

Title 22 Draft and Amended Regulations for Intermediate Care Facility/Developmentally Disabled Nursing

- Department of Health Services, Licensing and Certification, January 12, 1990, Letter
- Intermediate Care Facility/Developmentally Disabled Nursing, Title 22 Chapter 4.5 Draft and Amended Regulations

Memorandum

To : District Administrators

Date : January 12, 1990

Subject: Processing
ICF/DD-N Applications
(OHLP-89-74)

From : Licensing and Certification
1800 Third Street, Suite 210
Sacramento, CA 95814

On October 27, 1989, the Office of Administrative Law disapproved the regulations for Intermediate Care Facilities/Developmentally Disabled-Nursing (ICF/DD-N). The existing emergency regulations expired on that date and no ICF/DD-N regulations are now in effect.

The Office of Health Licensing Policy is in the process of issuing new ICF/DD-N regulations which will be filed as emergency regulations. We estimate that the new regulations will take effect approximately January 30, 1990.

Our letter of September 11, 1989 (OHLP-89-53) indicated that only ICF/DD-Rehabilitative licenses would be issued if the existing ICF/DD-N regulations were not approved. However, it has now been determined that we will continue to issue ICF/DD-N licenses while we prepare to issue emergency regulations.

District Offices should continue to issue and renew ICF/DD-N licenses under the procedure outlined below. Effective immediately, applications for licensing as an Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N) shall be processed as follows:

1. Applicants for licensing will be provided a letter explaining the status of the ICF/DD-N regulations and a copy of the recently expired emergency regulations. The applicant will be requested to sign a letter acknowledging that they are aware of the current lack of approved regulations and that they will voluntarily comply with the expired ICF/DD-N regulations until the new regulations take effect. (See attached sample letter.)
2. Those facilities which hold a current license will continue to operate under their ICF/DD-N license until it expires. If the regulations are not in effect at the end of their current license period, they may obtain an ICF/DD-N license or seek other alternatives.

3. Licensees will continue to be required to comply with all applicable codes, including Health and Safety, Welfare and Institutions, Business and Professions Code, and any existing regulations which apply to their operation, such as Title 16, Title 17, and Title 24.
4. Providers who do not wish to sign the agreement should be advised that they may apply for licensing as an Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DD-H) or seek other alternatives.

After October 27, 1989, ICF/DD-N may only be issued citations based on applicable state statutes in the Health and Safety Code, the Welfare and Institutions Code, the Business and Professions Code, as well as any existing regulations which apply to their facilities. After October 27, 1989, no citations may be issued to an ICF/DD-N based upon the expired ICF/DD-N regulations, which had been contained in Title 22, Chapter 4.5.

Compliance with the provisions of the expired regulations can and should be required of facilities. Although citations cannot be issued based upon the expired regulations, compliance is required based upon the licensee's voluntary agreement; therefore, deficiencies can and should be issued. Certified facilities can be issued deficiencies based upon federal certification standards.

The Office of Health Licensing Policy will notify District Offices and provide copies of the new emergency ICF/DD-N regulations as soon as they become effective.

Attached is the letter to be given to all applicants for ICF/DD-N licensing. The District Office must provide a copy of the expired regulations to the applicant and obtain the applicant's signature on the letter agreeing to comply with these provisions prior to issuing an ICF/DD-N license.

If you have any questions, please contact Marilyn Pearman at (916) 324-6828, ATSS 454-8628 or Joyce Fukui, Chief, Office of Health Licensing Policy, Licensing and Certification, at (916) 327-4343.



Teresa Hawkes
Deputy Director

Attachment

(Sample Letter: District Offices Must Produce a Letter Identical to This, on Appropriate District Office Letterhead, for Inclusion in Each "N" Application Package)

Dear Applicant:

The Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N) regulations, Title 22, Chapter 4.5 (Sections 73800-73956) expired on October 27, 1989.

The Department will be refiling emergency regulations to become effective approximately January 31, 1990. There will be some changes in content from the previous regulations.

Until the new regulations take effect, the Department will be issuing ICF/DD-N licenses according to the procedure which follows:

1. All applicants for ICF/DD-N licenses will be asked to sign an agreement to comply voluntarily with the provisions of the expired ICF/DD-N Regulations (Title 22, Chapter 4.5, & 73800-73956).
2. If the district office determines that the applicant for a new ICF/DD-N license is in substantial compliance with the recently expired ICF/DD-N regulations, an initial six (6) month provisional license as an ICF/DD-N shall be issued.
3. Those ICF/DD-N facilities which currently have a full one-year license will continue to operate under their ICF/DD-N license until it expires. If the new ICF/DD-N regulations are not in effect at the end of your current license, you may apply for an ICF/DD-N license according to the procedure outlined above, you may apply for a license as an ICF/DD-H, or you may seek other alternatives.
4. All ICF/DD-N licensed facilities will continue to be required to comply with all existing state statutes such as those in the Health and Safety Code, the Welfare and Institutions Code, and the Business and Professions Code, and any applicable existing regulations, including those in Title 16, 17 and 24 of the California Code of Regulations. Violations of statute or these regulations would subject the facility to possible citations.

The Department is requesting your signature acknowledging your agreement to comply with these conditions.

I have read the above information and have received a copy of the expired emergency regulations for my reference. I understand the unique situation that exists regarding the status of the ICF/DD-N regulations. I agree to comply with the expired regulations and the licensing procedure outlined above.

I also understand that I will be required to comply with the new ICF/DD-N regulations when they become effective.

Please check one of the following two choices below:

I request the Department process my application for licensing as an ICF/DD-N.

I do not want my application to be processed at this time.

Applicant's signature: _____

Facility Name: _____

Date: _____

Instructions: After signing, return this letter with your application. Your application will not be processed without your signature on this letter.

(District Administrator's
Signature Block)

**INTERMEDIATE CARE FACILITY/
DEVELOPMENTALLY DISABLED NURSING**

**Title 22
Chapter 4.5
Draft and Amended Regulations**

The following information is reprint of amended draft regulations developed by the Department of Health Services (Memorandum dated 10/1/1991).

Chapter 4.5 Intermediate Care Facility/Developmentally Disabled-Nursing

§ 73800. Accredited Record Technician.

Accredited record technician means a person who is accredited by the American Medical Record Association.

§ 73801. Active Treatment

Active treatment means an aggressive and organized effort to fulfill each client's optimal physical, intellectual, social and vocational functioning. It requires an integrated, individually tailored program of services directed to achieving measurable, behaviorally stated objectives.

§ 73802. Administrator.

Administrator means a person who is either a licensed nursing home administrator or a qualified mental retardation professional.

§ 73803. Antecedent.

Antecedent means conditions or events which occur prior to a behavior.

§ 73804. Authorized Representative.

Authorized Representative means a person authorized to act on behalf of the client by law, by court order or by a written statement which shall be signed by the client. An authorized representative shall not be an owner, administrator, employee, representative or agent of the facility.

§ 73804.1 Behavior.

Behavior means what a client does that can be observed and measured.

§ 73805. Chemical Restraint.

Chemical restraint means psychotherapeutic or behavior modifying drugs used to prevent a client from exhibiting identified maladaptive behavior(s).

§ 73806. Client.

Client means a person who is receiving services from an intermediate care facility/developmentally disabled, nursing.

§ 73807. Clinical Psychologist.

Clinical psychologist means a person who meets the requirement specified in Section 1316.5(c) of the Health and Safety Code.

§ 73807.1. Communicable Disease

Communicable disease means an illness due to a specific disease producing agent (virus, bacteria, etc.) or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or other reservoir to a susceptible

host—either, directly as from an infected person or animal, or indirectly through the agency of an intermediate plant or animal host, vector or the inanimate environment.

§ 73808. Consequence.

Consequence means conditions or events which occur after a behavior.

§ 73809. Contingent Observation.

Contingent observation means the temporary removal of a client from participation in an activity.

§ 73810. Controlled Drugs.

Controlled drugs means those drugs covered under the Federal Comprehensive Drug Abuse Prevention Control Act, as amended, or the California Uniform Controlled Substances Act, Chapter 2, commencing with Section 11050, Health and Safety Code.

§ 73800. Decubitus Ulcer.

- (a) A decubitus ulcer is a lesion of the skin, which is caused by pressure.
- (b) The stages of decubitus ulcers are described as follows:
 - (1) Stage I—Not a decubitus ulcer of itself but, rather, the precursor phase of a decubitus ulcer which is characterized by redness of the skin which is not relieved by local circulatory stimulation and/or relief of pressure.
 - (2) Stage II—Superficial circulatory and tissue damage which involves abrasion or skin break.
 - (3) Stage III—Full thickness loss of skin which may or may not include the second level and which produces drainage.
 - (4) Stage IV—Full thickness loss of skin with invasion of deeper tissues and/or structures such as connective tissue, muscle or bone.

§ 73812. Department.

Department means the California State Department of Health Services.

§ 73813. Dietitian.

Dietician means a person who is registered as such by the American Dietetic Association

§ 73814. Direct-Care Staff.

Direct-care staff means certified nurse assistants or persons enrolled in a precertification program pursuant to Section 73873(f) who directly provide program and/or nursing services to clients. Administrative and licensed personnel shall be considered direct-care staff when directly providing program and/or nursing to clients. Members of the interdisciplinary professional staff/team shall not be considered direct-care staff.

§ 73815. Distinct Part.

Distinct part means an identifiable unit accommodating beds, including but not limited to, contiguous rooms, a wing, floor or building that is approved by the Department to provide health services.

§ 73816. Drug.

Drug means a medication.

§ 73817. Drug Administration.

Drug administration means the act in which a single dose of a prescribed drug or biological is given to a client. The complete act of administration entails removing an individual dose from a container, verifying the dose with the prescriber's orders, giving the individual dose to the client and promptly recording the time and dose given.

§ 73818. Drug Dispensing.

Drug dispensing means the interpretation of an order for a drug or biological substance and the proper selection, measuring, packaging, labeling and issuance of that drug or biological substance for a client or for a service unit of the facility.

§ 73819. Educator.

For purposes of membership on the interdisciplinary professional staff/team, educator means a person who has one year of teaching experience with individuals with developmental disabilities and possesses a current Special Education Credential valid in the State of California.

§ 73820. Emergency Intervention Procedures for Behavior Control.

Emergency intervention procedures for behavior control means those techniques used in the management of clients who exhibit severe aggressive or explosive behavior which poses an immediate threat of bodily harm to the client or others.

§ 73821. Exclusion Timeout.

Exclusion timeout means removing a client from an activity to another area in the same room or vicinity for a period of time as a result of a specific undesirable behavior.

§ 73822. Extinction.

Extinction is a basic principle of behavior which refers to the fact that if reinforcement for a behavior is withheld, that behavior will be weakened gradually, and ultimately eliminated (extinguished.)

§ 73823. Fines.

Fines are the forfeiture of token reinforcers following a predetermined maladaptive behavior.

§ 73824. Individual Service Plan.

Individual service plan means a plan developed for each individual client by the facility's interdisciplinary professional staff/team. The individual service plan is not to be confused with the individual program plan which is developed by the Regional Center.

§ 73825. Local Bank.

Local bank means a bank or the branch of that bank which is in the vicinity of the facility.

§ 73826. Medication.

Medication means any chemical compound, remedy or noninfectious biological substance, the action of which is not solely mechanical, which may be administered to clients by any route as an aid in the diagnosis, treatment or prevention of disease or other abnormal condition, for relief of pain or suffering, or to control or improve any physiological, psychological, or pathological conditions. "Solely mechanical" is meant to refer to those substances that provide lubrication only or do not provide any therapeutic effect. Products which contain medications, but which are primarily used for cosmetic or other nonmedication purposes are not medications as defined above.

§ 73827. Modified Diet.

Modified diet means a diet altered in texture.

§ 73828. Normalization.

Normalization means making available to developmentally disabled persons, patterns and conditions of everyday life which are as close as possible to the normal patterns of everyday society.

§ 73829. Nursing Services.

Nursing services means those services provided to clients by registered nurses, licensed vocational nurses, licensed psychiatric technicians and certified nursing assistants or persons enrolled in a precertification pursuant to Section 73873(f).

§ 73830. Occupational Therapist.

Occupational therapist means a person who is currently registered as such by the American Occupational Therapy Association.

§ 73831. Permanently Converted Beds.

Permanently converted beds means client accommodation space which is not available for client use because the facility has converted the space to some other use and such space would not be reconverted to client accommodation within twenty-four (24) hours.

§ 73832. Physical Restraints.

Physical restraint means those devices described in section 73868(a) and used to control a client's physical activity in order to prevent the client from causing harm to self or others.

§ 73833. Postural Supports.

Postural supports means devices, other than orthopedic braces, used to assist clients to achieve proper body position and balance. Postural supports may only include soft ties, seat belts, spring release trays or cloth sheeting and shall only be used to improve a client's mobility and independent functioning, and not to restrict movement. These devices shall not be considered physical restraints.

§ 73834. Psychotherapeutic Drug.

Psychotherapeutic drug means a medication to control behavior or to treat thought disorder processes.

§ 73835. Qualified Mental Retardation Professional (QMRP).

Qualified mental retardation professional means person who has specialized training or one (1) year of experience in treating or working with developmentally disabled individuals, and is one of the following:

- (a) A person with a master's degree in psychology
- (b) A physician
- (c) An educator with a degree in education or a valid California teaching credential.
- (d) A social worker with a bachelor's degree in:
 - (1) Social work from an accredited program; or
 - (2) A field other than social work and at least (3) years of social work experience under the supervision of a social worker with a master's degree
- (e) A physical therapist.
- (f) An occupational therapist.
- (g) A speech pathologist.
- (h) An audiologist.
- (i) A registered nurse.
- (j) A recreation therapist
- (k) A rehabilitation counselor.

§ 73836. Recreation Therapist.

Recreation therapist means a person with specialization in therapeutic recreation who is registered as such by the National Therapeutic Recreation Society.

§ 73837. Registered Record Administrator.

Registered record administrator means a person who is registered as such by the American Medical Record Association.

§ 73838. Rehabilitation Counselor.

Rehabilitation counselor means a person who is certified by the Commission on Rehabilitation Counselor Certification and who had specialized training or one (1) year of experience in treating developmentally disabled persons.

§ 73839. Supervision.

- (a) "Supervision" means to instruct an employee or subordinate in his or her duties and to oversee or direct his or her work, but does not necessarily require the immediate presence of the supervisor.
- (b) "Direct Supervision" means that the supervisor shall be present in the same building as the person being supervised, and available for consultation and assistance.
- (c) "Immediate supervision" means that the supervisor shall be physically present while a task is being performed by the person being supervised.

§ 73840. Therapeutic Diet.

Therapeutic diet means any diet altered from a regular diet in a manner essential to the treatment or control of a particular disease or illness.

§ 73841. Token Reinforcers.

Token reinforcers means articles earned by a client which can be exchanged at some future time for a desired object or activity.

§ 73842. Training and Habilitative Services.

Training and habilitative services means those services provided to clients for the purpose of enhancing or preventing regression of the intellectual status, functional skills and the emotional well-being of the clients.

§ 73843. Treatment Restraint.

