

Private Freestanding Mental Health Residential Living Centers

19a-495-551. Licensure of private freestanding mental health residential living centers

- (a) Definitions
- (1) "Applicant" means any individual, firm, partnership, corporation or association applying for a license or renewal of a license under these regulations;
 - (2) "Commissioner" means the Commissioner of Health Services;
 - (3) "Department" means the Connecticut Department of Health services;
 - (4) "Director" means the individual designated by the executive director as directly responsible for the management of the residence;
 - (5) "Executive director" means the Chief Executive Officer of an agency or facility;
 - (6) "Goals" means attainable ends towards which residence or resident activities or services are directed and focused;
 - (7) "Governing body" means the individual or individuals with the ultimate authority and responsibility for the overall operation of a residence's program;
 - (8) "License" means the form of permission issued by the department that authorizes the applicant to operate a residence;
 - (9) "Licensee" means any individual, firm, partnership, corporation or association licensed to conduct a residence;
 - (10) "Objectives" means statements designed to achieve measurable and time limited statements of overall goals in an incremental process;
 - (11) "Physician" means an individual who has a license to practice medicine in Connecticut;
 - (12) "Psychosocial rehabilitation services" means services which are designed for individuals in need of mental health services which enable individuals to live, learn, and/or work in their own communities with maximum independence;
 - (13) "Resident" means an individual requiring the services of and admitted to a residential living center.
 - (14) "Residential Living Center" or "residence" means a facility which provides a supervised, structured and supportive group living arrangement which includes psychosocial rehabilitation services and may also provide assistance in obtaining necessary community services to persons in need of mental health service;
- (b) Licensure Procedure
- (1) No person shall operate a residence without a license issued by the Department in accordance with Connecticut General Statutes, Section 19a-491.
 - (2) Application for Licensure
 - (A) Application for the grant or renewal of a license to operate a residence shall be made in writing on forms provided by the Department; shall be signed by the person seeking the authority to operate the residence; shall be notarized, and shall include the following information:
 - (i) Evidence of compliance with local zoning ordinances and local building codes upon initial application and when applicable;
 - (ii) Local fire marshal's annual certificate of compliance;
 - (iii) Statement of ownership and operation;
 - (iv) Certificate of public liability insurance;
 - (v) Current organizational chart;
 - (vi) Description of services provided;
 - (vii) Names and titles of professional staff;
 - (viii) Evidence of financial capacity upon initial application.
 - (B) Application for license renewal shall be made in accordance with subdivision (A) above not less than 30 days preceding the date of expiration of the residence's current license.
 - (1) Issuance and Renewal of Licensure

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- (A) Upon determination by the Department that a residence is in compliance with the statutes and regulations pertaining to its licensure, the Department shall issue a license or renewal of license to operate a residence for a period not to exceed one year.
 - (B) The license shall not be transferable to any other person, residence or location.
 - (C) Each license shall list on its face, the location and licensed capacity of the residence, the name of the licensee, the doing business as name, the name of the executive director, the name of the director of the residence and the date of issuance and expiration.
 - (D) The license shall be posted in a conspicuous place in a room accessible to the public.
 - (E) The licensure shall immediately notify the Department of any change in executive director or director.
 - (F) The licensee shall notify the Department in writing of any proposed change of ownership, location or services at least ninety days prior to the effective date of such proposed change.
- (2) Suspension, Revocation, Denial or Non-Renewal of License
- (A) A license may be suspended, revoked, denied or its renewal refused whenever in the judgment of the Department the residence:
 - (i) Fails to comply with applicable regulations prescribed by the Commissioner;
 - (ii) Fails to comply with applicable federal, state and local laws, ordinances, rules and regulations relating to building, health, fire protection, safety, sanitation and zoning;
 - (iii) Furnishes or makes any false or misleading statements to the Department in order to obtain or retain the license.
 - (B) Refusal to grant the Department access to the residence or to the residence's records shall be grounds for suspension, revocation, denial or nonrenewal of the residence's license.
 - (C) Surrender of license. The residence shall in writing notify each resident concerned, the next of kin or legal representative, and any third party payors concerned at least 30 days prior to the voluntary surrender of a residence's license or surrender of license upon the Department's order or revocation, refusal to renew or suspension of license. In such cases, the license shall be surrendered to the Department within the seven days of the termination of operation.
- (c) Multi-Services Residences. Each program of a multi-service residence shall conform to those requirements set forth in the Regulations of Connecticut State Agencies governing the applicable program services provided.
- (d) Governing Body and Management
- (1) Every residence shall be responsible to a governing body.
 - (2) The governing body shall provide written documentation of its source of authority through by-laws or charter.
 - (3) The governing body shall exercise general direction over the establishment of policies of the organization and may delegate formulation and enactment of procedures in compliance with all local, state, and federal laws. The responsibility of the governing body shall include:
 - (A) Adoption and implementation of policies governing all administrative, record management, program evaluation, personnel, fiscal, rehabilitative, dietary and maintenance aspects of residence operations.
 - (B) Appointment of a qualified Executive Director whose qualifications, authority, and duties are defined in writing.

