

Division of Licensing & Certification – Residential Assisted Living Facility Program

Plan Of Operation For One Administrator To Serve Over Multiple Facilities				
Name of Administrator			RCA #	
Home Address				
Cell Phone Number		Email		
<u>Facility Information</u>				
<ul style="list-style-type: none"> No Facility may have more than 50 licensed beds. Ralf and SNF must be on the same campus. A third facility will only be approved when each of the three facilities has 16 beds or fewer. 				
Facility 1				
Name of Facility				
Facility Address				
Licensed Beds		RALF		SNF
Miles From Administrator's Home (Not more than 75 miles).				
List the hours and days the Administrator will be on site at this facility each week.				
1-15 Beds-Administrators must be on site a minimum of ten hours each week. 16+ beds-Administrators must be on site a minimum of fifteen houses each week.	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
	Sunday			
The plan must provide for full-time on-site supervision at each facility by trained and experienced staff, including:				
<ul style="list-style-type: none"> Who is responsible for on-site management of each facility when administrator is not on-site; How each individual responsible for on-site management of each facility is qualified to perform those duties? (Provide supporting documentation for each person listed below.) 				
On Site Management				
<u>I certify that I have been trained in the following areas:</u>				
<input type="checkbox"/> Emergency P&P's, <input type="checkbox"/> Fire Alarm/Smoke Detection System, <input type="checkbox"/> Evacuation Procedures <input type="checkbox"/> Incident <input type="checkbox"/> Accident Investigation P&P's		<input type="checkbox"/> Accident & Investigations P&P's, <input type="checkbox"/> Complaint Policy, <input type="checkbox"/> Abuse Policy, <input type="checkbox"/> Reportable Incident Reporting, <input type="checkbox"/> Resident Admission & Discharge Procedures		
Applicable Rules: 16.03.22.153				
01. Response of Staff to Abuse, Neglect or Exploitation of Residents. 02. Response of Staff to Emergencies. How staff are to respond to emergency situations. 03. Notification of Changes to Resident Health or Mental Status. 04. Provided Care and Services by Staff. 05. Resident Property Identified and Safe. 06. Intervention Procedures to Assure Safety of Residents and Staff 07. Behavior Management for Residents. 08. Staff Procedures for Accidents, Incidents, and Complaints. 09. Facility Operations, Inspections, Maintenance, and Testing. 10. Hazardous Materials. 11. Mechanical Equipment.				
<u>16.03.22.154</u>				
01. Emergency Preparedness Plan. 02. Written Procedures.				
Name:			Signature:	
Name:			Signature	

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Facility 2					
Name of Facility					
Facility Address					
Licensed Beds		RALF		SNF	
Miles from Administrators Home (Not More than 75 miles.)		Per Google Maps, driving time from facility 1 (Not more than 2 hours).		Per Google Maps, driving time from facility 3 (Not more than 2 hours).	
List the hours and days the Administrator will be on site at this facility each week.					
1-15 Beds-Administrators must be on site a minimum of ten hours each week. 16+ beds-Administrators must be on site a minimum of fifteen houses each week.				Monday	
				Tuesday	
				Wednesday	
				Thursday	
				Friday	
				Saturday	
				Sunday	
<p><u>The plan must provide for full-time on-site supervision at each facility by trained and experienced staff, including:</u></p> <ul style="list-style-type: none"> Who is responsible for on-site management of each facility when administrator is not on-site; How each individual responsible for on-site management of each facility is qualified to perform those duties? (Provide supporting documentation for each person listed below.) 					
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<p align="center">Applicable Rules:</p> <p><u>16.03.22.153</u></p> 01. Response of Staff to Abuse, Neglect or Exploitation of Residents. 02. Response of Staff to Emergencies. How staff are to respond to emergency situations. 03. Notification of Changes to Resident Health or Mental Status. 04. Provided Care and Services by Staff. 05. Resident Property Identified and Safe. 06. Intervention Procedures to Assure Safety of Residents and Staff.			07. Behavior Management for Residents. 08. Staff Procedures for Accidents, Incidents, and Complaints. 09. Facility Operations, Inspections, Maintenance, and Testing. 10. Hazardous Materials. 11. Mechanical Equipment. <p><u>16.03.22.154</u></p> 01. Emergency Preparedness Plan. 02. Written Procedures.		
Name:				Signature:	
Name:				Signature:	

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Facility 3					
Name of Facility					
Facility Address					
Licensed Beds		RALF		SNF	
Miles from Administrators Home (Not More than 75 miles.)		Per Google Maps, driving time from facility 1 (Not more than 2 hours).		Per Google Maps, driving time from facility 2 (Not more than 2 hours).	
List the hours and days the Administrator will be on site at this facility each week.					
1-15 Beds-Administrators must be on site a minimum of ten hours each week. 16+ beds-Administrators must be on site a minimum of fifteen houses each week.				Monday	
				Tuesday	
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Name:				Signature:	
Name:				Signature:	

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I, the licensed facility administrator, understand that I am responsible for the day to day operation and for assuring that the care and services to residents are in compliance with the rules and standards for residential care or assisted living facilities (IDAPA 16.03.22).

In addition, I understand that if approval is granted by the Division of Licensing & Certification-RALF Program, the approval is good only for the above named facilities and me as the identified licensed residential care administrator.

A new plan of operation must be submitted to the department and approved before any facility in the plan is changed.

I hereby certify that I have an established record of compliance including:

No unresolved core issues.

No repeat deficiencies.

No enforcement actions.

A history of submitting timely and acceptable evidence of resolution and plans of corrections for deficiencies.

At least two years of experience working as a licensed residential care administrator of Idaho.

Licensed Administrators Signature		Date:	
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Attach: Proof of current Idaho RCA license with no disciplinary actions, and a copy of your work history.