Treatment restraints are those restraints used to restrain a client during medically prescribed treatment or diagnostic procedures such as, but not limited to, intravenous therapy, tube feeding or catheterization.

§ 73844. Unit Client Record.

Unit client record means a file which contains all information concerning a particular client.

§ 73845. Withdrawal of Social Contact.

Withdrawal of social contact means the termination of interpersonal contact immediately after the client demonstrates a maladaptive behavior.

Article 2. License

§ 73846 Application Required.

- (a) Pursuant to the requirements of Section 1265, Health and Safety Code, a verified application for a new license shall be submitted to the Department on forms prescribed and furnished by the Department whenever one or more of the following circumstances occur:
 - (1) Establishment of a facility.
 - (2) Change of ownership.
 - (3) Construction of a new or replacement facility.
 - (4) Increase in licensed bed capacity.
 - (5) Change of license category.

- (6) Change of location of facility.
- (7) Change in bed classification.
- (b) The licensee shall submit a verified application for a corrected license to the Department on forms prescribed and furnished by the Department whenever the facility's name changes.
- (c) Notification by letter shall be sent to the Department when a decrease in licensed bed capacity occurs.

§ 73846.1. Application Procedure for Obtaining a License.

- (a) Whenever an application is submitted pursuant to Section 73846:
 - (1) The Department shall inform the applicant, within 30 calendar days of receipt of an application for a license that the application is complete and accepted for filing, or that the application is deficient and, if deficient, what specific information, or fee is required to complete the application.
 - (2) It is considered complete when all documents, information or fees required to be submitted on or with an application have been received by the Department.
- (b) If the applicant fails to respond within 30 calendar days to the Department's request for additional information, documentation, or fees, pursuant to (a) (1) above, the application shall be deemed to have been withdrawn by the applicant.
- (c) Any applicant deemed to have withdrawn an application pursuant to subsection (b) above may re-apply by submitting a new application.
- (d) The Department, within 60 calendar days of submission of a completed application, shall notify the applicant in writing, of the agency's decision regarding the application.
- (e) If the Department fails to notify an applicant within the time period specified in (d) above, the applicant may appeal in writing directly to the Director. The written appeal shall include:
 - (1) An identification of the applicant and the application.
 - (2) The date upon which the application was submitted.
 - (3) A copy of any correspondence between the Department and the applicant regarding the application; and,
 - (4) Any other information which the applicant wishes to submit regarding the timeliness of the Department's consideration of the application.
- (f) Nothing in this section shall be construed to require the Department to issue a license for an Intermediate Care Facility/Developmentally Disabled-Nursing.

§ 73846.2 Fee.

- (a) Each application for a license shall be accompanied by the prescribed license fee.
- (b) The annual fee for a license to operate an Intermediate Care Facility/Developmentally Disabled-Nursing which is being licensed for the first time or upon a change of ownership, change of location or renewal of license shall be that specified in the following schedule:

<i>Capacity</i>	<i>Fee</i>
4—15	\$380.00

- (c) No fee shall be refunded

§ 73847. Fire and Seismic Safety Standards, Use Permits and Over-Concentration.

A license shall not be issued to any Intermediate Care Facility/Developmentally Disabled-Nursing which does not conform to the requirements of Sections 1267.8 and 1267.9, Health and Safety Code.

§ 73848. Structural Safety Standards.

It shall be the responsibility of the license to maintain the facility in a safe structural condition. If the Department determines that an evaluation of the structural condition of the facility is necessary, the licensee may be required to submit a report by licensed structural engineer or licensed general contractor which shall establish a basis for eliminating or correcting the structural conditions, if any, which are found to be hazardous to occupants.

§ 73849. Expiration of License.

Each license shall expire at midnight on the date of expiration.

§ 73850. Separate Licenses.

- (a) A separate license shall be required for each Intermediate Care Facility/Developmentally Disabled-Nursing which is maintained on the same or separate premises even though all are under the same management.
- (b) An Intermediate Care Facility/Developmentally Disabled-Nursing shall not be a distinct part or attached to any other licensed health or community care facility.

§ 73851. Posting.

The license or a true copy thereof shall be conspicuously posted in a prominent location accessible to public view within the facility.

§ 73852. Report of Changes.

The licensee shall notify the Department, within ten days, in writing, of any of the following:

- (a) Any change in administrator or qualified mental retardation professional.
- (b) Any change of the principal officers (president, vice president, secretary, treasurer) of the corporation.
- (c) Any change of the principal mailing or business address of the licensee or officer(s).

§ 73853. Program Flexibility.

- (a) Each Intermediate Care Facility/Developmentally Disabled-Nursing shall maintain continuous compliance with the licensing requirements. Such requirements however, do not prohibit the use of alternate procedures pursuant to Section 1276(b) of the Health and Safety Code.
- (b) Any written approval by the Department granted under this Section shall be posted immediately adjacent to the facility's license.

§ 73854. Conviction of Crime; Standards for Evaluating Rehabilitation.

When considering the denial, suspension, or revocation of a license based on the conviction of a crime as defined in Section 1265.2 and in accordance with Section 1265.1 or 1294 of the Health and Safety Code, the following criteria shall be considered in evaluating rehabilitation:

- (a) the nature and seriousness of the crime(s) under consideration.
- (b) Evidence of conduct subsequent to the crime which suggests responsible or irresponsible character.
- (c) The time which has elapsed since commission of the crime(s) or conduct referred to in subdivision (a) or (b).
- (d) The extent to which the applicant has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the applicant.

§ 73855. Bonds.

- (a) The amount of the bond required by Section 1318 of the Health and Safety Code shall be in accordance with the following schedule:

- (1) Total Amount of Client Monies Handled

<i>Per Month:</i>	<i>Bond Required</i>
\$750 or less	\$1,000
\$751 to \$1,500	\$2,000
\$1,501 to \$2,500	\$3,000

- (2) Every further increment of \$1,000 or fraction thereof shall require an additional \$1,000 on the bond.
- (b) Each application for an original license or renewal of license shall be accompanied by an affidavit on a form provided by the Department. The affidavit shall state whether the licensee handles or will handle money of clients and the maximum amount of money to be handled for:
 - (1) Any client
 - (2) All clients in any month.
 - (3) No licensee shall either handle money of a client or handle amounts greater than those stated on the affidavit submitted without first notifying the Department and filing a new or revised bond if requested.
 - (4) Charges for the surety company bond to handle client monies shall not be paid out of client funds.

Article 3. Services

§ 73856. Required Services.

- (a) Intermediate Care Facilities/Developmentally Disabled-Nursing shall provide, at a minimum, the following: active treatment, health services, nursing supervision, food and nutrition, recreational and pharmaceutical services.
- (b) Clients shall be provided those services as specified in California Code of Regulations, Title 22, Division 3, Section 51510.3(b) as recommended by the

- interdisciplinary professional staff/team and in accordance with each client's individual service plan.
- (c) Provision shall be made for social services as determined by the interdisciplinary professional staff/team and in accordance with each client's individual service plan.
 - (d) Written arrangements shall be made for obtaining all diagnostic and therapeutic services prescribed by the attending physician, podiatrist, dentist, clinical psychologist or interdisciplinary professional staff/team subject to the scope of their practice and the policies of the facility. If the services cannot be brought into the facility, and pursuant to 51510.3(b), Division 3, California Code of Regulations, the facility shall provide transportation to and from the service location.
 - (e) Arrangements shall be made for one or more physicians to be called in a medical emergency and their telephone numbers shall be prominently displayed near the facility's telephone.

§ 73857. Program Services.

Each client shall participate in an active treatment program as specified in his or her individual service plan.

§ 73858. Program Services-Approval of Facility Program Plan.

- (a) A facility program shall be submitted to the Department of Developmental Services as specified in Section 1275.3 of the Health and Safety Code.
- (b) The Department shall not initially license and certify or recertify a facility for participation in the Title XIX Medi-Cal reimbursement program unless the licensee's program plan has been reviewed and approved by the Department of Developmental Services.

§ 73859. Program Services-Facility program Plan Requirements.

- (a) The facility program plan shall include, but not be limited to:
 - (1) The number of eligible clients.
 - (2) A profile of the client population using the Client Development Evaluation Report (CDER) furnished by the Department of Developmental Services.
 - (3) A summary of client's nursing and developmental priority needs.
 - (4) A description of the nursing and program elements as specified in Section 73864.
 - (5) A week's program schedule for clients in the facility.
 - (6) The facility's program staffing pattern including:
 - (A) The facility's organizational chart.
 - (B) The interdisciplinary professional staff/team utilized indicating their disciplines and hours worked per week, as well as a copy of a current license, certification, or registration, as appropriate, and resume for each such professional.
 - (7) A description of the space provided for program activities.
 - (8) A description of the equipment available or to be obtained for program activities.
 - (9) The in-service training plan for at least the next twelve (12) months which shall include, but not be limited to, those topics contained in Section 73874.
 - (10) A plan for utilization of community resources

- (11) Provisions for accomplishing the following:
 - (A) An initial assessment of each client to identify the current level of needs and function utilizing standardized assessment forms.
 - (B) An individual service plan developed by the interdisciplinary professional staff/team under the direction of a qualified mental retardation professional.
 - (C) Semi-annual review of the individual service plan.
- (12) A plan for the behavior modification program. If used, as delineated in Section 73870.
- (13) A training program for drug administration for nonlicensed personnel who administer drugs in the facility in accordance with Section 73874(d).
- (14) Training protocols required pursuant to Section 73874(c).
 - (b) Any changes in the facility operation which alter the contents of the approved program plan, including changes of approved staff, shall be reported to the Department of Developmental Services within ten working days.

§ 73860. Program Services—Interdisciplinary Professional Staff/Team

- (a) The interdisciplinary professional staff/team shall be composed as required in Section 73873(d).
- (b) The interdisciplinary professional staff/team shall meet together to:
 - (1) Assess each client's nursing and developmental needs.
 - (2) Develop an integrated and coordinated individual service plan.
 - (3) Evaluate each client's response to the individual service plan no less often than every six months and revise as necessary.
 - (4) Determine the appropriateness of each client's admission to, and discharge from, the facility.

§ 73861. Program Services—Client Assessment.

- (a) The facility qualified mental retardation professional, interdisciplinary professional staff/team, member(s) of the direct-care staff, a representative from the regional center if the client is registered with that agency shall:
 - (1) Review and update the preadmission evaluation within 30 days following the client's admission.
 - (2) Develop a comprehensive written assessment which shall provide the basis for formulating an individual service plan which shall include, but not be limited to:
 - (A) Nursing assessment
 - (B) Assessment of developmental status including strengths, weaknesses and needs.
 - (C) Prioritized objectives.
 - (D) Discharge plan.
 - (3) Assess the client's recreational interests.
 - (4) Consider the client's need for guardianship or conservatorship if the client will attain majority or become emancipated prior to the next scheduled review.
 - (5) Provide for the protection of the client's civil and legal rights, pursuant to Welfare and Institutions Code, Sections 4502, 4503, 4504 and 4505 and California Code of Regulations, Title 17, Sections 50500 through 50550.

- (b) The qualified mental retardation professional shall make available and interpret the assessment to the direct-care staff, the client and, when lawful, the client's parents or authorized representative.

§ 73862. Program Services—Individual Service Plan.

- (a) Each client shall have an individual service plan that:
 - (1) Implements the prescriptive requirements of the Regional Center individual program plan if the client is registered with a regional center.
 - (2) Is based on assessment data pursuant to Section 73861 and is completed within thirty (30) days following admission.
 - (3) Is developed by the facility interdisciplinary professional staff/team, as defined in Section 73860, and includes participation of the client and direct-care staff and should include all relevant staff of other agencies involved in serving the client. Prior to development of the individual service plan, the client's parents, if the client is a minor, or the client's authorized representative shall be invited to attend the service plan conference.
 - (4) Identifies the client's developmental, social, behavioral, recreational and nursing needs.
 - (5) Includes established prioritized objectives, written in behavioral and/or developmental terms, that are measurable and time limited, for meeting the client's identified needs.
 - (6) Identifies the method and frequency of evaluation.
 - (7) Includes a daily program schedule which specifies:
 - (A) time and duration of all activities of daily living.
 - (B) Time, duration and location of all specified programs.
 - (8) Specifies the person(s) and agencies responsible for implementing and coordinating the service plan.
 - (9) Contains monthly progress notes which identify the client's response to each goal and objective.
 - (10) Includes, when discharge is anticipated, plans for services and the specific agencies or persons responsible for follow-up services in the client's new environment.
 - (11) Reviews the client's response to services every six (6) months, including consideration of the need for continuation in an intermediate care facility/developmental disabled-nursing or alternate level of care.
- (b) The individual service plan shall be implemented daily as written.

§ 73863. Program Services—Grouping Criteria.

- (a) Clients of widely differing ages, developmental levels and social needs shall not be housed together unless the housing is clearly planned to promote the growth and development of those living together.
- (b) Clients shall not be segregated on the basis of their physical handicaps. The facility must integrate clients who are mobile, nonambulatory, deaf, blind, epileptic and so forth with others of comparable social and intellectual development.

§ 73864. Program Services—Program Elements.

- (a) The facility shall have the capability to provide program services to those developmentally disabled clients it serves. These program services shall be based on the client's specific needs as identified through the individual client assessment and shall include as appropriate:
 - (1) Nursing care activities.
 - (2) Habilitation programs including but not limited to:
 - (A) Sensory motor development.
 - (B) Self-help skills training.
 - (3) Behavior management program.
- (b) The facility shall provide no less than 56 hours of active treatment per week, including weekends. For those clients who require a combination of developmental program services and nursing care activities, no less than 28 hours per week shall be devoted to developmental programs unless otherwise approved in the facility program plan. The active treatment program shall include:
 - (1) Any active treatment provided by agencies either outside or inside the facility as specified in the individual service plan.
 - (2) Nursing care activities as specified in the individual service plan.
 - (3) No more than two consecutive hours not devoted to active treatment as specified in the individual service plan. If additional unstructured time is required, such need shall be determined by the interdisciplinary professional staff/team and documented in the client's individual service plan and the facility's program plan.
 - (4) A weekend program schedule which emphasizes recreation and social experiences as specified in the individual service plan.
- (c) When a client receives any portion of active treatment from outside agencies, the facility must complement and reinforce those individual training programs in which the client is involved in order to assure consistency in program delivery.
- (d) When a client who ordinarily attends a program conducted by an outside agency remains in the facility for reasons other than illness, the facility shall initiate a training program that simulates that of the outside agency.

§ 73865. Program Services—Recreational Activities.

- (a) Each facility shall employ or contract for the services of a registered recreational therapist or an occupational therapist for not less than one (1) hour per client every three months to assess the recreational needs of each client and train staff in the implementation of each recreational activity.
- (b) A recreational activity plan shall be developed for each client as part of the individual service plan. This plan shall be included in the daily program schedule. The recreational activities plan shall include:
 - (1) Individual group activities with chronologically age appropriate materials.
 - (2) Opportunities to interact with nonhandicapped persons.
 - (3) Regularly scheduled recreational activities away from the facility.
- (c) All clients shall have planned periods out-of-doors, weather and health permitting.