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- (C) Provide a safe, equipped physical plant and maintain the residence and services in accordance with any applicable local, state and federal laws and regulations.
 - (D) Establishment of an organizational chart which clearly defines lines of responsibility and authority relating to management and maintenance of the residence.
 - (E) Establishment of mechanisms and documentation of annual review of all residence policies and procedures.
 - (F) Meet as required but not less than semi-annually.
 - (G) Documentation of all current agreements with consultants, practitioners, agencies and providers required by the residence in the delivery of services.
 - (A) Adoption and review of an emergency preparedness plan.
- (e) Director and Executive Director
- (1) Each residence shall have an executive director who is the chief executive officer and shall be accountable to the governing body.
 - (2) Each residence shall employ a director responsible for the day to day management of the residence. From and after July 1, 1986 no person shall be employed as a director in a residence unless such person has a minimum of a baccalaureate degree in a related human service discipline plus three years experience in the field of mental health or three years experience in an administrative or supervisory capacity in the field of human services, except that any person employed as a director on June 30, 1986 shall be eligible to continue in the facility of employment without restriction.
- (f) Fiscal
- (1) The governing body of each residence shall have or delegate an individual responsibility for fiscal affairs.
 - (2) Each residence shall develop and implement written policies and procedures which governs the fiscal operation, such policies shall include at least the following:
 - (A) An annual written budget which shall have documentation of review and approval by the governing body. Revisions in the budget during the fiscal year shall be reviewed and approved by the fiscal officer designated by the governing body.
 - (B) Identification of revenues by source and expenditures of component/services.
 - (C) Identification of the fiscal year from the beginning to ending date.
 - (D) Documentation of an annual audit by an independent certified public accountant.
 - (E) Resident's Funds, Monies and Valuables.
 - (i) Whenever a residence receives or disburses resident funds or valuables, the residence shall have and implement a written policy and procedure governing this activity and shall document these transactions. Such documentation shall include:
 - (aa) Source, date and amount of funds or itemized valuables received by the residence for or from each resident.
 - (bb) Receipts, signed and dated by the residence, given to the resident verifying receipt of the monies or valuables.
 - (cc) Amount of the above funds applied toward the services provided to the resident by the residence and the amount made available to the resident for his/her personal use.
 - (dd) Receipts, signed and dated by the resident verifying monies received for personal use or the identifying of valuables returned to the resident.

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- (ee) For purchases made by the residence on behalf of residents, the resident shall sign a receipt which identifies the item, the date of receipt of such item, the amount of such purchase and an acknowledgement of having received the sales slip.
 - (ff) The residence shall document quarterly in writing to the resident by date and amount, monies being held for the resident by the residence.
- (g) Personnel Practices
 - (1) Each residence shall have written policies and procedures governing the recruitment, selection, promotion and termination of program staff as well as policies and procedures relating to:
 - (A) Wage and salary administration;
 - (B) Employee benefits;
 - (C) Table of organization;
 - (D) Employee work rules;
 - (E) Disciplinary action including supervision or dismissal of staff;
 - (F) Annual job performance evaluation;
 - (G) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease.
 - (2) Personnel policies shall ensure a provision that the residence shall not discriminate because of race, color, religious creed, age, sex, marital status, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability, including, but not limited to, blindness in its hiring, termination, or promotion practices.
 - (3) Personnel files shall be maintained identifying all personnel, including consultants, and shall be stored in a manner to protect the confidentiality of the employee in accordance with all state and federal laws governing the same. Each file shall contain:
 - (A) An application as completed by employee;
 - (B) A resume, if applicable;
 - (C) Licensed staff credential verification;
 - (D) Past employment or experience verification;
 - (E) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease;
 - (F) Job performance evaluations;
 - (G) Documentation of orientation.
 - (4) There shall be a written job description for each staff position within the residence and which includes:
 - (A) Definition of duties to be performed;
 - (B) Supervision received;
 - (C) Minimum qualifications;
 - (D) Effective or revision date.
 - (5) Any residence which utilizes volunteers shall have written policies and procedures governing their utilization and which shall include:
 - (A) Screening of applicants;
 - (B) Training;
 - (C) Supervision exercised;
 - (D) Responsibilities;
 - (E) Limitations as to duties;
 - (F) Termination of services;
 - (G) A provision that volunteers shall not be utilized in lieu of required staff.
 - (6) Staff Development and Orientation

