDENTS AND CARE REQUIRED</b>		
Please attach copies of the most recent assessment (e.g., UAI, SIB-R) and NSA.		
<b>Resident #1 Name:</b>	<b>Birth Date:</b>	<b>Sex:</b>
Waiver    A&D _____    DD _____    Private Pay _____		
<b>Hours of care needed per day?</b>		
<b>Behaviors/special needs:</b>		
<b>Resident #2 Name:</b>	<b>Birth Date:</b>	<b>Sex:</b>
Waiver    A&D _____    DD _____    Private Pay _____		
<b>Hours of care needed per day?</b>		
<b>Behaviors/special needs:</b>		
<b>Resident #3 Name:</b>	<b>Birth Date:</b>	<b>Sex:</b>
Waiver    A&D _____    DD _____    Private Pay _____		
<b>Hours of care needed per day?</b>		
<b>Behaviors/special needs:</b>		

<b>Resident #4</b> Name: _____	Birth Date: _____	Sex: _____
Waiver A&D _____	DD _____	Private Pay _____
Hours of care needed per day? _____		
Behaviors/special needs: _____		

<b>CURRENT RESIDENTS</b>	
My signature indicates that I am in agreement with this living arrangement.	
NAME	DATE
Resident #1	
Resident #2	
Resident #3	
Resident #4	

<b>DESCRIPTION OF YOUR HOME</b>		
Please draw us a sketch of your floor plan or provide us with copies of floor plans if you have them		
Bedrooms for Resident Use	Room's Square Footage	Proposed Occupant(s)
Bedroom #1		
Bedroom #2		
Bedroom #3		
Bedroom #4		

My signature below certifies I have read, understand, and will comply with the rules governing exceptions to the two-bed limit in my Certified Family Home

\_\_\_\_\_  
Signature of Provider  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Provider  
Date: \_\_\_\_\_

**\*\*PLEASE NOTE:**

**A WAIVER REQUEST MUST ACCOMPANY THIS FORM TO COVER ANY NURSING FACILITY LEVEL OF CARE RESIDENTS**



**CFH EXCEPTION TO THE TWO RESIDENT LIMIT COMPLIANCE STUDY**

Provider Name:	Certificate No:	
<b>IDAPA 16.03.19.140 COMPLIANCE STANDARD</b> Mark: M – Met NM – Not Met NA – Not Applicable	<b>COMMENTS</b>	
<b>02. Criteria for Determination.</b> 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:		
a. Each current or prospective resident’s physical, mental and behavioral status and history; and		
b. The household composition including the number of adults, children and other family members requiring care from the providers; and		
c. The training, education, and experience of the provider to meet each resident’s needs; and		
d. Potential barriers that might limit resident safe access to and exit from the rooms in the home; and		
e. The number and qualifications of care givers in the home; and		
f. The desires of the prospective and current residents; and		
g. The individual and collective hours of care needed by the residents; and		
h. The physical layout of the home and the square footage available to meet the needs of all persons living in the home.		
<b>03. Other Employment.</b> Providers of three (3) or four (4) bed homes must not have other gainful employment unless:		
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; and		
b. The provider is immediately available to meet resident needs as they arise; and		
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.		
<b>04. Additional Training.</b> 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.		
<b>05. Guardianship.</b> A provider applying to care for three (3) or four (4) residents may not be the guardian of any resident unless either of the following applies:		
a. The guardianship was established prior to July 1, 2001; or		
b. The proposed guardian is a parent, child, sibling or grandparent of the resident.		
<b>07. Reassessment Of Exception.</b> An exception to care for more than two (2) residents must be reassessed at least annually and when either of the following occurs:		
a. Each time a new admission is considered; or		
b. When there is a significant change in any of the factors specified in Subsection 104.02 of these rules.		
<b>08. Annual Home Inspection.</b> A home with an exception to care for more than two (2) residents must have a home inspection at least annually.		
<b>09. Shared Sleeping Rooms.</b> 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.		