- (d) Recreational activity areas belonging to the facility shall be designed and constructed or modified so as to be easily accessible to all clients regardless of their disabilities and to provide for their safety.

§ 73866. Program Services—Client Mobility.

- (a) All clients, including the multiply handicapped and nonambulatory, shall:
 - (1) Spend at least 75 percent of their waking day out of bed.
 - (2) Spend at least 75 percent of their waking day out of their bedrooms.
 - (3) Be mobile to the extent possible.
- (b) Orders prescribing bed rest or prohibiting clients from being taken out-of-doors shall be renewed by a physician at least every three (3) days.

§ 73867. Program Services—Health, Hygiene and Grooming.

- (a) Each client shall be encouraged and assisted to achieve and maintain maximum independence in health, hygiene, and grooming including bathing, brushing teeth, shampooing, combing and brushing hair, shaving, dressing, undressing and caring for toenails and fingernails.
- (b) Each client shall exhibit good personal hygiene and grooming and shall be free of offensive odor.
- (c) Each client shall have and use only his or her own personal toilet articles.
- (d) Each client shall have neat, clean, suitable, age appropriate and seasonable clothing to meet his or her needs.
- (e) Clients shall have their own clothing which is properly and inconspicuously marked when necessary.
- (f) Clients shall have their own clothing, suitable to the activities in which they are participating.
- (g) Clients shall be taught and encouraged, as appropriate, to:
 - (1) Select their daily clothing.
 - (2) Dress themselves.
 - (3) Change their clothes to suit the activities in which they participate.
- (h) Each client shall be weighed at least monthly.
- (i) Each client's height shall be measured at least quarterly until the client achieves maximum growth and annually thereafter.
- (j) Each client shall be trained to use dentures, eyeglasses, hearing aids, braces and other prosthetic devices when prescribed. Provisions shall be made to identify and maintain these items in good repair and to make them available to the client daily.
- (k) When indicated, each client's individual service plan shall include measures to prevent the development of decubitus ulcers, contractures, and deformities. If decubitus ulcers, contractures and deformities are present, the client's individual service plan shall specify treatment measures. Preventive and treatment measures shall include, but not be limited to:
 - (1) Mobilizing programs.
 - (2) Changing position of bedfast and chairfast clients.
 - (3) Preventive skin care.
 - (4) Body alignment and joint movement.

- (5) Pressure relieving devices.
- (l) The facility shall not admit or retain clients with Stage III and IV decubitus ulcers.
- (m) Measures shall be used to prevent and reduce incontinence for each client who does not eliminate appropriately and independently, and shall include:
 - (1) Written assessment within thirty (30) days of admission of each client's ability to participate in a bowel and bladder management training program.
 - (2) An individual plan for each client who requires bladder and/or bowel training.

§ 73868. Program Services—Types of Restraints.

Only the following types of restraints shall be used:

- (a) Physical restraints:
 - (1) Mittens and/or soft ties.
 - (2) Jackets consisting of sleeveless cloth webbing.
- (b) Chemical restraints.
- (c) Treatment restraints.

§ 73869. Program Services—Application of Restraints.

- (a) If physical restraints are used, each of the following requirements shall be met:
 - (1) Restraints shall only be used as temporary emergency measures to protect the client from injury to self or others and only upon written or telephone order of a physician or clinical psychologist within one (1) hour. Telephone orders shall be recorded immediately in the client's record and shall be signed by the prescriber within five (5) days. Restraints shall not be used as punishment, as substitute for more effective programming, or for the convenience of the staff.
 - (2) Orders for physical restraints shall be in force for not longer than twelve (12) hours.
 - (3) There shall be no PRN (as needed) orders for physical restraints.
 - (4) The client's record shall include an entry noting the time of application and removal of restraints, justification for, and authorization of all periods of restraints and signature of the person applying the restraints.
 - (5) Restraints shall be applied in such manner that they can be speedily removed in case of emergency.
 - (6) A client placed in restraint shall be checked at least every fifteen (15) minutes by staff to assure that the restraint is properly applied. Written documentation identifying staff responsible for performing the check shall be kept in the unit client record.
 - (7) Physical restraints shall be designed and used in such a way as not to cause physical injury and to assure the least possible discomfort to the client. Opportunity for motion and exercises shall be provided for a period of not less than ten (10) minutes during each hour in which restraint is applied. The exercise periods shall be documented in the client's record.
 - (8) Clients in restraint shall remain in staff's constant line of vision and shall be protected from other clients.
 - (9) Clients shall not be placed in a room that is locked or where the door is held closed by any means.
 - (10) No restraint with locking devices shall be used.

- (11) Totally enclosed cribs and barred enclosures shall not be used.
- (b) If psychotherapeutic or behavior altering drugs are used to reduce the frequency, duration or intensity of behavioral excesses, each of the following requirements shall be met:
 - (1) Chemical restraints shall not be used as punishment, for the convenience of staff, as a substitute for active treatment, or in quantities that interfere with a client's ability to participate in program activities.
 - (2) Psychotherapeutic or behavior-altering drugs shall be used only as an integral part of an individual service plan that is designed by an interdisciplinary professional staff/team to lead to a less restrictive way of managing maladaptive behavior and ultimately to the elimination of those behaviors for which the drugs are employed. Each individual service plan utilizing a psychotherapeutic drug:
 - (A) Shall specify the behavior to be managed and be a time-limited prescription of no more than thirty (30) days, ordered by a physician. Each renewal order shall include written justification by the physician for the continued use of the drug.
 - (B) Shall include a written plan for gradually diminishing the dosage of the drug and its ultimate discontinuance.
 - (3) PRN (as needed) prescriptions for psychotherapeutic or behavior-altering drugs shall be subject to the requirements of Section 73898.
 - (c) If treatment restraints are used, they shall:
 - (1) Be prescribed by a physician.
 - (2) Only be applied for the duration of the procedure or treatment.
 - (3) Be limited to soft ties only which:
 - (A) Use only a clove hitch to secure the soft tie to the limb. A half hitch may be used on the top of the clove hitch to prevent slippage. Proper circulation must be manually verified at least every 15 minutes.
 - (B) Must use a slipknot, which permits immediate release, on the bed or chair to which the soft tie is fastened. The bed or chair to which the client is fastened must not be subject to tipping, sliding, or unsupervised rolling.
 - (4) Not be used as a substitute for active treatment.

§ 73870. Program Services—Behavior Management Program.

- (a) Behavior management programs shall be approved by the Department of Developmental Services prior to implementation in accordance with Sections 73858 and 73859(a)(12).
- (b) No facility shall modify its approved behavior management program prior to obtaining the written approval of the Department of Developmental Services.
- (c) Facilities which use behavior management programs as part of their total service shall have:
 - (1) A written description of the behavior management program.
 - (2) A written assessment conducted by the interdisciplinary professional staff/team to identify behavioral excesses and/or deficits which require management. This assessment shall address the following areas:
 - (A) Social and emotional status.
 - (B) Communication skills.
 - (C) Physical and mental status.

- (D) Cognitive and adaptive skills.
- (E) Description of behavioral excesses and/or deficits, along with their frequencies, durations and intensities.
- (F) A baseline data collection system which addresses the maladaptive behavior(s).
- (G) An analysis of the behavioral excesses and/or deficits identified in terms of the antecedent(s) and consequence(s).
- (3) A written behavior management plan available to all facility, staff, regional center representatives, the client, if appropriate, or the client's authorized representative, when lawful. This plan shall include:
 - (A) Long range goals.
 - (B) Behavioral objectives that are time-limited, measurable, observable and which complement the long-range goals.
 - (C) Behavioral objectives which specify:
 1. The name of the primary person(s) providing the intervention.
 2. The place of intervention.
 3. The reinforcement(s) to be used to elicit adaptive behaviors.
 4. The type(s) of interventions to be used.
 5. The anticipated outcome of the behavior management plan.
 6. The date by which the anticipated outcome is to be achieved.
 - (4) A written document that clearly states, prior to the use of behavioral interventions, that:
 - (A) The procedure to be used is the least restrictive and most effective intervention for the maladaptive behavior(s).
 - (B) The environment where the behavior change is to occur is designed to avoid stigma and to support and reinforce compatible and adaptive behaviors.
 - (C) A specific choice from different behavior interventions has been made based on relative effectiveness.
 - (D) The undesirable long-term and short-term effects which may be associated with the procedures have been identified.
 - (E) The conditions under which the procedure is contraindicated have been identified.
 - (F) The social, behavioral and status benefits that can be expected have been specified.
 - (G) The rights of the developmentally disabled person were and are protected in accordance with Sections 4503 and 4505 of the Welfare and Institutions Code.
 - (H) All legal and regulatory requirements have been met.
 - (I) There is a plan to decrease the restrictiveness of the program over time.
 - (J) A recommended treatment hierarchy which identifies the maladaptive behavior warranting the most immediate attention has been developed.
 - (5) A written monthly report of progress which shall include:
 - (A) The progress attained in achieving each behavioral objective.
 - (B) A determination as to whether the program should be continued as designed, or amended.
 - (d) For those instances when it can be documented that behavioral programs utilizing only positive reinforcement do not result in the desired adaptive

behavior, mild restrictive interventions may be employed. Such interventions shall be limited to:

- (1) Contingent observation
- (2) Extinction
- (3) Withdrawal of social contact
- (4) Fines of tokens or other reinforcers.
- (5) Exclusion time-out, with the client in constant view
- (d) As specified in section 73884(b) (8), food shall not be used as part of any behavior modification program.

§ 73871. Program Services—Client Abuse.

Clients shall not be subjected to corporal punishment, humiliation or verbal or mental abuse.

§ 73872. Program Services—Postural Supports.

- (a) Postural supports shall be designed and applied:
 - (1) For speedy removal in case of emergency.
 - (2) Under the supervision of a physical or occupational therapist.
 - (3) In accordance with principles of proper body alignment, with concern for circulation and allowance for change of position.
 - (4) To improve a client's mobility and independent functioning.
- (b) Facilities shall have written policies and procedures concerning the use of postural supports.

§ 73873. Program Services—Staffing.

- (a) The facility shall provide, through direct employment or contractual arrangement, a qualified mental retardation professional who shall have the responsibility for supervising the development and implementation of each client's individual service plan, integrating the various aspects of the facility's program plan, assuring continuity of facility services with those provided by outside agencies, recording each client's progress, and initiating periodic review of each individual service plan for necessary modifications or adjustments.
- (b) The qualified mental retardation professional shall provide a minimum of 1.75 hours of service per week per client.
- (c) In addition to the qualified mental retardation professional, the facility shall provide either through direct employment or by contractual arrangement an interdisciplinary professional staff/team to assist in the development and implementation of individual service plans and provide training to direct care staff.
- (d) The composition of the interdisciplinary professional staff/team shall be of the numbers and disciplines appropriate to meet each client's needs. The staff/team shall be composed of the qualified mental retardation professional, registered nurse and at least three (3) persons each from any of the following disciplines.
 - (1) Clinical psychologist.
 - (2) Recreation therapist.
 - (3) Occupational therapist.

- (4) Physical therapist.
- (5) Social worker
- (6) Speech therapist.
- (7) Audiologist.
- (8) Physician.
- (9) Pharmacist.
- (10) Educator.
- (11) Dietitian.
- (e) The aggregate time provided by members of the interdisciplinary professional staff/team, with the exception of the qualified mental retardation professional and registered nurse, shall be equal to at least two (2) hours per client calendar month.
- (f) Direct-care staff, who are not licensed professionals, shall be attendants pursuant to Section 2728, Business and Professions Code, or persons enrolled in an attendant training program approved by the Department of Developmental Services. Such training shall commence within three (3) months of employment and be completed no later than six (6) months from the date of employment.
- (g) The primary responsibility of direct-care staff shall be the care and training of the clients. Staff shall provide and implement those services and activities as specified in the individual service plan.
- (h) Direct-care staff shall not be diverted from their primary responsibilities by excessive housekeeping, clerical duties or activities not related to client care when clients are physically present in the facility.
- (i) Each facility shall employ direct-care staff to provide nursing and program services to clients twenty-four (24) hours a day as follows:

Number of Clients	Average Hours Per Day	Minimum Hours per Day	Total Hours per Calendar Week
4-6	40	26	280
7	40	26	280
8	44	28	308
9	48	31	336
10	52	33	364
11	59	38	413
12	63	40	441
13	67	43	469
14	74	48	518
15	78	50	546

- (j) Facilities serving 12 to 15 clients shall staff the night (nocturnal) shift with a minimum of two (2) direct-care staff. This is inclusive of the staffing requirements of subsection (i).
- (k) Direct-care staff shall be on duty and awake when clients are present in the facility.
- (l) Each facility shall employ sufficient direct-care staff to carry out the nursing and active treatment programs to meet individual client needs.

- (m) When clients are not present in the facility, prior arrangements shall be made for the notification of facility staff in case of emergency.

§ 73874. Program Services—Orientation and In-Service Education.

- (a) A training program shall be conducted by the Intermediate Care Facility/Developmentally Disabled-Nursing, or by an agency or public educational institution whose training meets the requirements of this Section. For the purpose of this Section, agency means a private school, organization or individual that provides an attendant training program.
- (b) The attendant training program shall be supervised and directed by a registered nurse or a licensed vocational nurse.
- (c) After successful completion of an attendant training program, an attendant shall receive a statement of completion from the course director that includes the number of hours completed, the date completed, the student's name, and signature of the instructor, and the name of the training institution.
- (d) Registered nurses, licensed vocational nurses, licensed psychiatric technicians, dietitians, occupational therapists, physical therapists, physicians, social workers and other health professionals may conduct aspects of the training program appropriate to their disciplines.
- (e) Application shall be made by the Intermediate Care Facility/Developmentally Disabled-Nursing, agency or public educational institution to the Department of Developmental Services for approval of the attendant training program.
- (f) The attendant training program shall include:
 - (1) One hundred (100) hours of clinical practice under the direct supervision of the instructor or a licensed nurse which shall include demonstrations of theory and health care skills. The student shall demonstrate each procedure under the immediate supervision of the instructor or a licensed nurse. During clinical practice, there shall be no more than five (5) students for each instructor at any time. Clinical practice shall take place in an Intermediate Care Facility/Developmentally Disabled-Nursing and shall be conducted concurrently with classroom instructions.
 - (2) Fifty (50) hours of classroom instruction which may be conducted in an Intermediate Care Facility/Developmentally Disabled-Nursing, or in an educational institution, which shall include:
 - (A) Health care skills:
 - 1. Basic human anatomy and physiology
 - 2. Prevention and transmission of disease and infection
 - 3. Immediate and temporary health concerns including toothache, exposure to disease, injury and skin breaks
 - 4. Health enhancements
 - a. Nutrition
 - b. Personal hygiene and grooming
 - c. Prevention of illness
 - d. Services of a physical therapist, occupational therapist and speech therapist.
 - e. Communication needs including devices, signs, pre-speech and speech.
 - 5. Care of the incontinent patient

- 6. Skin care
 - a. Routine skin care
 - b. Prevention of decubitus ulcers
 - c. Perineal care
- (B) Developmental Disabilities
 - 1. Causes of developmental disabilities
 - 2. Normal growth and development
 - 3. Techniques of behavior change and principles of intervention.
- (C) Developmental Programming
 - 1. The interdisciplinary team process
 - 2. Training techniques
 - 3. Socialization and recreational skills
- (D) Record-keeping procedures
 - 1. Observation and documentation
 - 2. Evaluation and assessments
 - 3. Data collection modalities
 - 4. Data Interpretation
 - 5. Legal aspects of record-keeping and confidentiality
- (E) Emergency interventions and services
 - 1. Cardiopulmonary resuscitation (CPR), relief from choking and first aid.
 - 2. Signs and symptoms of illness and appropriate actions.
 - 3. Accident prevention.
 - 4. Fire prevention, reporting and emergency procedures.
 - 5. Disaster preparedness.
- (g) Upon completion of the training program, the facility shall provided the attendant with a statement of completion, and shall maintain a record of completion in the attendant's personnel file.
- (h) The training program for each attendant shall commence within three (3) months of employment at the facility and shall be completed no later than six (6) months from the date of employment.
- (i) It shall be the responsibility of the facility to ensure that competency is achieved by the attendant in all area specified in the training program.
- (j) Documentation of credit given shall be maintained in the attendant's personnel file.