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- (A) Employees shall have made available to them all policies and procedures necessary for them to perform the duties specified in their job descriptions and provide for the safety of the residents. Changes in these policies and procedures shall be communicated in a manner prescribed by the Executive Director.
 - (B) Each residence shall establish a plan providing initial orientation and ongoing training to staff which clearly describes the type and extent of training necessary to maintain current skills, provides for growth in skill and which relate to the objectives of the services offered.
 - (C) Each residence shall document staff attendance at inservice or workshops, seminars, etc., with the date, topic discussed, and any presenting person.
- (h) Environment
- (1) Physical Plant
 - (A) The standards established by the following sources for the construction, renovation, alteration, maintenance and licensure of all residences, as they are amended from time to time, are hereby incorporated and made a part hereof by reference:
 - (i) State of Connecticut Basic Building Code.
 - (ii) State of Connecticut Fire Safety Code.
 - (iii) State of Connecticut Public Health Code.
 - (iv) Local Codes and Ordinances.
 - (B) Any residence initially licensed after the effective date of these regulations shall conform to the construction requirements described herein. Any residence that was licensed prior to the effective date of these regulations shall comply with the construction requirements in effect at the time of licensure, provided, however, that if the department determines that a preexisting non-conformity with subdivision (1) of subsection (h) of these regulations creates serious risk or harm to residents in the residence, the commissioner may order such residence to comply with the pertinent portion of subdivision (1) this subsection of (h). Failure to comply with the commissioner's order will be grounds for suspension, revocation or non-renewal of the license.
 - (C) Waiver.
 - (i) The Commissioner, in accordance with the general purposes and intent of these regulations, may waive provisions of subparagraphs (D) and (F) of subdivision (1) of subsection (h) if the Commissioner determines that such waiver would not endanger the life, safety or health of any resident. The Commissioner shall have the power to impose conditions which assure the health, safety and welfare of residents upon the grant of such waiver, or to revoke such waiver upon a finding that the health, safety or welfare of any resident has been jeopardized.
 - (ii) Any residence requesting a waiver shall apply in writing to the Department. Such application shall include:
 - (aa) The specific regulations for which the waiver is requested;
 - (bb) Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the residence upon enforcement of the regulations;
 - (aa) The specific relief requested; and
 - (bb) Any documentation which supports the application for waiver.
 - (iii) In consideration of any application for waiver, the Commissioner or his or her designee may consider the following:

