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#### **Authority**

The provisions of this Chapter 2600 issued under section 211 and Articles IX and X of the Public Welfare Code (62 P. S. §§ 211, 901—922 and 1001—1087), unless otherwise noted.

#### **Source**

The provisions of this Chapter 2600 adopted April 23, 2005, effective October 24, 2005, with the exception of § 2600.65(d) effective April 24, 2006, §§ 2600.19(g), 2600.64(a)(3) and 2600.68(b) effective October 24, 2006, and §§ 2600.122, 2600.130(e) and 2600.182 effective April 24, 2007, 35 Pa.B. 2499, 35 Pa.B. 2752 and 35 Pa.B. 5985, unless otherwise noted.

#### **Cross References**

This section cited in 55 Pa. Code § 20.82 (relating to written request for appeal).

### **GENERAL PROVISIONS**

#### **§ 2600.1. Purpose.**

(a) The purpose of this chapter is to protect the health, safety and well-being of personal care home residents.

(b) Personal care homes are designed to provide safe, humane, comfortable and supportive residential settings for adults who do not require the services in or of a licensed long-term care facility, but who do require assistance or supervision with activities of daily living, instrumental activities of daily living, or both. Residents who live in personal care homes that meet the requirements in this chapter will receive the encouragement and assistance they need to develop and maintain maximum independence and self-determination.

### § 2600.2. Scope.

(a) This chapter applies to personal care homes as defined in this chapter, and contains the minimum requirements that shall be met to obtain a license to operate a personal care home.

(b) This chapter does not apply to commercial boarding homes or to facilities operated by a religious organization exclusively for the care of clergy or other individuals in a religious profession.

### § 2600.3. Inspections and licenses.

(a) The Department will annually conduct at least one onsite unannounced inspection of each personal care home.

(b) A license will be issued to the legal entity by the Department if, after an investigation by an authorized agent of the Department, the requirements for a license are met.

(c) The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

### § 2600.4. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

*ADL—Activities of daily living*—The term includes eating, drinking, ambulating, transferring in and out of a bed or chair, toileting, bladder and bowel management, personal hygiene, securing health care, managing health care, self-administering medication and proper turning and positioning in a bed or chair.

*Abuse*—The occurrence of one or more of the following acts:

(i) The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.

(ii) The willful deprivation by the personal care home or its staff persons of goods or services which are necessary to maintain physical or mental health.

(iii) Sexual harassment, rape or abuse, as defined in 23 Pa.C.S. Chapter 61 (relating to protection from abuse).

(iv) Exploitation by an act or a course of conduct, including misrepresentation or failure to obtain informed consent which results in monetary, personal or other benefit, gain or profit for the perpetrator, or monetary or personal loss to the resident.

(v) Neglect of the resident, which results in physical harm, pain or mental anguish.

(vi) Abandonment or desertion by the personal care home or its staff persons.

*Adult*—An individual who is 18 years of age or older.

*Ancillary staff person*—An individual who provides services for the residents other than activities of daily living.

*Agent*—An individual authorized by the Department to enter, visit, inspect or conduct an investigation of a personal care home.

*Appropriate assessment agency*—An organization serving adults who are older or adults with disabilities, such as a county mental health/mental retardation agency, a drug and alcohol agency, an area agency on aging or another human service agency or an individual in an occupation maintaining contact with adults who are older and adults with disabilities, such as medicine, nursing or rehabilitative therapies.

*CAM—Complementary and alternative medications*—Practices, substances and ideas used to prevent or treat illness or promote health and well-being outside the realm of modern conventional medicine. Alternative medicine is used alone or instead of conventional medicine. Complementary medicine is used along with or in addition to conventional medicine.

*CPR*—Cardiopulmonary resuscitation.

*Commercial boarding home*—A type of residential living facility providing only food and shelter, or other services normally provided by a hotel, for payment, for individuals who require no services beyond food, shelter and other services usually found in hotel or apartment rental.

*Complaint*—A written or oral criticism, dispute or objection presented by or on behalf of a resident to the Department regarding the care, operations or management of a personal care home.

*Day*—Calendar day.

*Dementia*—A clinical syndrome characterized by a decline of long duration in mental function in an alert individual. Symptoms of dementia may include memory loss, personality change, chronic wandering and the loss or diminishing of other cognitive abilities, such as learning ability, judgment, comprehension, attention and orientation to time and place and to oneself.