73874.1. Program Services – Orientation and In-Service Training.

- (a) A person who is, or is eligible to be a qualified mental retardation professional, a registered nurse, licensed vocational nurse or licensed psychiatric technician shall be designated responsible for coordinating staff development and education.
- (b) All new staff shall be provided sixteen (16) hours of orientation by qualified mental retardation professional, a registered nurse, licensed vocational nurse or licensed psychiatric technician. These hours shall be completed and documented within the first forty (40) hours of employment.

- (1) Prior to providing direct client care and during the first eight (8) hours of employment, each direct-care staff member shall be provided with the following:
 - (A) A tour of the facility.
 - (B) A description of the client population.
 - (C) The client's daily schedule.
 - (D) Instruction in the use and application of equipment and assistive devices.
 - (E) Instruction in unusual occurrences and life saving procedures including emergency procedures for relief of choking.
 - (F) Orientation to fire and disaster plans.
 - (G) An introduction to client care and special needs of developmentally disabled persons.
- (2) The remaining eight (8) hours or orientation shall include;
 - (A) Administrative structure of the facility.
 1. Organization of staff.
 2. Services offered.
 3. The role of direct-care staff, including job descriptions, the team concept, attitudes and approaches to clients.
 4. Personnel policies.
 - (B) The facility's philosophy of client care.
 - (C) Overall concepts of the facility's program to meet the needs of the clients, including normalization and interdisciplinary professional staff team concept.
 - (D) Developmental growth and assessment.
 - (E) Clients' activities of daily living.
 - (F) Implementation of the individual service plan.
 - (G) Clients' rights.
 - (H) Nursing policies and procedures.
 - (I) Legal and ethical considerations of health care.
 - (J) The role of federal and state regulations in the provision of care by employees.
 - (c) The facility shall require that all direct-care staff receive at least three (3) hours per month, thirty-six (36) hours annually, of planned in-service education which shall be documented and shall include:
 - (1) Program techniques specific to the facility's clients.
 - (2) Developing program objectives for clients.
 - (3) Evaluation and assessment techniques.
 - (4) Documentation of a client's response to his/her program including observation, reporting and recording.
 - (5) Special developmental needs of the facility's clients.
 - (6) Sensory deprivation and stimulation.
 - (7) Interpersonal relationship and communication skills between staff and clients.
 - (8) Psychosocial aspects of developmental disabilities as related to the individual, family and community.
 - (9) Confidentiality of client information.
 - (10) Detection of signs of illness or dysfunction that warrant medical or nursing intervention.

- (11) Maintenance of healthy skin: prevention of skin breakdown, body positioning and range of motion.
- (12) Basic nursing and health related skill.
- (13) Bladder and bowel training and management.
- (14) Oral hygiene.
- (15) Nutritional needs of clients including special feeding techniques.
- (16) Behavior management.
- (17) Emergency intervention procedures for behavior control.
- (18) Prevention and control of infection.
- (19) Fire and accident prevention and safety.
- (20) Disaster preparedness.
- (21) Clients' rights as specified in Sections 4502 through 4507 of the Welfare and Institutions Code and Sections 50500 through 50550 of Title 17., California Code of Regulations.
- (22) The role and involvement of the parent, guardian, conservator or authorized representative, in the client's individual service plan.
- (23) Instruction in first aid and cardiopulmonary resuscitation to be taught by an instructor certified by the American Red Cross or the American Heart Association.
- (24) If any client has epilepsy, instruction in the causes and treatment of epilepsy, care of the client during and following an epileptic seizure, safety precautions and protective equipment.
- (25) Locating and using program reference materials.
- (26) The use and proper application of postural supports.
- (27) Caring for the dying client and understanding the grieving process.
- (d) In addition to twenty-four (24) hours of in-service training the facility shall provide a ten (10) hour program in medication administration pursuant to Section 73877(f), either through a college system or through the facility medication training program, taught by the facility registered nurse and/or consultant pharmacist.
 - (1) The medication training program shall include the following:
 - (A) Use, action and side effects of drugs used in the facility.
 - (B) General practices, procedures and techniques for administering oral, rectal, eye, ear, nose and topical medications.
 - (C) Prescribers' verbal orders.
 - (D) Automatic stop orders.
 - (E) Medication storage and labeling.
 - (F) Disposition of unused and outdated medications.
 - (G) Requirements for documentation of the administration of medications and treatments.
 - (H) Requirements for documentation and physician notification of medication errors.
 - (I) Metric and apothecary dosages.
 - (J) Commonly used abbreviations.
 - (K) Locating and using reference materials.
 - (2) Successful completion of a college based or facility medication training program shall be documented in the employee's training record.

- (3) Prior to administration of medications by attendants, and annually thereafter, the facility registered nurse shall observe and certify the staff person's proficiency in handling, administering and recording of medications given and shall document the proficiency in the staff person's training record.
- (e) An attendant may perform a specific procedure for a specific client, subject to the following:
 - (1) The procedure is specifically ordered by the attending physician.
 - (2) Prior to performing the procedure, the attendant shall be trained by the facility registered nurse to perform the procedure and shall demonstrate proficiency in performing the procedure while under the immediate supervision of the registered nurse. The attendant shall also be training to recognize complications which could arise as a result of the procedure and to be knowledgeable in how to respond if a complication arises.
 - (3) A signed written statement shall be prepared by the registered nurse which includes a certification of the attendant's competence to perform the procedure and which identifies the client for whom the certification is applicable. This certification shall be placed and maintain in the attendant's training record and a copy shall be placed in the client's record.
 - (4) The certification is procedure and client specific, and shall not be transferred between clients of facilities.
 - (5) The registered nurse shall be responsible for the monitoring and staff implementation of the procedure. At least once every three months, the registered nurse shall observe and confirm the attendant's proficiency in performing the approved procedure and shall update the certification.
 - (6) Training protocols for each procedure performed by an attendant shall be reviewed and approved as part of the facility program plan pursuant to 73859(a)(12).
- (f) Attendant's shall not insert or remove the following:
 - (1) Nasogastric and gastrostomy tubes.
 - (2) Tracheostomy appliances.
 - (3) Indwelling catheters.
 - (4) Any intravenous apparatus.
- (g) Documentation of each planned in-service training session shall be maintained, including the name and title of the presenter, date of presentation, title of subject covered including description and content, duration of the session and legible signatures of those in attendance.

§ 73875. Health Support Services—Physician and Other Practitioner Services.

- (a) Physician services shall include:
 - (1) Meeting with the client at least once every 60 days or more frequently if necessary.
 - (2) An annual physical examination.
 - (A) Screening of vision and hearing.
 - (B) Laboratory tests as determined necessary by the physician.
 - (3) Immunizations, using as a guide the recommendations of the United States Public Health Service Advisory Committee on Immunization Practices and of the

Committee on the Control of Infectious Disease of the American Academy of Pediatrics.

- (b) Testing for tuberculosis shall consist of a purified protein derivative intermediate strength intradermal skin test. If a positive reaction is obtained from the skin test, the client shall be referred to the attending physician for further evaluation.
- (c) The physician, clinical psychologist, podiatrist or dentist shall plan all orders for diagnostic tests, medication and treatment of clients consistent with their respective practice acts.
- (d) The physician, clinical psychologist, podiatrist or dentist shall record progress notes in the client's record after each appointment with the client.
- (e) The physician shall review and update medication and medical treatment orders at least every 60 days.

§ 73876. Health Support Services—Registered Nursing Services.

- (a) Facilities shall provide registered nursing services in accordance with the needs of the clients for the purpose of:
 - (1) Developing goals and objectives related to training clients in personal hygiene, family life and sex education including family planning and venereal disease counseling, as determined by the interdisciplinary professional staff/team.
 - (2) Development and implementation of written plan for each client to provide for nursing services as a part of the individual service plan, consistent with diagnostic, therapeutic and medication regimens.
 - (3) Review and revision as necessary, of the nursing services section of the individual service plan at least every six (6) months.
- (b) The registered nurse shall participate as a member of the interdisciplinary professional staff/team with the primary responsibility for:
 - (1) The preadmission nursing evaluation, including a recommendation concerning the facility's ability to meet the client's medical/nursing needs.
 - (2) The ongoing reevaluation of the type, extent and quality of nursing services.
 - (3) Discharge planning relating to the nursing needs of clients.
- (c) The registered nurse shall review all medication documentation and recordings for compliance with regulatory requirements and acceptable standards no less often than every two (2) weeks. Such review shall include documentation in the unit client record with specific notation of all noncompliance found and corrective action taken. Corrective action shall include a plan designed to prevent such errors in the future.
- (d) The licensee shall delegate to the registered nurse the authority, in writing, to carry out the nursing functions required in these regulations. The registered nurse shall have the authority to make judgments regarding client health issues, within the scope of the Nursing Practice Act.

§ 73877. Health Support Services—Administration of Medications and Treatments.

- (a) Medications and treatments shall be given only on the order of a person lawfully authorized to prescribe.

- (b) Medications and treatments shall be administered as prescribed and shall be recorded in the unit client record. The name and title of the person administering the medication or treatment, and the date, time and dosage of the medication administered shall be recorded. Initials may be used provided the signature of the person administering the medication or treatment is recorded on the medication or treatment record.
- (c) Preparation of dosages for more than one scheduled administration time shall not be permitted.
- (d) Persons administering medications shall confirm each client's identity prior to the administration.
- (e) Medications shall be administered within two (2) hours after dosages are prepared and shall be administered by the same person who prepared the dosage. Dosages shall be administered within one (1) hour of the prescribed time unless otherwise indicated by the prescriber.
- (f) All medications shall be administered only by those persons specifically authorized to do so by their respective practice acts with the exception of direct-care staff, when so designated by the facility registered nurse, who may administer medications, except injections, provided the individual has successfully completed a program in medication administration as specified in Section 73874(d).
- (g) No medication shall be administered to or used by any client other than the client for whom the medication was prescribed.
- (h) Medication errors and adverse drug reactions shall be recorded and reported immediately to the practitioner who ordered the drug or another practitioner responsible for the medical care of the client. Minor adverse reactions which are identified in the literature accompanying the product is a usual or common side effect, need not be reported to the practitioner immediately, but in all cases shall be recorded in the client's record. Medication errors include, but are not limited to: the failure to administer a drug ordered by a prescriber within one (1) hour of the time prescribed. Administration of any drugs other than prescribed or the administration of a dose not prescribed.
- (i) Oxygen equipment shall be maintained as follows:
 - (1) Humidifier bottles on oxygen equipment shall be changed and disinfected at least every 24 hours in accordance with the facility's infection control policies and procedures.
 - (2) Only sterile distilled, demineralized or de-ionized water shall be used in humidifier bottles.
 - (3) If single use disposable humidifiers are used, the following shall apply:
 - (A) The single use disposable prefilled humidifier shall contain only sterile water. (No preservatives added).
 - (B) The system shall be for single resident use only.
 - (C) The intact system shall be used for a maximum of five days unless the humidifier is specifically designed for a maximum of ten-day usage.
 - (D) No medication shall be added or inserted into the system.
 - (E) The system shall be designed to prevent backflow.

- (F) The use of the humidifiers shall be monitored by the registered nurse on a routine basis.
- (G) Should the facility encounter products suspected of being contaminated, the facility shall immediately contact the District Office, Licensing and Certification program, or designee, and Department's Food and Drug Branch for immediate investigation of the product.

§ 73878. Health Support Services—Standing Orders.

Written orders for medications or treatments which are used or intended to be used in the absence of a prescriber's specific order for a specific client shall not be used. Such orders are often referred to as "standing" or "blanket" orders.

§ 73874. Health Support Services—Registered Nursing Staff.

- (a) The facility shall provide by employment or formal contract for the services of a registered nurse to visit the facility for health services and client health assessment as needed, but no less than one-and-one-half (1 ½) hours per week per client.
- (b) The registered nurse shall possess at least one (1) year of clinical experience subsequent to licensure.

§ 73880. Health Support Services—Equipment and Supplies.

- (a) Equipment and supplies in each facility shall be of the quality and in the quantity necessary for the care of clients as ordered or indicated. These shall be provided and properly maintained at all times and shall include at least the following:
 - (1) Airways.
 - (2) Adaptive devices.
 - (3) Bulb syringes.
 - (4) Emesis basins.
 - (5) Examination light.
 - (6) First aid equipment and supplies, as determined by the registered nurse, readily available at all times.
 - (7) Flashlights.
 - (8) Gloves (sterile and unsterile).
 - (9) Ice bags.
 - (10) Medicine droppers.
 - (11) Medicine glasses, cups or other small containers which are accurately calibrated.
 - (12) Scales for weighing clients.
 - (13) Mobility assistive devices such as wheelchairs, walkers, canes and crutches as needed by clients and as indicated by the interdisciplinary professional staff/team.
 - (14) Sphygmomanometer.
 - (15) Sterile dressings.
 - (16) Stethoscope.
 - (17) Syringes and needles.
 - (18) Thermometers, oral and rectal.

- (19) Tongue depressors.
- (b) Electronic thermometers shall be cleaned and disinfected according to the manufacturer's instructions. Glass thermometers shall be cleaned and disinfected in accordance with the facility's infection control policies and procedures. Oral and rectal thermometers shall be stored separately in clean, labeled containers.
- (c) Used syringes and needles shall be collected in rigid, puncture proof containers with a special one-way opening. The container shall be sealed with a heavy duty, non-removable cap when it is three-quarters full, and deposited into labeled infectious waste bags which are sealed and secured in a designated area in the facility to await final disposition as approved by the local health officer.

§ 73881. Health Support Services—Dental Services Staff.

Dental services shall be provided by licensed dentists and/or registered dental hygienists.

§ 73882. Health Support Services—Dental Services—General Requirements.