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- (aa) The level of care provided;
- (bb) The maximum resident capacity;
- (cc) The impact of a waiver on care provided;
- (dd) Alternative policies or procedures proposed.
- (iv) The Department reserves the right to request additional information before processing an application for waiver.
- (v) Any hearing which may be held in conjunction with an application for waiver shall be held in conformance with Chapter 54 of the Connecticut General Statutes and Department regulations.
- (D) General
 - (i) The residence shall be structurally sound and equipped in a safe and sanitary manner to prevent or minimize all health and fire hazards.
 - (ii) Any building, equipment and services shall be maintained in a good state of repair. A maintenance program shall be established to insure that the interior, exterior and grounds of the building are maintained, kept clean, and orderly, and free from accumulations of refuse, dilapidated structures, or other health hazards.
 - (iii) The residence shall provide for an individualized social and physical environment, including opportunities for privacy, in clearly defined living, sleeping and personal care spaces, and shall be sufficient in size to accommodate comfortably the approved number of residents and staff.
- (E) New Facilities, Expansions and Conversions. Notification of new construction, or expansions, indicating the proposed use, shall be submitted to the State Department of Health Services, sixty days prior to the initiation of construction.
- (F) Basic Requirements
 - (i) Site locations shall be accessible to the community, to emergency service vehicles, and where possible to public transportation.
 - (ii) Established walkways shall be provided for each exit from the building leading to a driveway or street.
 - (iii) Each residence shall have a private office in which to conduct resident interviews.
 - (iv) Resident bedrooms shall meet the following requirements:
 - (aa) There shall be no more than 3 beds per bedroom;
 - (bb) Net minimum room floor area shall be not less than 80 square feet in single bed rooms and 70 square feet per bed in multi-bed rooms. A variance of this requirement up to 10% of the total square footage will be permitted if it can be demonstrated that the room configuration results in comfortable accommodation;
 - (cc) Provide a minimum of three (3) feet space between beds in multi-bed rooms;
 - (dd) Bunk beds shall not be used;
 - (ee) All resident rooms shall open to a common corridor or common room which leads to an exit;
 - (ff) No resident room shall be located in an attic or basement;
 - (gg) Each resident bedroom shall be an outside room with not less than 10% of its floor area, excluding closets, devoted to windows;
 - (hh) Windows shall be equipped with insect screening;

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- (ii) No room which opens into the kitchen or necessitates passing through the kitchen to reach any other part of the residence shall be used as a bedroom; except when occupancy is 15 or less beds;
- (jj) Separate rooms shall be provided for men and women;
- (kk) The room furnishings for each resident shall include: a single bed with a clean unstained mattress, a washable mattress pad or cover, an available reading light, one dresser with three drawers, one closet or wardrobe to hang clothing, and one chair. One mirror per room shall be provided.
- (v) Toilet and Bathing Facilities.
 - (aa) One toilet room shall be directly accessible for each six persons without going through another bedroom; in addition to a toilet, each room shall be equipped with a sink, mirror, toilet tissue, soap, single use disposable towels and receptacle.
 - (bb) A minimum of one toilet, one handwashing sink and one bathtub or shower shall be provided on each residential floor.
 - (cc) One shower or bathtub shall be provided for each eight residents or fraction thereof in an individual room or enclosure which provides space for the private use of the bathing fixture and for drying and dressing.
 - (dd) All toilet and bathing facilities shall be well lighted, and ventilated to the outside atmosphere, either by means of a window that can be opened, or by exhaust fans.
- (vi) Service Areas. Each residence shall provide adequate areas for living, dining and individual or general program functions.
 - (aa) Multi-purpose rooms shall be provided for general meetings, educational and other social purposes. The total area set aside for these purposes shall not be less than 25 square feet times total licensed capacity.
 - (bb) Dining area sufficient to accommodate all residents in one sitting shall be provided.
- (vii) Laundry Service.
 - (aa) If residents are responsible for their own laundry, laundry facilities shall be provided or accessible in the community.
 - (bb) Each residence shall supply towels for any resident who does not have them.
 - (cc) Each residence shall supply bedding for each resident which consists of at least one blanket, one bedspread, one pillow, one pillow case cover, one pillow case, one top sheet, one bottom sheet and one mattress pad. Bedding shall be appropriate to weather and climate.
- (viii) Environmental Details.
 - (aa) All areas used by residents shall have temperatures of not less than 68 degrees F.
 - (bb) The hot water heating equipment shall have sufficient capacity to supply hot water at the temperature of 110-120 degrees F and at amounts required at all times.
 - (cc) Only central heating or permanently installed electric heating systems shall be used.