## Modification Request or Annual Recertification

MODIFICATION TO THE APPLICATION FOR CERTIFIED FAMILY HOME CERTIFICATION  
**or**

REQUEST FOR ANNUAL RECERTIFICATION

Provider Name:
Telephone Number:
Address:
<b>Please check (Y) all that apply to the type of change requested:</b>
<input type="checkbox"/> Change in Provider Name:
<input type="checkbox"/> Change of Home Ownership:
<input type="checkbox"/> Change of Address:
<input type="checkbox"/> Change in Level of Care you wish to provide.
<input type="checkbox"/> Change in types of residents you wish to accept into your home.
<input type="checkbox"/> You no longer wish to be a Certified Family Home and your name will be removed from any lists of available homes requested from the Department.
<input type="checkbox"/> Other

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

Signature of Regional Staff \_\_\_\_\_ Date \_\_\_\_\_



## Fire Prevention

Residential fires kill an average of 5,000 people, injure and additional 21,000 persons and cost \$3.4 billion dollars each year! Here are safety tips:

### Smoke Detectors

**Smoke is responsible for three out of four deaths.**

1. Install smoke detectors on every level of your home.
2. In hallways, take care that the detectors are not placed too near bathroom doors. Steam from showers and baths can set off alarms.
3. Test your smoke detectors monthly.
4. Avoid getting any paint or dust on your smoke detector.
5. Replace batteries with new ones at least once a year or sooner if the detector makes a chirping sound. It is a good idea to change the batteries when you change your clock — at the start of and end of daylight saving time.
6. If you have a smoke detector directly wired into your electrical system, be sure that the signal light is blinking periodically. This tells you that the alarm is active.
7. Inexpensive smoke detectors are available for the hearing impaired.
8. You may want to consider purchasing a combination smoke/carbon monoxide detector. They are more expensive, but well worth it.
9. Replace all detectors after ten (10) years.

### How to Install a Smoke Detector

1. Walk through your home and locate the areas where you want to mount the smoke detectors. Detectors should be mounted inside of bedrooms, outside of bedrooms and in hallways leading to bedrooms.
2. Grab your ladder and install smoke detectors high — on a wall or on the ceiling — though the ceiling mount is preferable, as they go off sooner.
3. Be sure when attaching the detector to the wall, place it 4 to 12 inches from the ceiling and in turn, mount ceiling detectors 4 inches from the wall. Smoke rises, so if you have an odd-shaped ceiling, opt for the highest point on the ceiling to place the detector.
4. Avoid mounting smoke detectors near windows or doors, where smoke can escape before reaching the detector.
5. Avoid mounting smoke detectors in kitchens, dining rooms or living rooms. Smoke and steam from cooking, fireplaces and candles can cause false alarms. Water heaters, fumes from solvents, paint or gasoline, and dust from forced air heaters can set off alarms.
6. Follow the directions on the package for mounting the smoke detector once you have chosen the area for the device. You will most likely need a drill and a screwdriver.
7. Make sure a qualified electrician mounts the device if you choose to go with a detector that is designed to be hardwired to your home's electrical system.

## Fire Extinguishers

**Fire extinguishers remain your best option if you are present when a fire begins.**

- Fire extinguishers should be mounted in the kitchen, garage, workshop, and laundry room and fireplace area.
- Certified Family Homes must purchase an ABC type extinguisher for extinguishing all types of fires.
- Learn how to use your fire extinguisher **before** an emergency arises.
- Remember; use an extinguisher on small fires only. If there is a large fire, get out immediately and call 911 from another location.

### **Warning!**

If a smoke detector goes off, you have literally seconds to respond. There is absolutely no time to gather possessions, pets, nor quite possibly each other. Your best response is to leave your home immediately, gather at your prearranged meeting place and call 911 from a neighbor's home.

Never go back into the house once you have escaped from a fire.

### **Thinking Ahead: Your Exit Plan**

**As with other things, the best motto is, "Be Prepared."**

CFHs must prepare a floor plan of your home showing at least two ways out of each room.

- Sleep with your bedroom door closed. In the event of fire, it helps to hold back heat and smoke. But if a door feels hot, do not open it; escape through another door or window.
- Easy-to-use window escape ladders are available through many catalogues and outlet stores.  
For instance, First Alert sells one for around \$90.
- Agree on a fixed location out-of-doors where family members are to gather for a head count.
- Stay together away from the fire. Call 911 from another location. Make certain that no one goes back inside the burning building.
- Check corridors and stairways to make sure they are free of obstructions and combustibles.
- To cut down on the need for an emergency exit in the first place, clear all unnecessary items from the attic, basement, garage, and closets.