- (a) There shall be comprehensive diagnostic services for all clients which include a complete extraoral and intraoral examination, utilizing all diagnostic aids necessary to properly evaluate the client's oral condition within a period of one (1) month following admission, unless such an examination was completed six (6) months prior to admission and the results are received and reviewed by the interdisciplinary professional staff/team and are entered in the unit client record.
- (b) There shall be comprehensive treatment services for all clients which include:
 - (1) Provision for dental treatment.
 - (2) A system that will assure annual reexamination in accordance with the client's needs.
- (c) Instruction to clients and staff in proper methods of oral hygiene.
- (d) Instruction in the maintenance of proper oral hygiene for clients shall be made available to parents or authorized representatives when appropriate.
- (e) A permanent dental record shall be maintained for each client. A summary dental progress report shall be entered in the unit client record annually, and prior to transfer to another facility.
- (f) There shall be written arrangements for providing dental services to clients of the facility, including care for dental emergencies on a twenty-four (24) hour, seven (7) days-a-week basis.

§ 73883. Food and Nutrition Services—General

Food and nutrition services shall be organized, staffed and equipped to assure that the food served to clients is safe, appetizing and meets their nutritional needs.

§ 73884. Food and Nutrition Services—Food Services

- (a) The food and nutritional needs of clients shall be met in accordance with the latest edition of the "Recommended Dietary Allowances" adopted by the Food and Nutrition Board of the National Research Council. The food and nutritional needs of the clients shall be adjusted for age, activity and disability.

- (b) Food services shall include:
- (1) Not less than three (3) meals served daily, with not less than ten (10) hours between the first meal and the last meal of the day, and not more than fourteen (14) hours between the third meal and the first meal of the following day.
 - (2) Mealtimes comparable to existing norms in the community.
 - (3) Nourishment or between meal snacks shall be provided as required. Bedtime nourishments shall be offered to all clients unless contraindicated by the interdisciplinary professional staff/team, attending physician or the dietician.
 - (4) Client food preferences shall be accommodated as much as possible. Food items that are repeatedly refused by individual clients shall be replaced with food items from the same food group for those individuals. Clients who routinely refuse to eat most foods from a food group shall be evaluated by a physician, or a dietitian for nutritional status and the need for substitutions and/or diet counseling.
 - (5) Condiments such as salt, pepper and sugar shall be provided at each meal unless contraindicated.
 - (6) All clients shall eat in dining rooms, except where contraindicated for health reasons upon the written order of the attending physician. Table service shall be provided for all clients who can eat at a table, including clients in wheelchairs. Dining areas shall be equipped with tables of appropriate height, chairs, eating utensils and dishes designed to meet the developmental needs of each client.
 - (7) Food served shall be displayed attractively at appropriate temperatures and in a form to meet individual client needs.
 - (8) Withholding food shall not be used as a punishment, nor shall the timely service of regularly scheduled meals or snacks be made contingent upon a client's behavior.
 - (9) Clients shall be encouraged to feed themselves whenever possible. Clients shall be permitted to eat in a manner consistent with their developmental needs. Whenever self-feeding is not possible, clients shall be provided assistance in eating.

§ 73885. Food and Nutrition Services—Policies and Procedures.

Written policies and procedures governing food and nutrition services shall be developed and available to all staff. These policies and procedures shall be developed with the assistance of a dietitian.

§ 73886. Food and Nutrition Services—Therapeutic Diet Manual.

A current therapeutic diet manual approved by the dietitian shall be readily available in the facility whenever any client requires a therapeutic diet.

§ 73887. Food and Nutrition Services—Modified Diets.

Modified diets shall be ordered by the interdisciplinary professional staff/team to meet the needs of the clients and reviewed and adjusted as needed.

§ 73888. Food and Nutrition Services—Therapeutic Diets.

Therapeutic diets shall be provided as prescribed by the attending physician and shall be planned, prepared and served with supervision or consultation from the dietitian. Persons responsible for therapeutic diets shall have sufficient knowledge of food values to make appropriate substitutions.

§ 73889. Food and Nutrition Services—Menus.

- (1) Menus for all diets shall be written at least one week in advance, dated and posted in the facility at least three days in advance. All menus shall be approved by the consultant dietitian.
- (b) If any meal served varies from the planned menu, the change shall be noted in writing on the posted menu.
- (c) Menus shall provide a variety of foods and indicate standard portions for each meal. Menus shall be different for the same day of consecutive weeks. If a cycle menu is used, the cycle shall be of no less than three (3) weeks duration and shall be revised quarterly.
- (d) Menus shall be adjusted to include seasonal commodities.
- (e) A copy of the menu(s) as planned and as served shall be kept on file for at least 30 days.
- (f) Records of food purchases shall be kept for one year and available for review by the Department.

§ 73890. Food and Nutrition Services—Food Storage.

- (a) Food storage areas shall be clean at all times.
- (b) All foods or food items not requiring refrigeration shall be stored above the floor, on shelves, racks or other surfaces which facilitate thorough cleaning, in a ventilated room, not subject to sewage or waste water backflow or contamination by condensation, leakage, rodents or vermin. All packaged food, canned food or stored food shall be kept clean and dry at all times.
- (c) All readily perishable foods or beverages shall be maintained at temperatures of 7° C (45° F) or below, or at 60° C (140° F) or above, at all times, except during necessary periods of preparation and service. Frozen foods shall be stored at minus 18° C (0° F) or below at all times. There shall be an accurate thermometer in each refrigerator and freezer and in any other storage space used for perishable food.
- (d) Pesticides, other toxic substances, and drugs shall not be stored in the kitchen area or in storage space for food and food preparation equipment or utensils.
- (e) Soaps, detergents, cleaning compounds, or similar substances shall be stored in separate, enclosed, defined storage areas.

§ 73891. Food and Nutrition Services—Sanitation.

- (a) All kitchens and kitchen areas shall be kept clean, free from litter and rubbish, and protected from rodents, roaches, flies and other insects.
- (b) All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosion, open seams, cracks and chipped areas.

- (c) Plasticware, china and glassware which are hazardous because of chips, cracks or loss of glaze shall be discarded.
- (d) Ice which is used with food or drink shall be handled and stored in a sanitary manner.
- (e) If ice scoops are utilized they shall be handled and stored in a sanitary manner.
- (f) Kitchen wastes that are not disposed of by mechanical means shall be kept in clean, leakproof, nonabsorbent, tightly closed containers and shall be disposed of as frequently as necessary to prevent a nuisance or health hazard.

§ 73892. Food and Nutrition Services—Cleaning and Disinfection of Utensils.

- (a) All utensils used for eating, drinking and the preparation and serving of food and drink shall be cleaned and disinfected or discarded after each use.
- (b) The utensils shall be thoroughly washed in hot water (minimum) temperature of 43° C (110° F), using soap or detergent, rinsed in hot water to remove soap or detergent.
- (c) Drying cloths shall not be used.
- (d) Dishwashing machines, if utilized, shall be operational and in good repair.

§ 73893. Food and Nutrition Services—Staff.

- (a) The facility shall designate one person who has primary responsibility for food planning, preparation and service.
- (b) Provision shall be made for consultation of no less than (1) hour per client every three (3) months by a dietitian. The dietitian shall be responsible for the following:
 - (1) Ongoing training for the designated staff person responsible for food preparation.
 - (2) Approval of all menus.
 - (3) Completion of a nutritional assessment for each client within thirty (30) days of admission and reassessment no less often than annually.
 - (4) Providing consultation to the interdisciplinary professional staff/team as requested by the qualified mental retardation professional.
 - (5) Other duties as specified in Sections 73884(b)(3), 738845, 73886, and 73888.

§ 73894. Food and Nutrition Services—Equipment and Supplies.

- (a) Equipment of the type and in the amount necessary for preparation, serving and storing of food and the proper dishwashing shall be provided and maintained in good working order.
 - (1) The kitchen area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors and fumes and prevent excessive condensation.
 - (2) Fixed and mobile equipment shall be located so as to assure sanitation and safety, and shall be of sufficient size to handle the needs of the facility.
- (b) Food supplies shall meet the following standards:
 - (1) At least one week's supply of staple foods and at least two (48 hours) day's supply of perishable foods shall be maintained on the premises. Food supplies shall meet the requirements of the menu and the therapeutic diets ordered.

- (2) All food shall be of good quality and obtained from sources approved or considered satisfactory by federal, state or local authorities. Food in unlabeled, rusty, leaking, broken containers, or cans with side seam dents, rim dents or swells shall not be accepted or retained.
- (3) Milk, when served as a beverage, shall be pasteurized Grade A or certified unless otherwise prescribed by the physician's diet order. Milk and milk products shall be processed or manufactured in milk product plants meeting the requirements of Division 15 of the California Food and Agricultural Code. Reconstituted powdered milk shall not be used as a beverage for clients.
- (4) Milk shall be served in individual containers, from a dispensing device for such use or from the original container. Milk shall be dispensed directly into the glass or other container from which the client drinks.
- (5) Foods and beverages catered from a source outside the licensed facility shall be prepared, packed, properly identified, stored and transported in compliance with these regulations and other applicable federal, state or local codes.
- (6) Foods held in refrigerated or other storage shall be appropriately clearly labeled and dated. A written procedure for the safe use of leftovers shall be established and followed.

§ 73895. Pharmaceutical Services—General.

- (a) Arrangements shall be made to assure that pharmaceutical services are available to provide clients with prescribed drugs.
- (b) The facility shall conform to state and federal laws regarding dispensing, labeling, storage and administration of drugs.

§ 73896. Pharmaceutical Services—Requirements.

Pharmaceutical services shall include, but not be limited to, the following:

- (a) Obtaining necessary drugs including the availability of twenty four (24) hour prescription service on a prompt and timely basis as follows:
 - (1) Drugs ordered for immediate use that are not available in the facility emergency drug supply shall be available and administered within one (1) hour of the time ordered during normal pharmacy hours. For those hours during which the pharmacy is closed, such drugs shall be available and administered within two (2) hours of the time ordered. Drugs ordered for immediate use which are available in the emergency drug supply shall be administered immediately.
 - (2) Anti-infectives and drugs used to treat severe pain, nausea, agitation, diarrhea or other severe discomfort shall be available and administered within four (4) hours of the time ordered.
 - (3) Except as indicated above, all new drug orders shall be available on the same day ordered unless the drug would not normally be started until the next day.
 - (4) Refill prescriptions shall be available when needed.
- (b) A drug distribution system which includes ordering, administration and disposal of medications.
- (c) Provision of consultative and other services furnished by pharmacists which assist in the development, coordination, supervision and review of the pharmaceutical services within the facility.

- (d) A medication history of prescription and nonprescription drugs used shall be obtained by a licensed vocational nurse, registered nurse, or pharmacist upon admission of the client. If not taken by a pharmacist, the pharmacist shall review the history and document such review in the unit client record within thirty (30) days of admission.

§ 73897. Pharmaceutical Services—Policies and Procedures.

- (a) There shall be written policies and procedures for safe and effective distribution, control and use of drugs. These policies and procedures shall be developed by the registered nurse and/or pharmacist and approved by the pharmacist.
- (b) There shall be a written policy governing the self-administration of drugs, whether prescribed or not.

§ 73898. Pharmaceutical Services—Orders for Drugs.

- (a) No drugs shall be administered except upon the order of a person lawfully authorized to prescribe.
- (b) All orders for drugs shall include the drug name, dosage, frequency of administration, the specific duration of therapy, and the route of administration if other than oral. Orders for drugs to be administered PRN (as needed) shall also include the indication for use of the drug.
- (c) Written orders for drugs shall be dated and signed by the prescriber. Signature stamps shall not be used.
- (d) Verbal orders for drugs.
 - (1) Shall be accepted only by registered nurses, licensed vocational nurses, licensed psychiatric technician, pharmacists, physician's assistants (from their supervising physicians only) and other direct-care staff permitted by these regulations to administer medications. Verbal orders shall be signed by the prescribing practitioner within five (5) days.
 - (2) If received by non-licensed staff, shall be confirmed by the licensed nursing personnel with the prescriber within twenty-four (24) hours of receipt of the order.
 - (3) Shall be recorded immediately in the unit client record by the person receiving the order.
- (e) When first received, medications shall have the contents and directions for use compared with the drug order before the medication is administered. This verification shall be done by the person(s) authorized to administer medications.

§ 73899. Pharmaceutical Services—Stop Orders.

Written policies shall be established limiting the duration of therapy for a new drug in the absence of a prescriber's discontinuance date. Stop orders shall be established for all therapeutic drug categories. The prescriber shall be contacted for new orders prior to the termination time established by the policy.

§ 73900. Pharmaceutical Services—Drug Order Processing.

Signed orders for drugs shall be transmitted to the issuing pharmacy within forty-eight (48) hours, either by written prescription of the prescriber, by an order form which produces a direct copy of the order, or by an electronically reproduced facsimile.

§ 73901. Pharmaceutical Services—Drug Order Records.

Facilities shall maintain a record which includes, for each drug ordered by prescription, the drug name, strength, the name of the client, the date ordered, the quantity received, the date received, the name of the issuing pharmacy, and the name of facility staff entering such information. The record shall be kept at least one (1) year.

§ 73902. Pharmaceutical Services—Personal Medications.

- (a) Medications brought with the client on admission to the facility shall not be used, unless the contents of the containers have been examined and positively identified after admission by the client's physician or a pharmacist.
- (b) The facility may use drugs transferred from other licensed health facilities or those drugs dispensed or obtained after admission from any licensed or governmental pharmacy, and may accept the delivery of those drugs by any agent of the client or pharmacy, without the necessity of identification by a physician or pharmacist.

§ 73903. Pharmaceutical Services—Labeling and Storage of Drugs.

- (a) Drug containers which are cracked, soiled or without secure closures shall not be used. Drug labels shall be legible.
- (b) All drugs obtained by prescription shall be labeled in compliance with state and federal laws governing prescription dispensing. No person other than the dispenser of the drug shall change any prescription label.
- (c) Nonprescription drugs shall be labeled in conformance with state and federal food and drug laws.
- (d) Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs and shall not be accessible to clients unless so specified in the client's individual service plan.
- (e) External use drugs in liquid, tablet, capsule or powder form shall be stored separately from drugs for internal use.
- (f) Drugs required to be stored at room temperature shall be stored at temperatures between 15° C (59° F) and 30° C (86° F). Drugs requiring refrigeration shall be stored in a refrigerator between 2° C (36° F) and 8° C (46° F). When drugs are stored in the same refrigerator with food, the drugs shall be kept in a closed container clearly labeled "drugs" or "medications."
- (g) Drugs shall be stored in an orderly manner in cabinets, drawers or carts of a size to prevent crowding.
- (h) Dose preparation and administration areas shall be lighted in accordance with Table 2-53Q, Part 2, Title 24, California Code of Regulations. If medication carts are utilized, a flashlight shall be available on the cart.
- (i) Drugs, hypodermic syringes and needles shall be accessible only to the administrator, pharmacist, physician, registered nurses, licensed vocational nurses and psychiatric technicians and direct-care staff who administer medications, except as provided in Section 73877(f). Such access shall be designated in writing by the facility.