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- (dd) All doors to resident bedrooms, toilet rooms and bedrooms shall be equipped with hardware which will permit access in an emergency.
 - (ee) Walls, ceilings and floors shall be maintained in a good state of repair and be washable or easily cleanable.
 - (ff) Hot water or steam pipes located in areas accessible to residents shall have adequate protective insulation.
 - (gg) Each building shall be provided with a telephone that is accessible for emergency purposes. Each building shall have a public telephone for resident use.
 - (hh) Provisions shall be made to assure an individual's privacy in the bathroom areas.
 - (ii) The interior of the residence shall be furnished in a home-like setting.
 - (jj) All spaces occupied by people, equipment within buildings, approaches to buildings, and parking lots shall have lighting.
 - (kk) All rooms shall have general lighting and all bedrooms, toilet rooms and offices shall have at least one light fixture at the entrance to each room.
 - (ll) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall not reduce the corridor width below the width of three feet.
 - (mm) All doors to residents bedrooms and means of egress shall be of a swing type.
 - (nn) The minimum width of all doors to rooms accessible to residents, shall be 2'-4"; except that bathroom doors shall not be less than 2'.
 - (oo) Effective measures shall be taken to protect against the entrance into the residence or breeding on the premises of vermin. During the season when flies are prevalent, all openings into outer air shall be effectively screened and doors shall be provided to prevent the entrance of flies.
- (2) Emergency and Disaster Procedures
- (A) Each residence shall develop and implement written policies and procedures governing appropriate intervention in the event of an emergency or disaster. Such procedures shall require:
 - (i) Orientation of all staff, residents and volunteers, in the use of fire extinguishers. Such orientation shall be documented.
 - (ii) Orientation of all staff, including volunteers, and residents with the written evacuation plan instructions and diagrams for routes of exit.
 - (iii) There shall be documentation of staff and resident orientation to emergency and disaster procedures.
 - (iv) Fire plans and procedures shall be posted in conspicuous areas throughout the residence and in each resident bedroom.
 - (v) Fire drills shall be conducted as often as the local fire marshal recommends, at irregular intervals during the day, evening and night, but not less than monthly.
 - (vi) Each residence shall have documentation of assignment of each staff member to specific duties in the event of disaster or emergency.
 - (vii) Each residence shall develop and implement a written plan for the checking of first aid supplies on a monthly basis. The plan shall specify the supplies to be stocked, the required amounts of

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- each supply and position title of the staff person(s) responsible for the audit. The residence shall document when first aid supplies are checked.
- (viii) Each residence shall develop and implement written plans for a provision of temporary physical facilities to include shelter and food services for their residents in the event the residence becomes uninhabitable due to disaster or emergency.
- (3) Dietary Facilities
- (A) Each residence shall have its own kitchen area which shall have the quality and appearance of that in a normal home. It shall include space and equipment for storage, preparation, assembling and serving food, cleaning or disposal of dishes and garbage. The following shall apply:
- (i) Kitchens shall be separate from other areas and large enough to allow for adequate equipment to prepare and keep food properly.
- (ii) All equipment and appliances shall be installed to permit thorough cleaning of the equipment, the floor and the walls around them. The floor surface shall be of non absorbent material.
- (iii) A dishwashing machine shall be provided in all residences. Commercial dishwashing machines shall be provided in any residence with twenty-five or more beds and separated from the food preparation areas.
- (iv) A sink with a soap dispenser shall be provided. Single service towels and a covered waste receptacle shall be provided in the kitchen area.
- (v) Dry storage space, for at least a three day supply of food.
- (vi) Functional refrigerators and freezers shall be provided for the storage of food to meet the needs of the residents.
- (vii) Trash shall be kept in covered receptacles outside the residence.
- (viii) A ventilation system shall be provided in the kitchen area.
- (i) Food Services
- (1) Each residence shall have a written plan for the provision of food services. These services shall assure the arrangement for a nourishing and well balanced meals to all residents which includes at least three (3) meals a day provided at normal times.
- (2) Each residence shall make available nutritional information such as cookbooks and opportunities for residents to learn cooking techniques as a routine part of the in-house program.
- (3) Each residence shall have written menus for the minimum of a one week period in advance which includes available breakfast, foods for lunch and a planned dinner. Substitutions in planned menus shall be recorded on the menu in advance whenever possible. Menus and substitutions shall be kept on file for at least a thirty day period.
- (4) Menu selection and food preparation shall take into consideration the residents cultural background, personal preferences, food habits and dietary needs.
- (5) A minimum of three days supply of staple foods shall be maintained at all times.
- (j) Accident or Incident Reports
- (1) Classification. All accident or incident reports to the department shall employ the following classifications of such events:
- Class A: One which has resulted in or had the potential to result in serious injury or death.
- Class B: One which has interrupted or had the potential to interrupt the services provided by the residence.
- Class C: One which results in legal action against the residence.