*Department*—The Department of Public Welfare of the Commonwealth.

*Designated person*—An individual who may be chosen by the resident and documented in the resident's record, to be notified in case of an emergency, termination of service, personal care home closure or other situations as indicated by the resident or as required by this chapter. A designated person may be the resident's legal representative or an advocate.

*Designee*—A staff person authorized in writing to act in the administrator's absence.

*Direct care staff person*—A staff person who directly assists residents with activities of daily living, and instrumental activities of daily living and provides services or is otherwise responsible for the health, safety and well-being of the residents.

*Emergency medical plan*—A plan that ensures immediate and direct access to medical care and treatment for serious injury or illness, or both.

*Financial management*—

(i) A personal care service provided whenever the administrator serves as representative payee or as a guardian or power of attorney assigned prior to December 21, 1988, for a resident, or when a resident requests and receives assistance in budgeting and spending of the personal needs allowance.

(ii) The term does not include solely storing funds in a safe place as a convenience for a resident.

*Fire safety expert*—A member of a local fire department, fire protection engineer, Commonwealth-certified fire protection instructor, college instructor in fire science, county or Commonwealth fire school, volunteer trained and certified by a county or Commonwealth fire school, an insurance company loss control representative, Department of Labor and Industry building code inspector or construction code official.

*IADL—Instrumental activities of daily living*—The term includes the following activities when done on behalf of a resident:

- (i) Doing laundry.
- (ii) Shopping.
- (iii) Securing and using transportation.
- (iv) Managing finances.
- (v) Using a telephone.
- (vi) Making and keeping appointments.
- (vii) Caring for personal possessions.
- (viii) Writing correspondence.
- (ix) Engaging in social and leisure activities.
- (x) Using a prosthetic device.
- (xi) Obtaining and keeping clean, seasonal clothing.

*Legal entity*—A person, society, corporation, governing authority or partnership legally responsible for the administration and operation of a personal care home.

*License*—A certificate of compliance issued by the Department permitting the operation of a personal care home, at a given location, for a specific period of time, for a specified capacity, according to Chapter 20 (relating to licensure or approval of facilities and agencies).

*Long-term care ombudsman*—A representative of the Office of the State Long-Term Care Ombudsman in the Department of Aging who investigates and seeks to resolve complaints made by or on behalf of individuals who are 60

years of age or older who are consumers of long-term care services. These complaints may relate to action, inaction or decisions of providers of long-term care services, of public agencies, of social service agencies or their representatives, which may adversely affect the health, safety, well-being or rights of these consumers.

*Mobile resident—*

(i) A resident who is physically and mentally capable of vacating the personal care home on the resident's own power or with limited physical or oral assistance in the case of an emergency, including the capability to ascend or descend stairs if present on the exit path.

(A) Physical assistance means assistance in getting to one's feet or into a wheelchair, walker or prosthetic device.

(B) Oral assistance means giving instructions to assist the resident in vacating the personal care home.

(ii) The term includes an individual who is able to effectively operate an ambulation device required for moving from one place to another, and able to understand and carry out instructions for vacating the personal care home.

*Neglect—*The failure of a personal care home or its staff persons to provide goods or services essential to avoid a clear and serious threat to the physical or mental health of a resident. The failure or omission to provide the care, supervision and services that the personal care home has voluntarily, or by contract, agreed to provide and that are necessary to maintain the resident's health, safety and well-being, including personal care services, food, clothing, medicine, shelter, supervision and medical services. Neglect may be repeated conduct or a single incident.

*OTC—*Over the counter or nonprescription.

*Personal care home or home—*

(i) A premise in which food, shelter and personal assistance or supervision are provided for a period exceeding 24 hours, for four or more adults who are not relatives of the operator, who do not require the services in or of a licensed long-term care facility, but who do require assistance or supervision in activities of daily living or instrumental activities of daily living.

(ii) The term includes a premise that has held or presently holds itself out as a personal care home and provides food and shelter to four or more adults who need personal care services, but who are not receiving the services.

*Personal care home administrator or administrator—*An individual who is charged with the general administration of a personal care home, whether the individual has an ownership interest in the personal care home, and whether functions and duties are shared with other individuals.

*Personal care services—*Assistance or supervision in ADL or IADL, or both.

*Premises*—The grounds and buildings on the same grounds, used for providing personal care services.