- (j) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.
- (k) The drugs of each client shall be kept and stored in the original container. No drug shall be transferred between containers.
- (l) Containers of discontinued drugs shall be marked to indicate that the drug has been discontinued and shall be disposed of in accordance with Section 73905 within ninety (90) days unless reordered within that time.
- (m) Nonprescription and topical ophthalmic medications may be stored at a client's bedside under the following conditions:
 - (1) Such storage is authorized by the attending physician. Facilities may adopt more restrictive policies regarding bedside storage of medications.
 - (2) The names of drugs located at the bedside shall be recorded in the client's individual service plan.
 - (3) The facility shall record bedside medication used daily based on observation or information supplied by the client.
 - (4) The facility shall maintain a record of drugs obtained for bedside use, including date of receipt, client name and quantity.
 - (5) Any marked change in the use of self-administered drugs, that indicates a significant change in the condition of the client, shall be reported to the physician.
 - (6) Such medications shall be secured against access by the other clients.

§ 73904. Pharmaceutical Services—Controlled Drugs.

- (a) Separate records of use shall be maintained for all drugs listed in Schedule II of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 as contained in Title 21, United States Code, Section 801 et seq. Such records shall be maintained accurately and shall include the name of the client, the prescription number, the drug named, strength and dose administered, the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained at least one year.
- (b) Drug records shall be maintained for drugs listed in Schedules III and IV of the Above Act in such a way that the receipt and disposition of each dose of any such drug may be readily traced. Such records need not be separate from other medication records.

§ 73905. Pharmaceutical Services—Disposal of Drugs.

- (a) Drugs shall be sent with the client upon discharge if labeled in accordance with law and if ordered by the discharging physician. A notation of the drugs sent with the client shall be in the unit client record.
- (b) Drugs remaining in the facility after discharge shall be destroyed within thirty (30) days of the date of discharge.
- (c) Drugs shall be destroyed in the facility in the following manner.
 - (1) Drugs listed in Schedules II, III, or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 as contained in Title 21, United States Code, Section 801 et seq., shall be destroyed in the facility in the presence of a

pharmacist and the registered nurse employed by the facility. The name of the client, the name and strength of the drug, prescription number, the amount destroyed, the date of destruction and the signatures of the witnesses required above shall be recorded in the unit client record or in a separate log. The record of disposal shall be retained for at least three years.

- (2) Drugs not listed under Schedules II, III, or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 as contained in Title 21, United State Code, Section 801 et seq., shall be destroyed in the facility in the presence of a pharmacist and the registered nurse employed by the facility. The name of the client, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction and the signatures of the witnesses required above shall be recorded in the unit client record or in a separate log. The record of disposal shall be retained for at least three years.
- (d) Unless otherwise prohibited under applicable federal or state laws, individual client drugs supplied in sealed containers may be returned, if unopened, to the issuing pharmacy for disposition provided that:
 - (1) No controlled drugs are returned.
 - (2) All such drugs are identified as to lot or control number.
 - (3) The signatures of the receiving pharmacist and registered nurse employed by the facility are recorded in a separate log which lists the name of the client, the name, strength, prescription number (if applicable) and amount of the drug returned and the date of return. The log shall be retained for at least three (3) years.

§ 73906. Pharmaceutical Services—Staff.

- (a) Facilities shall retain a pharmacist who devotes the number of hours necessary during a regularly scheduled visit for the purpose of coordinating, supervising and reviewing the pharmaceutical services within the facility. The pharmacist shall submit a written report on the status of the pharmaceutical service and staff performance to the administrator and registered nurse at least semi-annually. The report shall include a log or record of time spent in the facility. There shall be a written agreement between the pharmacist and the facility which includes duties, responsibilities and qualifications of the pharmacist and the responsibilities of the facility.

§ 73907. Pharmaceutical Services—Equipment and Supplies.

- (a) Equipment and supplies as necessary for the provision of pharmaceutical services shall be available within the facility. These shall include but not be limited to:
 - (1) Refrigerator with an accurate thermometer.
 - (2) Lockable drug cabinets, drawers, closets or rooms.
 - (3) Drug service trays or carts.
 - (4) Drug preparation counter area and convenient water source.

- (5) Reference materials for all drugs in use in the facility which include information on generic and brand names, available strengths and dosage forms and pharmacological data including indications and side effects.
- (b) A supply of prescription drugs for emergency use may be stored by the facility under the following conditions:
 - (1) The contents are determined in consultation with the pharmacist, registered nurse, and a physician who provides care to facility clients.
 - (2) No more than three (3) single doses in ampules or vials or one container of the smallest available multidose vial shall be included and shall be in sealed unused containers.
 - (3) Sublingual or inhalation emergency drugs shall be limited to single, sealed containers of the smallest available size.
 - (4) Not more than a total of six (6) anti-infective, anti-diarrheal, anti-nausea or analgesic drugs, in oral or suppository form, shall be stored. Such drugs shall be stored in sealed containers and not more than four (4) doses of any one drug shall be stored.
 - (5) The supply shall be stored in a portable container which is sealed in such a manner that the tamper proof seal must be broken to gain access. Drugs used from the kit shall be replaced within seventy-two (72) hours and the supply resealed by the pharmacist. The pharmacist shall inspect the supply at least quarterly.
 - (6) The contents of the supply shall be listed on the outside of the container.
 - (7) Separate records of use shall be maintained which include the name and dose of each drug administered, the name of the client, the date and time of administration and the signature of the person administering the dose.

Article 4. Administration

§ 73908. Applicant—General Duties.

- (a) The applicant shall comply with waiver requirements and be responsible for the organization, management, operation and control of the facility. The delegation of any authority shall not relieve the licensee of his/her responsibility.
- (b) A licensee may act as the administrator, if he/she meets the specifications of Section 73802, or shall appoint a qualified administrator to carry out the policies of the licensee. The licensee shall delegate to the designated administrator the authority in writing to organize and carry out the day-to-day functions of the facility.
- (c) If the administrator is to be absent for more than ten (10) consecutive days, the applicant shall appoint another qualified administrator to carry out the day-to-day functions of the facility.
- (d) No applicant, administrator, employee or representative thereof shall act as payee, guardian or conservator of any client's person or estate.
- (e) The Department may require a facility to provide additional professional, administrative and support personnel when the Department determines through a written evaluation that additional staff is essential to provide for the developmental growth, health and/or safety of clients.

- (f) If a language or communication barrier exists between facility staff and a client, arrangements shall be made for an interpreter or for the use of other mechanisms to ensure communication between the client and the personnel.
- (g) At least one staff member, who is able to effectively communicate with emergency service personnel in the English language, must be in the facility when clients are present.

§ 73909. Consumer Information to Be Posted.

The following consumer information shall be posted in the facility in a prominent location accessible to public view:

- (a) A listing of all services and special programs provided in the facility and those provided through written agreement.
- (b) A notice that the facility's written admission and discharge policies are available upon request.
- (c) The most recent licensing visit report supported by the related follow-up visit reports.
- (d) A statement that an action to revoke the facility's license is pending, if such an action has been initiated by the filing of an accusation, pursuant to Section 11503 of the Government Code, and the accusation has been served on the applicant.
- (e) Clients' rights as required by Section 4503, Welfare and Institutions Code and Section 50520, Title 17, California Code of Regulations.

§ 73910. Client Transfer Procedures.

- (a) The facility shall maintain written transfer agreements with one or more general acute care hospital(s) to make the services of those facilities accessible to clients as needed and to facilitate the expeditious transfer of clients and essential client information.
- (b) Except in an emergency, prior to the transfer of a client to a general acute care hospital, the following shall be entered into the unit client record by the qualified mental retardation professional or licensed nursing personnel.
 - (1) The date, time, condition of the client and a written statement of the reason for the transfer.
 - (2) Prior written consent of the client, parent of a minor or authorized representative.
 - (c) Complete and accurate client information, in sufficient detail to provide for continuity of care, shall be transferred with the client at the time of transfer.

§ 73911. Bed Hold.

- (a) If a client of an intermediate care facility/developmentally disabled-nursing is transferred to a general acute care hospital as defined in Section 12509a) of the Health and Safety Code, the facility shall afford the client a bed hold of seven (7) days, which may be exercised by the client or the client's representative.

- (1) Upon transfer to a general acute care hospital, the client or the client's representative shall notify the facility within twenty-four (24) hours after being informed of the right to have the bed held, if the client desires the bed-hold.
- (2) Except as provided in Section 51535.1, Title 22, California Code of Regulations, any client who exercises the bed-hold option shall be liable to pay reasonable charges, not to exceed the client's daily rate for care in the facility, for bed-hold days.
- (3) If the client's attending physician notifies the facility in writing that the client's stay in the general acute care hospital is expected to exceed seven (7) days, the facility shall not be required to maintain the bed-hold.
- (b) Upon admission of the client to the facility and upon transfer of the client to a general acute care hospital, the facility shall inform the client, or the client's representative, in writing, of the right to exercise this bed hold provision. The notice shall include information that a non-Medi-Cal eligible client will be liable for the cost of the bed-hold days, and that insurance may or may not cover such costs.
- (c) A licensee who fails to meet these requirements shall offer to the client the next available bed appropriate for the client's needs. This requirement shall be in addition to any other remedies provided by law.

§ 73912. Use of Outside Resources.

- (a) If required services specified within Sections 73856 through 73907 are rendered by a nonemployee, such required services must be rendered pursuant to a written contract between the facility and appropriate qualified personnel.
- (b) Copies of written contracts for advice, consultation, services, training or transportation, with other facilities, organizations, individuals, or public or private agencies, shall be on file in the facility's administrative offices and shall be reviewed and revised as needed.
- (c) Written contracts with nonemployees shall be subject to inspection and review by the Department.
- (d) The written contract shall:
 - (1) Specify the responsibilities, functions, objectives and other terms agreed to by the facility and the qualified professional.
 - (2) Include documentation of the qualifications of the professional.
 - (3) Be signed by the administrator and the qualified professional.
 - (d) The licensee shall require the nonemployee professional, through the written contract, to apprise the administrator of problems in the facility or its program which may require administrative intervention.

§ 73913. Smoking.

- (a) Clients and staff shall be permitted to smoke only in designated areas. Smoking shall not be permitted in client bedrooms.
- (b) "No Smoking" signs shall be prominently displayed in any room where oxygen cylinders are in use or stored.

§ 73914. Administrator.

- (a) An administrator who does not have qualified mental retardation professional responsibilities shall not be responsible for more than a total of forty-five (45) intermediate care facility/developmentally disabled-nursing beds. The facilities shall be within thirty (30) minutes surface travel time of each other.
- (b) An administrator who has qualified mental retardation professional responsibilities shall not be an administrator of more than a total of eighteen (18) intermediate care facility/developmentally disabled-nursing beds. The facilities shall be within thirty (30) minutes surface travel time of each other.
- (c) The administrator shall provide a minimum of one (1) hour of service per week per client to permit attention to the management and administration of the facility. The Department may require that the administrator spend additional hours in the facility whenever the Department determines through a written evaluation that such additional hours are essential to provide necessary administrative management.
- (d) The responsibilities of the administrator include, but are not limited to, the following:
 - (1) Personnel administration, including the recruitment of direct-care staff.
 - (2) Maintaining and monitoring contracts for professional consultant staff and required health service support agencies in accordance with Section 73912.
 - (3) Assuring facility compliance with federal, state and local laws and regulations governing the operation of such facility.
 - (4) Developing and maintaining facility policies and procedures as specified in Section 73917.
 - (5) Reporting unusual occurrences as specified in Section 73924.
 - (6) Participating in the screening process when admitting clients to the facility.
 - (7) Reviewing client and employee incident and accident reports and taking appropriate corrective action within a reasonable period of time, but no more than thirty (30) days from the date of the incident or accident.
 - (8) Ensuring nondiscrimination in the delivery of facility services and employment.
 - (9) Providing for the proper fiscal administration of client money and valuables in accordance with Section 73932.
 - (10) Participation on the facility Human Rights Committee pursuant to subsection 73918(c)(l).

§ 73915. Advertising.

No facility shall make or disseminate false or misleading statements, or advertise false claims regarding facilities and services provided or use the words "Approved by the California Department of Health Services" or use any words conveying the impression of approval by the Department in any advertising material.

§ 73916. Admission of Clients.

The licensee shall:

- (a) Accept and retain only those developmentally disabled clients whose active treatment and health care needs can be met by the facility under the provisions of these regulations.

- (b) Admit only clients who have had comprehensive medical, social, and psychological evaluations as required by Section 51343.2(i), Title 22, CCR.

§ 73917. Policies and Procedures.

- (a) Each facility shall establish and implement the following policies and procedures.
 - (1) The overall philosophy, objectives and goals the facility is striving to achieve shall include, but not be limited to.
 - (A) The facility's role in the comprehensive plan as established by the State Council on Developmental Disabilities
 - (B) The facility's goals for its clients.
 - (C) The facility's concept of its relationship to the parent of the clients or to their legal representatives.
 - (2) Personnel policies which include:
 - (A) Job descriptions detailing qualifications, duties and limitations of each classification of employee.
 - (B) Procedures for employee orientation to the facility, their duties, the client population served and the facility's policies and procedures.
 - (C) Procedures, consistent with due process, for suspension and/or dismissal of an employee for cause.
 - (D) A plan for at least an annual evaluation of employee performance.
 - (3) Policies and procedures on client admission, leave of absence, transfer and discharge which shall include rate of charge for services included in basic rate, charges for extra services, limitation of services, cause of termination of services and refund policies applying to termination of services.
 - (4) Policies and procedures which provide for counseling families and legal representatives who request release of a client from the facility. The advantages and disadvantages of such discharge shall be included.
 - (5) Policies and procedures assuring that admission, treatment or discharge of a client shall not be made on the basis of race, color, religion, ancestry or national origin.
 - (6) Written policies and procedures governing the client record service, record maintenance, access to, duplication of, and release of information from unit client records. These policies and procedures shall be developed and implemented with the assistance of a registered record administrator or an accredited record technician.
 - (7) A policy and procedure establishing an ongoing program of open and honest communication with the clients and families and/or authorized representative as follows:
 - (A) The facility shall have a written plan for informing families or authorized representatives of significant changes in the client's condition and of activities related to the clients that may be of interest to them and to assure that communications to the facility from client's families or representatives be promptly and appropriately handled and answered.
 - (B) Policies and procedures to assure that parents and authorized representatives are permitted to visit all parts of the facility that provide services to clients.