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- (2) Report. The Executive Director shall report any accident or incident to the department as follows:
 - Class A & B: Immediate by telephone to the department, to be confirmed by written report as provided herein within seventy-two hours of said events;
 - Class C: Written report to the department as provided herein within seventy-two hours of the initiation of legal action.
 - (3) Each written report shall contain the following information:
 - (A) Date of report and date of event.
 - (B) Residence classification.
 - (C) Identification of the individuals affected by the event, including, where available: resident identification, age, and status (or name, of employee visitor, and other), nature of incident, action taken by the residence and disposition.
 - (D) If an affected individual is or was at the time of the reported event a resident of the residence:
 - (i) Date of admission;
 - (ii) Current diagnosis;
 - (ii) Physical and mental status prior to the event; and
 - (iii) Physical and mental status after the event.
 - (E) The location, nature and brief description of the event
 - (F) The name of the physician consulted, if any, and time of notification of the physician and a report summarizing any subsequent physical examination, including findings and orders.
 - (G) The name of any witnesses to the event.
 - (H) Any other information deemed relevant by the reporting authority.
 - (I) The signature of the person who prepared the report and the Executive Director.
 - (4) Numbering. Each report shall be identified on each page with a number as follows: The number appearing on the residence license; the last two digits of the calendar year; the sequential number of the report during the calendar year.
 - (5) The Executive Director shall submit subsequent reports relevant to any accident or incident.
- (k) Service Operations
- (1) Program Evaluation
 - (A) Each residence shall have established goals and objectives appropriate to the population served and program model.
 - (B) Each residence shall establish a program evaluation process, which will determine the degree to which these goals and objectives are being met. Documentation of corrective action shall be based on this evaluative process.
 - (2) Resident Rights
 - (A) Resident Grievance Procedure
 - (i) A residence shall have a written grievance procedure which shall be available to residents upon admission that identifies areas appropriate for grievance, including, but not limited to dismissal from the residence and a perceived lack of compliance to program rules;
 - (ii) It shall be the duty of the residence staff to assist the resident in exercising his or her rights under the grievance procedure;
 - (iii) It shall be the duty of the governing body or management to adopt a mechanism to review unresolved resident grievances.
 - (B) Dismissal From the Residence. A resident shall be fully informed of the grounds for his or her dismissal from the residence and in writing when requested by the resident. In the event that a resident is aggrieved by

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such a dismissal, such resident shall have recourse to the mechanism established by the governing body or management.

- (3) Resident Records.
- (A) An organized written record for each resident shall be maintained which contains current information sufficient for identification and assessment for the provision of appropriate services.
- (B) Each resident record shall contain the following:
- (i) Documentation of advisement of resident rights, program rules and regulations;
 - (ii) Psychosocial summary;
 - (iii) Next of kin or other designated individual to be notified in the event of an emergency;
 - (iv) Physical examination performed by a licensed physician;
 - (v) Medical history;
 - (vi) Substance abuse history, is applicable;
 - (vii) Educational background;
 - (viii) Employment history;
 - (ix) Referral source summary to include reason for referral and current medications;
 - (x) Criminal history, if applicable
 - (xi) Releases and notations of release of information, if any.
- (C) Each resident record shall contain an individualized program plan based on individual resident needs, and which shall include:
- (i) Description of the type and frequency of services to be provided by the residence program;
 - (ii) Description of the services determined to be needed that are available in the community;
 - (iii) Specific objectives which are related to stated goals;
 - (iii) Name of assigned staff person to document and monitor the individualized program plan;
 - (iv) Provision for periodic review by designated staff members(s);
 - (v) Signatures of the resident and counselor or other appropriate staff person to verify participation in the formulation of the individualized program plan.
- (D) Each individual resident record shall contain notes which document services provided and progress made towards goals and objectives by the resident in accordance with the individualized program plan. Each note shall be entered in ink by a qualified staff member or consultant and shall be dated, legible, signed by the person making the entry and his or her position title.
- (E) Each individual resident record shall contain current list of all medications and instructions for use.
- (F) Each resident record shall contain documentation of the periodic individualized program plan review. Such documentation shall include the date of the review, the name of any person conducting the review and any changes in the individualized program plan as the result of the review.
- (G) Each resident record shall contain a departure summary which has been written within fifteen days of the individual resident's leaving the program. This summary shall:
- (i) Indicate the resident's progress towards the objective of independent living.
 - (ii) Address original reason for referral, indicating level of functioning upon admission and leaving the residence
 - (iii) Address the services received,