## Fireplace

**Remember, you are deliberately bringing fire into your home; respect it.**

- Use a fireplace screen to prevent sparks from flying. CFH rules require tempered glass doors.
- Don't store newspapers, kindling, or matches near the fireplace, or have an exposed rug or wooden floor right in front of the fireplace.
- Have your chimney inspected by a professional prior to the start of every heating season, and cleaned to remove combustible creosote build-up if necessary as required by CFH Rules.
- Install a chimney spark arrester to prevent roof fires.

- When lighting a gas fireplace, strike your match first, then turn on the gas.

## **Portable Comfortable Heating Devices**

**Portable comfortable heating devices of any kind are not allow in CFHs.**

## **Clothes Dryers**

**Under some circumstances, dangerous heat can build up in a dryer.**

- Never leave home with the clothes dryer running.
- Dryers must be vented to the outside, not into a wall or attic.
- Clean the lint screen frequently to keep the airway clear.
- Never put synthetic fabrics, plastic, rubber, or foam into the dryer because they retain heat.

## **Electrical Hazards**

**Electricity, the silent servant, can become a silent assassin.**

- CFHs should not use extension cords. If you feel you must use one, make sure that it is not frayed or worn. Do not run it under a rug or twist it around a nail or hook.
- Never overload a socket. In particular, the use of "octopus" outlets, outlet extensions that accommodate several plugs, is strongly discouraged.
- Do not use light bulb wattage that is too high for the fixture. Look for the label inside each fixture that tells the maximum wattage.
- Check periodically for loose wall receptacles, loose wires, or loose lighting fixtures. Sparking means that you have waited too long.
- Allow air space around the TV to prevent overheating. The same applies to plug-in radios and stereo sets, and to powerful lamps.
- If a circuit breaker trips or a fuse blows frequently, immediately cut down on the number of appliances on that line.
- Be sure all electrical equipment bears the Underwriter's Laboratories (UL) label.
- In many older homes, the capacity of the wiring system has not kept pace with today's modern appliances. Overloaded electrical systems invite fire. Watch for these overload signals: dimming lights when an appliance goes on, a shrinking TV picture, slow heating appliances, circuit breakers tripping, or fuses blowing frequently. Call a qualified electrician to get expert help.

## **Kitchen**

**Careless cooking is the number one cause of residential fires. Never leave cooking unattended.**

- It is wise to have a fire extinguisher near the kitchen. Keep it ten (10) feet away from the stove on the exit side of the kitchen.
- Never pour water on a grease fire; turn off the stove and cover the pan with a lid, or close the oven door.
- Keep pot handles on the stove pointing to the back, and always watch young children in the kitchen.
- Do not store items on the stovetop, as they could catch fire.
- Keep kitchen appliances clean and in good condition, and turn them off and disconnect them when not in use.
- Do not overload kitchen electrical outlets and do not use appliances with frayed or cracked cords or wires.

- Wear tight-fitting clothing when you cook. Here is why. An electrical coil on the stove reaches a temperature of 800°F. A gas flames reaches over 1,000° F. Your dishtowel or potholder can catch fire at 400°F. So can your bathrobe, apron, tie, or loose sleeves.
- Be sure your stove is not located under a window where curtains are hanging.
- Clean the exhaust hood, duct over the stove regularly, and wipe up spilled grease as soon as the surface of the stove is cool.
- Operate your microwave only when there is food in it.

### **Children and Grandchildren**

**One fourth of all fire-deaths of children are from fires started by children.**

- Keep lighters and matches out of the reach of children.
- Never leave children unattended near fire or space heaters.
- Children are naturally curious about fire, so keep an eye on them. But if a child repeatedly plays with fire or seems to have a morbid fascination with fire, seek professional help at once.
- If youngsters live with you or stay overnight occasionally, be sure that they know how to escape from every room and are part of your emergency exit plan. (See "Thinking Ahead" above.)

### **Gasoline and Other Flammable Liquids**

**Those cans are not painted red just for show!**

- Flammable liquids should be stored only in approved safety containers, and the containers should be kept outside the house and garage in a separate storage shed.
- Gas up lawn equipment and snowthrowers outside, away from enclosed areas and any source of sparks or heat.
- Start the equipment ten (10) feet from where you filled it with fuel.
- Do not add fuel to a hot lawn mower, snowthrower, or other gas powered motors; let it cool first.
- Never clean floors or do other general cleaning with gasoline or flammable liquids.