- (C) Frequent and informal visits home shall be encouraged, and the policies of the facility shall facilitate rather than inhibit such visits.
- (8) A procedure by which allegations of client abuse are immediately reported to the administrator. Such procedures shall assure that:
 - (A) All alleged violations are thoroughly investigated.
 - (B) The results of the investigation are reported to the administrator within twenty-four (24) hours of the report of the incident.
 - (C) Substantiated instances of client abuse are reported to the Department and to the client's regional center by telephone within twenty-four (24) hours of the report of the incident, and confirmed in writing within ten (10) working days.
 - (D) Appropriate action is taken by the administrator when the allegation is substantiated.
- (9) A written policy to assure that clients are protected from exploitation when they are engaged in work that benefits the facility. The policy shall assure all work programs are included in the client's individual service plan and have specific goals and objectives.
- (10) Policies and procedures for reporting unusual occurrences, as required by Section 73924.
- (11) Policies and procedures for smoking by clients, staff and visitors.
- (12) Policies and procedures developed in concurrence with the local health officer to properly manage outbreaks or prevalence of infectious or parasitic disease or infestation and to correct such conditions.
- (13) Policies and procedures for the control of infections. This shall not be construed to require an infection control committee.
- (14) Nursing policies and procedures.
- (15) Pharmaceutical policies and procedures as specified in Section 73897.
- (16) Dietary policies and procedures as specified in Section 73885.
- (17) Policies and procedures to assure client equipment and valuables, are inventoried as required by Section 73928(e)(25) and that client's personal possessions are identified by label.
- (18) Policies and procedures that protect the financial interest of clients and provide for counseling in management of their funds.
 - (b) The facility shall have a written plan for a continuing management audit to ensure compliance with state laws and regulations and the effective implementation of its stated policies and procedures.
 - (c) The facility shall have a written organizational chart showing the major operating programs of the facility, with staff divisions, the administrative personnel in charge of the programs and divisions and their lines of authority, responsibility and communication.
 - (d) All policies and procedures required by this section shall be in writing, made available upon request to clients or their agents, employees and the public, and shall be carried out as written. Policies and procedures shall be reviewed at least annually, and revised as needed.

§ 73918. Human Rights Committee.

- (a) Each facility shall establish and maintain a Human Rights Committee which shall be responsible for assuring that client rights as specified in the Welfare and Institutions Code, Sections 4502 through 4505 and Sections 50500 through 50550, Title 17, California Code of Regulations are safeguarded.
- (b) Minutes of every committee meeting shall be maintained in the facility and shall include the names of members present, date, subject matter discussed and actions taken.
- (c) Composition of the committee shall consist of at least the administrator, a qualified mental retardation professional, a registered nurse, a client advocate from the Regional Center, and with the consent of the client or when otherwise permitted by law, a client representative and/or developmentally disabled person, a parent or a community representative and may include a member from the Local Area Board on Developmental Disabilities.
- (d) The committee shall meet at least quarterly.
- (e) The function of the human rights committee shall include:
 - (1) Development of policies and procedures to assure and safeguard the clients' rights listed in the Welfare and Institutions Code, Sections 4502 through 4505 and Sections 50500 through 50550, Title 17, California Code of Regulations.
 - (2) Document and participate in developing and implementing relevant in-service education programs.
 - (3) Review treatment modalities used by the facility where client human rights or dignity are affected.
 - (4) Review and approve at least annually, all behavior management programs. For those client programs utilizing restrictive procedures, as specified in Section 73870(c)(5)(C), the minutes of the Human Rights Committee shall reflect an examination of all previous treatment modalities used and shall document that the current program represents the least restrictive treatment alternative.

§ 73919. Client's Rights.

Each client shall be afforded those rights as specified in Sections 4502 through 4505 of the Welfare and Institution Code and Sections 50500 through 50550, Title 17, California Code of Regulations.

§ 73920. Employees' Health Examination and Health Records.

- (a) The license and all employees working in the facility shall have a health examination within six (6) months prior to employment or within fifteen (15) days after employment and at least annually thereafter by a person lawfully authorized to perform such examinations. Each such examination shall include a medical history, physical evaluation and laboratory tests as indicated. The health examination report, signed by the examiner, shall indicate that the individual is sufficiently free of disease to perform assigned duties and does not have any health condition that would create a hazard for the employee, fellow employees, visitors or clients.
- (b) At the time of employment and annually thereafter, testing for tuberculosis shall be performed using a purified protein derivative intermediate strength intradermal

skin test. If a positive reaction is obtained from the skin test, the employee shall be referred to a physician to determine if a chest X-ray or other follow-up care is necessary.

- (c) The facility shall maintain a health record of the administrator and each employee which includes reports of all required health examinations.
- (d) Employees known to have or exhibiting signs or symptoms of a communicable disease shall not be permitted to work until they submit a physician's certification that they are sufficiently free of the communicable disease to return to their assigned duties.

§ 73921. Employee Personnel Records.

- (a) All facilities shall maintain confidential employee records on all personnel. The record shall include the employee's full name. Social Security number, verification of currency of professional license, registration or certification number, if any, employment classification, information as to past employment and qualifications, date of beginning employment and date of termination and employment and performance evaluations. Such records shall be made available to the Department upon request within one (1) working day.
- (b) Records of hours and dates worked by all employees during at least the most recent twelve month period shall be kept on file at the place of employment or at a central location within the State of California. Such records shall be made available to the Department upon request within one (1) working day.

§ 73922. Communicable Disease.

A person with a clinically active communicable disease that is required to be reported by Title 17, California Code of Regulations, Section 2500, shall not be admitted as a client.

§ 73923. Reporting of Communicable Disease.

All reportable cases of communicable diseases shall be reported to the local health officer in accordance with Section 3125 of the Health and Safety Code.

§ 73924. Unusual Occurrences.

- (a) Occurrences such as, but not limited to, epidemic outbreaks of any disease, prevalence of communicable disease, whether or not such communicable disease is required to be reported by Title 17, California Code of Regulations, Section 2500, or infestation by parasites or vectors, poisonings, fires, major accidents, deaths from unnatural causes or other catastrophes which threaten the safety or health of clients, personnel or visitors or which the facility reports to its insurer are deemed to be unusual occurrences and shall be reported by the facility within twenty-four (24) hours either by telephone, with written confirmation within ten (10) calendar days, or by telegraph to the local health officer and the Department.
- (b) In the event of any unusual occurrence, each client's parent, guardian, legal representative and regional center shall be notified immediately.
- (c) An unusual occurrence report shall be retained on file by the facility. The facility shall furnish such other pertinent information related to such occurrences as the

local health officer or the Department may require. Every fire or explosion which occurs in or on the premises shall be reported within twenty-four (24) hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshal.

§ 73925. Admission Contract.

- (a) Each facility shall have a written admission contract with each client or client's authorized representative. Such a contract shall be completed prior to or at the time of admission. It shall be dated and signed by the licensee or licensee's authorized representative, the client, if possible, and the client's authorized representative and the placement agency, if a party to the contract. A new contract shall be signed if there is any change in the terms of the original admission contract. A signed copy of the admission contract shall be provided to the client or the client's authorized representative and the placement agency, if any. A signed copy of the admission contract shall be retained in the unit client record.
- (b) The contract shall specify:
 - (1) Services to be provided by the facility.
 - (2) Rate of charge for services.
 - (3) When and by whom payment shall be made.
 - (4) Conditions for modification of the agreement, including provisions for at least thirty (30) days prior written notice of any rate change. For the client whose care is funded at rates prescribed by government funded programs, the agreement may specify that the facility's rate may be changed effective on the operative date of any rate change made in that program.
 - (5) Conditions under which refunds are made, and the time period within which they are made.
 - (6) Conditions under which the agreement may be terminated.
 - (7) That no client shall be summarily discharged by the licensee unless the client is clearly engaged in behavior which is a threat to property or to the safety of others in the facility.
- (c) Prior to any discharge, the client's authorized representative or placement agency, if any, shall be notified to coordinate transition to a new setting.
- (d) A written report of any client being summarily discharged shall be sent to the Department's local Licensing and Certification District Office within five (5) calendar days.

§ 73926. Unit Client Records.

- (a) The unit client record shall provide for the collection, organization and confidentiality of client information.
- (b) Unit client records shall be kept current and complete in detail consistent with good medical and professional practice based on the service provided to each client.
- (c) All required records, either originals or accurate reproductions shall be maintained in a legible form and promptly available for inspection and copying

upon the request of all authorized users and any authorized employee or agent of the Department.

- (d) All current clinical information related to the client's individual service plan shall be centralized in the individual's unit client record. It shall be kept in the facility in which the client resides and immediately available to direct-care staff. Inactive records or thinned portions of the active unit client record shall be securely stored in the facility or an off-site area approved by the Department.
- (e) The unit client record may be temporarily removed from the facility to accompany a client for clinical or other professional appointments subject to the provisions of subsection (g).
- (f) Unit client record storage areas shall be clean and protect the information from loss, destruction, or defacement by fire, flood, humidity, insects or unauthorized access.
- (g) Information contained in the unit client records, including information contained in an automated data bank, shall be considered confidential and shall be protected from unauthorized access or use and released only to authorized persons in accordance in accordance with federal and state laws and regulations.
- (h) Unit client records shall be retained for seven (7) years from the last date of service, except for records of minors, which shall be kept at least three (3) years after the client has reached the age of eighteen (18) and, in any case, not less than seven (7) years.
- (i) The unit client record is the property of the facility and shall be maintained for the benefit of the client, the interdisciplinary professional staff/team and the facility.
- (j) The Department shall be informed within three (3) business days prior to any cessation of a facility's operation of the arrangements made for the safe preservation of the unit client's records.
- (k) The Department shall be informed in writing within three (3) business days whenever unit client records are defaced or destroyed before the termination of the required retention period.
- (l) If the ownership of the facility changes, both the licensee and the applicant for the new license shall, prior to the change of ownership, provide the Department with written documentation stating:
 - (1) That the new licensee will have custody of the unit client records and these records will be available to the former licensee, the new licensee and other legally authorized persons; or
 - (2) That other arrangements have been made by the current licensee for the safe preservation and the location of the unit client records, and that they are available to both the new and former licensees and other legally authorized persons; or
 - (3) The reasons for the unavailability of the records.
- (m) The facility shall maintain a perpetual alphabetical index of all clients which includes at least:
 - (1) Identifying data;
 - (2) Dates of admission and discharge;
 - (3) Current location of all records.

§ 73927. Admission Records.

A Facility shall complete an admission record for each client which shall include the following:

- (a) Client's name
- (b) Social Security number or other identifying number
- (c) Current address
- (d) Age, date and place of birth
- (e) Sex
- (f) Diagnosis
- (g) Allergies
- (h) Marital status
- (i) Date of admission
- (j) Date of discharge
- (k) Name, address and telephone number of next of kin, guardian, conservator, or authorized representative or agency responsible for the client.
- (l) Name, address and telephone number of attending physician and his or her alternate physician.
- (m) Medicare and Medi-Cal number(s), if applicable.
- (n) Reason for admission or referral problem
- (o) Type and legal status of admission
- (p) Legal competency status
- (q) Language(s) spoken or understood
- (r) Religious affiliation or preference
- (s) Citizenship
- (t) Parents' marital status
- (u) Father's name and birthplace
- (v) Mother's maiden name and birthplace
- (w) Color of eyes, identifying marks and recent photographs.
- (x) Source(s) of income, including social security, veteran's benefits and insurance.

§ 73928. Content of Unit Client Record.

- (a) Each unit client record shall contain all information necessary to develop and evaluate the individual service plan; to document the client's progress and response to the plan, and to protect the legal rights of the client, the staff and the facility.
- (b) The unit client record entries shall be completed promptly at the conclusion of each required service or professional visit or as specified elsewhere in these regulations and:
 - (1) Verbal orders shall be signed by the prescriber as specified in Section 73898(d)(2).
 - (2) Unit client records of discharged clients shall be completed within thirty (30) days.
- (c) All entries in the unit client record shall be authenticated with the author's name, professional or job title, and the date and time of the entry.

- (d) All entries and reports in the unit client record shall be permanent and capable of being photocopied. Entries shall be legibly handwritten in ink, typewritten or electronically recorded.
- (e) The unit client record shall contain:
 - (1) Admission record as required by Section 73927
 - (2) Client assessment as follows:
 - (A) Medical, social and psychological evaluations as required by Section 73916(b).
 - (B) Review and update of initial assessments as required by Section 73861(a)(1).
 - (C) Interdisciplinary professional staff/team assessment as required by Section 73861(a)(2).
 - (D) Nursing evaluation/assessment of health status as required by Section 73876.
 - (E) Assessment of bowel and bladder functions as required by Section 73867(m)(1).
 - (F) Recreational interests as required by Section 72831(a)(3).
 - (G) Assessment of behavior, if applicable, as required by Section 73884(b)(4).
 - (3) Physical examination as required by Section 73831(a)(3).
 - (4) Dental examination as required by Section 73882(a).
 - (5) Integrated and coordinated individual service plan developed by the interdisciplinary professional staff/team with input from direct-care staff. It shall contain elements as required by Section 73862.
 - (6) Recreational activity plan as required by Section 73865(b).
 - (7) Health care plan as required by Section 73876(a)(2).
 - (8) Measures to prevent decubitus ulcers, contractures and deformities as required by Section 73865(k).
 - (9) Bowel and bladder training plan, if applicable, as required by Section 73867(m).
 - (10) Behavior management plan, if applicable, as required by Section 73861(a)(10).
 - (11) Discharge plan, when anticipated, as required by Section 73861(a)(10).
 - (12) Review and update of the individual service plan as required by Sections 73859(a)(11)(C), 73860(b)(3), and 73867(a)(3).
 - (13) Progress notes as required by Sections 73862(a)(9), 73869(a)(4), 73870(c)(5)(A) through (D), 73875(d), and 73882(e).
 - (14) Notification to the practitioner who ordered the drug of medication errors and adverse reactions as required by Section 73877(h).
 - (15) Dental records as required by Sections 73882(a) and 73882(e).
 - (16) Medication history as required by Section 73896(a)(4).
 - (17) All diagnostic and therapeutic prescriptions including diet and medications, as required by Sections 73866(b), 73869(a)(1), 73875(e), 73887, and 73888.
 - (18) Medication and treatment administration records as required by Section 73877(b).
 - (19) Weight and height records as required by Section 73867 (h) and (i).
 - (20) Vital signs and other flow sheet records, if ordered.
 - (21) Restraint records as required by Section 73869(a)(4), (6), and (7).
 - (22) Developmental, medical and psychiatric diagnoses comprised of all admitting, concurrent and discharge conditions, including allergies.
 - (23) Discharge summary of treatment, including goals achieved and not achieved, and health care treatment prepared by the responsible practitioners.
 - (24) Consent(s) to treatment.

- (25) An inventory made upon admission and discharge of all client's valuables. The inventory list shall be signed by a representative of the facility and the client or the client's authorized representative with one (1) copy retained by each. The inventory list shall include but not be limited to the following:
- (A) Items of jewelry
 - (B) Items of furniture
 - (C) Radios, televisions, and other appliances
 - (D) Prosthetic devices
 - (E) Items of Clothing
 - (F) Other valuable items so identified by the client, client's parents or authorized representative.

§ 73929. External Disaster and Mass Casualty Plan.