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- (iv) Specify reasons for departure and length of stay;
 - (v) Describe departure plan.
 - (H) Current resident records shall be stored in a secure manner on the premises and shall be accessible only to authorized persons. Resident records (originals or copies) shall be preserved in a secure manner for at least five years following departure. The method of destruction of any such records shall be either incineration or shredding.
 - (I) An individualized program plan shall be written no later than thirty calendar days after entrance into the program and reviewed at least every ninety calendar days thereafter.
 - (J) Any materials required to be kept confidential under statute shall be maintained separately in the resident's record and apart from program entries.
- (4) Admissions, Departure, Referrals. Each residence shall have written policies and procedures governing admissions, departures, and referrals. Such policies shall include
 - (A) Identification of the target population and the length of stay.
 - (B) Criteria for assessing the resident for appropriateness for the residence.
 - (C) Criteria for admission and readmission.
 - (D) The admission process.
 - (E) Criteria for dismissal or departure which includes the residents' rights to leave the residence at any time.
 - (F) Departure summaries.
 - (G) Referrals.
- (5) Each residence shall develop and implement policies and procedures which govern all rehabilitative and support services to be provided on an individual and group basis, which shall include:
 - (i) Direct training in activities of daily living (i.e., personal hygiene and self care, menu planning and food preparation, household chores, budgeting of money and use of transportation systems and goal setting).
 - (ii) Assistance in linking residents with those community systems or agencies with which residents may interact (i.e., medical, psychiatric, recreational, social, welfare, educational or vocational).
 - (iii) Offering assistance to all residents with respect to departure planning.
- (6) Each resident in a residence shall have a documented physical examination not more than one month prior to or an appointment scheduled not later than five days after admission
- (1) Staffing.
 - (A) Each residence shall have appropriately qualified individuals, professional or paraprofessionals to meet the needs of the residents and the programs or services the residence proposes to deliver.
 - (B) When services of a consultant are utilized to meet the needs of the residence or resident, the following shall apply:
 - (i) Each consultant to a residence shall have a minimum of a masters degree or license or registration in the field, or in a related area, or in lieu thereof, five years demonstrated experience in the field to which he or she is providing consultation.
 - (ii) Each consultant's hours and duties shall be documented.
 - (C) There shall be a minimum overall ratio of total number of staff to residents of at least 1:8,
 - (D) There shall be at least one staff person present when a resident is scheduled to be in the residence, except that such staff person may leave the residence to perform staff duties necessary to meet the needs of the residents, provided that the health and safety of any resident will

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not be endangered and the activity of the staff person is authorized by the executive director, if possible, or the director is notified of same and the activity is documented in writing.

- (E) Provisions shall be made to ensure that sufficient backup personnel are available to respond in emergency situations.
- (2) Medication Control
 - (A) Each residence shall have policies and procedures governing either the self administration or supervised self administration of medication practice of the residence. Such policies and procedures shall include:
 - (i) Identification of the system to be utilized.
 - (ii) Storage of medications if a supervised self administration program is utilized.
 - (iii) Method of destruction and documentation of controlled and uncontrolled substances.
 - (iv) Disposal of unused medication.
 - (v) A provision for staff education related to medication. This shall be conducted on a semi-annual basis.
 - (B) Each residence shall develop and implement a policy and procedure for securing from a referring or attending physician a written assessment of the resident's ability to possess and self-administer medications utilized in the treatment of a psychiatric disorder. This written assessment shall be done upon admission and at least every six months thereafter.
 - (C) Facilities which utilize a supervised self-administration of medication program shall provide for the following:
 - (i) Central, non-portable locked storage areas.
 - (ii) A list of staff members authorized to supervise the self-administration of medications.
 - (iii) Supervision of self-administration of medication shall be witnessed and documented in the resident record after each dose.

(Effective May 23, 1986; Amended June 25, 1990.)