### **Smoking**

- Never smoke in bed.
- Do not smoke when you are drinking or are abnormally tired.
- Use large, deep ashtrays, and empty them frequently.
- Never dump an ashtray into the trash without wetting the butts and ashes first.

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[1] Article edited by Michael J. Sheehan produced by Seniors.org. <http://seniors.tcnet.org/articles/article04.html>

[2] <http://www.ehow.com/eHow/eHow/0,1053,14119,FF.html>



**CERTIFIED FAMILY HOME FIRE PREPAREDNESS INSPECTION LOG**

**CFH Provider** \_\_\_\_\_ **Date** \_\_\_\_\_

Monthly Smoke Detector Test date & Results <b>600.07a</b>		Quarterly Fire Extinguisher Examine & tag initialed <b>600.07.b</b>		Quarterly Fire Drills Conduct & document <b>600.05.</b>		Six-month review Emergency Preparedness <b>600.04</b>	
<u>DATE &amp; YEAR</u>	<u>INITIAL</u>	<u>DATE &amp; YEAR</u>	<u>INITIAL</u>	<u>DATE &amp; YEAR</u>	<u>INITIAL</u>	<u>DATE &amp; YEAR</u>	<u>INITIAL</u>
JAN.		JAN.		JAN.		JAN.	
FEB.		FEB.		FEB.		FEB.	
MAR.		MAR.		MAR.		MAR.	
APR.		APR.		APR.		APR.	
MAY		MAY		MAY		MAY	
JUN.		JUN.		JUN.		JUN.	
JUL.		JUL.		JUL.		JUL.	
AUG.		AUG.		AUG.		AUG.	
SEPT.		SEPT.		SEPT.		SEPT.	
OCT.		OCT.		OCT.		OCT.	
NOV.		NOV.		NOV.		NOV.	
DEC.		DEC.		DEC.		DEC.	
JAN.		JAN.		JAN.		JAN.	
FEB.		FEB.		FEB.		FEB.	
MAR.		MAR.		MAR.		MAR.	
APR.		APR.		APR.		APR.	
MAY		MAY		MAY		MAY	
JUN.		JUN.		JUN.		JUN.	
JUL.		JUL.		JUL.		JUL.	
AUG.		AUG.		AUG.		AUG.	
SEPT.		SEPT.		SEPT.		SEPT.	
OCT.		OCT.		OCT.		OCT.	
NOV.		NOV.		NOV.		NOV.	
DEC.		DEC.		DEC.		DEC.	



## CERTIFIED FAMILY HOME FIRE INCIDENT REPORT

Name of Home \_\_\_\_\_

Date and Time of Fire \_\_\_\_\_

Room of Fire Origin \_\_\_\_\_

Area Fire and/or Smoke Covered \_\_\_\_\_

Probable cause of fire \_\_\_\_\_

How was the fire discovered? By whom? \_\_\_\_\_

Were smoke detectors activated? \_\_\_\_\_

Was the fire department notified? \_\_\_\_\_

Were residents evacuated? \_\_\_\_\_

Were there any injuries? If yes, describe \_\_\_\_\_

How was the fire extinguished? \_\_\_\_\_

Is the home habitable? \_\_\_\_\_ Monetary Loss \$ \_\_\_\_\_

Action taken to prevent recurrence (Please use back of sheet if necessary) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please send this completed form to the Region Certified Family Home Surveyor.

FIRE - POLICE - SHERIFF - AMBULANCE - PARAMEDICS

# EMERGENCY

# 911

POISON CONTROL 1-800-860-0620  
IDAHO CARELINE 211 OR 1-800-926-2588  
ADULT PROTECTIVE SERVICES 1-800-859-0321

## OTHER IMPORTANT NUMBERS

_____	_____
_____	_____
_____	_____
_____	_____

**If you know or suspect that someone has ingested an unknown medication or taken an overdose of medication, contact poison control IMMEDIATELY; prior to contacting the Physician.**

**Poison Control/Idaho Poison Center 1-800-222-1222 or 800-860-0620**