- (a) A written external disaster and mass casualty plan shall be adopted. The plan shall be developed with the advice and assistance of county or regional local planning offices and shall not conflict with county and community disaster plans. A copy of the plan shall be available on the premises for review by the Department.
- (b) The plan shall specify the procedures to be followed in event of community and widespread disasters. The written plan shall include at least the following:
- (1) Sources of emergency utilities and supplies, including gas, electricity, water, food and essential medical and supportive materials.
 - (2) Procedures for assigning personnel and recalling off-duty personnel.
 - (3) A chart of lines of authority in the facility.
 - (4) Procedures for conversion of all usable space in client activity areas for immediate care of emergency admissions.
 - (5) Procedures for moving clients from damaged areas of the facility to undamaged areas.
 - (6) Procedures for emergency transfer of clients who can be moved to other health facilities.
 - (7) Procedures for emergency discharge of clients who can be discharged without jeopardy into the community, including prior arrangements for their care, provision for transportation and twenty-four (24) hour follow-up to ascertain that the clients are receiving their required care.
 - (8) Procedures for maintaining a record of client relocation.
 - (9) An evacuation plan, including evacuation routes, emergency phone numbers of physicians, health facilities, the fire department and local emergency medical services agencies.
 - (10) A procedure to assure that all pertinent personal and medical information shall accompany each client who is moved, transferred, discharged or evacuated.
 - (11) Procedures for maintaining security in order to keep relatives, visitors and curious persons out of the facility during a disaster, if necessary.
- (c) The plan shall be brought up to date at least annually and all personnel shall be instructed in its requirements. There shall be evidence in the personnel files indicating that all new employees have been oriented to the plan and procedures as specified by Section 73874(b)(1)(F).

- (d) The facility shall conduct a disaster drill at least once a year. There shall be a written report of the drill.

§ 73930. Fire and Internal Disasters.

- (a) A written fire and internal disaster plan shall be developed with the assistance of qualified fire, safety and other appropriate experts. A copy of the plan shall be available on the premises for review by the Department.
- (b) The written plan shall include at least the following:
 - (1) Procedures for the assignment of personnel to specific tasks and responsibilities.
 - (2) Procedures for the use of alarm systems and signals.
 - (3) Procedures for fire containment.
 - (4) Procedures for notification of the fire department, facility administrator, off-duty facility staff and the Department, including a list of such person's names and telephone numbers.
 - (5) Location of fire-fighting equipment.
 - (6) Procedures for evacuation and specification of evacuation routes.
 - (7) Procedures for moving clients from damaged areas of the facility to undamaged areas.
 - (8) Procedures for emergency transfer of clients who can be moved to other health facilities.
 - (9) Procedures for emergency discharge of clients who can be discharged without jeopardy into the community, including prior arrangements for their care, provision for transportation and a twenty-four (24) hour follow-up to ascertain that the clients are receiving their required care.
 - (10) A procedure to assure that all pertinent personal and medical information shall accompany each client who is moved, transferred, discharged or evacuated.
 - (11) Procedures for maintaining a record of client relocation.
- (c) Fire and internal disaster drills shall be held quarterly under varied conditions for each individual shift of facility personnel.
- (d) Actual client evacuations shall be held at least three times a year, once on each shift.
- (e) A dated written report and evaluation of each drill and rehearsal shall be maintained.
- (f) The evacuation plan shall be posted throughout the facility and shall include at least the following:
 - (1) Evacuation routes
 - (2) Location of fire extinguishers.
 - (3) Location of fire alarms
 - (4) Telephone number of the local fire department.

§ 73931. Disruption of Services.

Each facility shall develop a written plan to be used if a discontinuance or disruption of service occurs. Such services include, but are not limited to, provision of utilities, food, laundry, and employee services (strikes).

§ 73932. Safeguards for Client Money and Valuables.

- (a) Each facility to which a client's money or valuables have been entrusted shall comply with the following:
 - (1) No licensee shall mingle clients' monies or valuables with that of the licensee or the facility. Clients' monies and valuables shall be maintained separately, intact and free from any liability that the licensee incurs in the use of the licensee's or the facility's funds and valuables. The provisions of this section shall not be interpreted to preclude prosecution for the misappropriation of clients' monies or valuables as theft, as defined by Section 484 of the Penal Code.
 - (2) Each licensee shall maintain adequate safeguards and accurate records of client money and valuables entrusted to the licensee's care, including the maintenance of a detailed inventory.
 - (A) Records of clients' monies which are maintained as a drawing account shall include a control account for all receipts and expenditures, supporting vouchers and receipts for all expenditures of monies and valuables entrusted to the licensee, and an account for each client and supporting vouchers filed in chronological order. Each account shall be kept current with columns for debits, credits and balances. All of these records shall be maintained at the facility for a minimum of three (3) years from the date of transaction. At no time may the balance in a client's drawing account be less than zero.
 - (B) Records of clients' money and other valuable entrusted to the licensee for safekeeping shall include a copy of the receipt furnished to the client or to the client's authorized representative.
 - (3) Client money shall be kept within the facility in a fireproof safe or deposited in a non-interest bearing demand trust account at a local bank authorized to do business in California, the deposits of which are insured by the Federal Deposit Insurance Corporation or in a federally insured bank or savings and loan association under a plan approved by the Department. All banking records related to these funds, including but not limited to, deposit slips, checks, cancelled checks, statements and check registers, shall be maintained in the facility for a minimum of three (3) years from the date of transaction. Identification as a client trust fund account shall be clearly printed on each client's trust account checks and bank statements.
 - (4) A separate list shall be maintained for all checks from client accounts which were returned uncashed to the account within the preceding three (3) years.
 - (5) Expenditures from a client's account shall only be for the immediate benefit of that particular client. No more than one month's advance payment for care may be received from a client's account.
 - (6) A person, firm, partnership, association or corporation which is licensed to operate more than one facility shall maintain a separate demand trust account as specified in (3) above for each facility. Records relating to these accounts shall be maintained at each facility as specified in (2) above. Client funds shall not be comingled with another facility.
 - (7) Upon discharge of a client, all money and valuables of that client which have been entrusted to the licensee shall be surrendered to the client or authorized representative in exchange for a signed receipt. Money and valuables kept

within the facility shall be surrendered upon discharge and those kept in a demand trust account shall be made available within three (3) banking days. Upon discharge, the client or authorized representative shall be given a detailed list of the client's valuables as required by Section 73928(e)(25) and a current copy of the debits and credits of the client's money.

- (8) Within thirty (30) days following the death of a client, except in a coroner or medical examiner's case, all money and valuables of that client which have been entrusted to the licensee shall be surrendered to the executor, the administrator or guardian of the client's estate in exchange for a signed receipt, or to any person or that person's authorized representative having the right by law to succeed to the decedent's property, upon presentation of a statement signed under penalty of perjury declaring such person's right to receive the property. Whenever a client without known heirs dies, immediate written notice shall be given by the facility to the public administrator of the country as specified by Section 1145 of the Probate Code and a copy of the notice shall be filed with the Department.
- (9) Upon a change of ownership of a facility, an audit by a public accountant of all client money, which is being transferred to the custody of the new owners, shall be obtained by the new owner in exchange for a signed receipt.
- (10) Upon closure of a facility, an audit by a public accountant of all clients' money shall be submitted to the Department and such money shall be transferred with each client.

Article 5. Physical Plant

§ 73933. Notice to Department.

The Department shall be notified, in writing, by the owner of licensee of the facility at least thirty (30) days before the commencement of any construction, remodeling or alterations to such facility.

§ 73935. Client Capacity.

- (a) A facility shall not have more clients or beds set up for use than the number for which it is licensed except in case of emergency when temporary permission may be granted by the Director or designee.
- (b) Clients shall not be housed in areas which have not been approved by the Department for client housing and which have not been given a fire clearance by the State Fire Marshal except in an emergency as provided in subsection (a) above.
- (c) The number of licensed beds shown on a license shall not exceed the number of beds for which the facility meets applicable construction and operational requirements.

§ 73936. Client Rooms.

- (a) Client rooms shall not be locked or held closed by any means.
- (b) Only upon the written approval of the Department may an exit door, corridor door, yard enclosure or perimeter fence be locked to egress.

- (c) Room approved by the State Fire Marshal, or designee, for ambulatory clients only shall not accommodate nonambulatory clients; however this does not prohibit the mixing of ambulatory and nonambulatory clients according to their developmental needs, as long as such room assignment is consistent with the fire clearance.

§ 73937. Client Room Furnishings.

- (a) The following furnishing shall be provided for each client:
 - (1) A separate bed of size and height to meet the individual needs of the client.
 - (2) A clean, comfortable mattress.
 - (3) Bedding appropriate for the weather and climate and in good repair.
 - (4) Furniture appropriate to the client's needs, which may include but is not limited to, a chair, chest of drawers and the table or desk.
- (b) The facility shall permit each client to bring some personal furniture from home.

§ 73938. Provision for Privacy.

Visual privacy for each client shall be provided in client bedrooms, bathtub, shower and toilet room.

§ 73939. Telephone.

A telephone shall be available to clients for private conversations.

§ 73940. Housekeeping.

- (a) Each facility shall routinely clean articles and surfaces such as furniture, floors, walls, ceilings, supply and exhaust grills and lighting fixtures.
- (b) There shall be written routines and procedures specifying daily, weekly and monthly cleaning schedules, for all areas of the facility.
- (c) There shall be cleaning supplies and equipment available to meet the needs of the facility.
- (d) Clients shall not have access to cleaning supplies and equipment unless so specified in the client's individual service plan.
- (e) The interior of the facility shall be maintained in a safe, clean, orderly and attractive manner free from offensive odors.
- (f) Closets, sinks and storage areas shall be maintained to meet the needs of the facility.

§ 73941. Laundry Services.

- (a) Laundry services shall be provided in quantities sufficient that daily clothing and linen needs are met without delay.
- (b) A supply of clean bed linen, wash cloths and towels shall be available to meet the needs of each client.
- (c) When a facility does its own laundry on the premises, the laundry area shall be:
 - (1) In compliance with Section 2-1013B, Part 6, title 24, California Code of Regulations.
 - (2) Clean and sanitary.
 - (3) Provided with laundry equipment of suitable capacity and kept in good repair.

§ 73942. Soiled Linen and Clothing.

- (a) Soiled linen and clothing shall be handled, stored and processed in a manner that will prevent the spread of infection.
- (b) Soiled linen and clothing shall be sorted by methods affording protection from contamination.
- (c) Soiled linen and clothing shall be stored in a closed container which does not permit airborne contamination of hallways and areas occupied by clients and which precludes cross contamination of clean linen.

§ 73943. Clean Linen and Clothing.

- (a) Clean linen and clothing shall be sorted, handled and transported in a way that precludes cross contamination.
- (b) Clean linen and clothing shall be stored in clean rooms, alcoves or closets.
- (c) Linen and clothing shall be maintained in good repair.

§ 73944. General Maintenance.

- (a) The facility, including grounds, shall be maintained in a clean and sanitary condition and in good repair at all times.
- (b) Buildings shall be free of pests and pollutants such as excessive noise, vermin, flies and other insects which may adversely affect the health or welfare of clients.

§ 73945. Storage and Disposal of Solid Wastes.

- (a) Solid wastes shall be stored and eliminated in a manner to preclude the transmission of communicable disease. These wastes shall not be a nuisance or a breeding place for insects or rodents nor be a food source for either.
- (b) Solid waste containers shall be stored and located in a manner that will prevent odors from entering client areas.

§ 73946. Solid Waste Containers.

- (a) All containers used for storage of solid wastes, shall have tight fitting covers in good repair, external handles and shall be leak proof and rodent proof.
- (b) All containers receiving putrescible wastes shall be emptied at least every four (4) days or more often if necessary.
- (c) Solid waste containers shall be thoroughly washed and cleaned each time they are emptied unless soil contact surfaces have been completely protected from contamination by disposable liners, bags or other devices removed with the waste.

§ 73947. Infectious Waste.

Infectious waste, as defined in Health and Safety Code, Section 25117.5 shall be handled and disposed of in accordance with the Hazardous Waste Control Law, Chapter 6.5, Division 20, Health and Safety Code (beginning with Section 25100), and the regulations adopted thereunder beginning with Section 66835, Title 22, CCR.

§ 73947.1. Oxygen Handling and Storage.

- (a) Provision shall be made for the safe handling and storage of oxygen.
- (b) Transfer of oxygen by facility personnel from one cylinder to another shall not be permitted.

§ 73948. Water Supply and Plumbing.

- (a) Where water for human consumption is from an independent source, it shall be subjected to bacteriological analysis by the local health department, the Department or a licensed commercial laboratory at least every three (3) months. A copy of the most recent laboratory report shall be available for inspections by the Department.
- (b) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by clients to attain a hot water temperature in compliance with Section 5-10(b), Part 5, Title 24, CCR.
- (c) Special precautions shall be taken to prevent the scalding of clients.
- (d) Grab bars shall be maintained at toilets, bathtubs and showers as needed by clients.
- (e) Toilet, hand washing and bathing facilities shall be maintained in operating conditions.

§ 73949. Lighting.

Provision shall be made for adequate and comfortable lighting levels in all areas.

§ 73950. Mechanical Systems.

- (a) Heating, air conditioning and ventilating systems shall be maintained in normal operating condition to provide a comfortable temperature.
- (b) Temperature and humidity shall be maintained within a normal comfort range by heating, air conditioning or other means. The heating apparatus employed shall not constitute a burn hazard to the client.

§ 73951. Screens.

Screens shall be provided as required by Section 2-1007A, Part 2, Title 24, CCR.

§ 73952. Storage.

Facilities shall maintain general storage areas in accordance with Section 2-1010B(a) and (b), Title 24, CCR.

§ 73953. Space.

All spaces located in the facility or internally connected to a licensed facility shall be considered part of the facility and subject to licensing regulations.

§ 73954. Pest Control Program.

The facility shall be maintained free from insects and rodents through operation of a pest control program. The pest control program shall include the main client building, all outbuildings on the property and all adjacent grounds.

Article 6. Violations and Civil Penalties

§ 73955. Definitions.

The following definitions shall apply to this Article:

- (a) Substantial probability means that the likelihood of an event is real, actual, and not imaginary, insignificant or remote.
- (b) Serious physical harm means that type of dangerous bodily injury, illness or condition in which:
 - (1) A part of the body would be permanently removed, rendered functionally useless or substantially reduced in capacity, either temporarily or permanently and/or
 - (2) An internal function of the body would be inhibited in its normal performance to such a degree as to temporarily or permanently cause a reduction in physical or mental capacity or short life.
- (c) Direct relationship means one in which a significant risk or effect is created and does not include a remote or minimal risk or effect.
- (d) A class "C" violation is any violation of a statute or regulations relating to the operation or maintenance of any facility which the Department determines has only a minimal relationship to the health, safety or security of the facility clients. A class "C" violation is not subject to any monetary civil penalty. A notice of all such violations shall be issued and an appropriate plan of correction obtained at the time of completion of inspection.
- (e) Class "AA," "A," and "B" are those violations defined in Section 1424, Health and Safety Code.
- (f) "Willful material falsification" and "Willful material omission" are those violations defined in Section 1424, Health and Safety Code.

§ 73956. Filing of Names and Addresses.

- (a) The licensee of each facility shall file with the Department the address to which all notices concerning any class "AA," "A," or class "B" citations, or willful material falsification and willful material omission violations, may be served by mail.
- (b) Each licensee shall designate one or more persons who are authorized to accept, on the licensee's behalf, any citations or notices of violations to be served by any representative of the Department.
- (c) Each such licensee shall file with the Department the names and titles of those persons who are such designees of the licensee.
- (d) A written notice of any change in address of the facility's designee or of any change of designee shall be communicated, in writing, to the Department within ten (1) working days.