*Protective services unit*—The local area agency on aging unit designated by the Department of Aging to investigate allegations of abuse of adults who are 60 years of age or older and assess the need for protective interventions.

*Referral agent*—An agency or individual who arranges for or assists, or both, with placement of a resident into a personal care home.

*Relative*—A spouse, parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece or nephew.

*Resident*—An individual, unrelated to the legal entity, who resides in a personal care home, and who requires personal care services, but who does not require the level of care provided by a hospital or long-term care facility.

*Resident with mobility needs*—An individual who is unable to move from one location to another, has difficulty in understanding and carrying out instructions without the continued full assistance of other individuals or is incapable of independently operating an ambulation device, such as a wheelchair, prosthesis, walker or cane to exit a building.

*Restraint*—A manual, chemical or mechanical device used to limit or restrict the movement or normal function of an individual or a portion of the individual's body.

*SSI*—Supplemental Security Income.

*Secretary*—The Secretary of the Department.

*Staff person*—An individual who works for the personal care home for compensation either on payroll or under contract.

*Support plan*—A written document that describes for each resident the resident's care, service or treatment needs based on the assessment of the resident, and when the care, service or treatment will be provided, and by whom.

*Volunteer*—

(i) An individual who, of his own free will, and without monetary compensation, provides direct care services for residents in the personal care home.

(ii) The term does not include visitors or individuals who provide non-direct services or entertainment on an occasional basis.

#### **Cross References**

This section cited in § 2600.29a (relating to hospice care and services—statement of policy).

#### **Notes of Decisions**

##### *Definition Meets Statutory Requirements*

Department of Public Welfare (DPW) regulation defining personal care home did not impermissibly broaden definition of what constitutes a personal care home as set forth in the authorizing statute; regulation was within DPW's delegated powers, was not in conflict with but supplemented the enabling statute, and was rationally related to the statutory purpose. *Northern Area v. Department of Public Welfare*, 899 A.2d 1182, 1189 (Pa. Cmwlth. 2006).

**§ 2600.5. Access.**

(a) The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- (1) Agents of the Department.
- (2) Representatives of the area agency on aging.
- (3) Representatives of the Long-Term Care Ombudsman Program.
- (4) Representatives of the protection and advocacy system for individuals with disabilities designated under the Protection and Advocacy for Individual Rights Program of the Vocational Rehabilitation and Rehabilitation Services Act (29 U.S.C.A. § 794e), the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C.A. §§ 10801—10851) and the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C.A. §§ 15041—15043).

(b) The administrator or a designee shall permit community service organizations and representatives of community legal services programs to have access to the home during visitation hours or by appointment for the purpose of assisting or informing the residents of the availability of services and assistance. A resident or a resident's designated person may decline the services of the community service organization or the community legal service program.

**GENERAL REQUIREMENTS****§ 2600.11. Procedural requirements for licensure or approval of personal care homes.**

(a) Except for § 20.32 (relating to announced inspections), the requirements in Chapter 20 (relating to licensure or approval of facilities and agencies) apply to personal care homes.

(b) Before a home is initially licensed and permitted to open, operate or admit residents, it will be inspected by the Department and found to be in compliance with applicable laws and regulations. The Department will reinspect newly licensed homes within 3 months of the date of initial licensure.

(c) After the Department determines that a home meets the requirements for a license, the Department's issuance or renewal of a license to a home is contingent upon receipt by the Department of an application fee based on the number of beds in the home, as follows:

- (1) 0-20 beds—\$15.
- (2) 21-50 beds—\$20.
- (3) 51-100 beds—\$30.
- (4) 101 beds and over—\$50.

**§ 2600.12. Appeals.**

Appeals related to the licensure or approval of the personal care home shall be made in accordance with 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure).

**§ 2600.13. Maximum capacity.**

(a) The maximum capacity is the total number of residents who are permitted to reside in the home at any time. A request to increase the capacity shall be submitted to the Department and other applicable authorities and approved prior to the admission of additional residents. The maximum capacity is limited by physical plant space and other applicable laws and regulations.

(b) The maximum capacity specified on the license may not be exceeded.

**§ 2600.14. Fire safety approval.**

(a) Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Construction Code Act (35 P. S. §§ 7210.101—7210.1103) is required.

(b) If the fire safety approval is withdrawn or restricted, the home shall notify the Department orally immediately, and in writing, within 48 hours of the withdrawal or restriction.

(c) If a building is structurally renovated or altered after the initial fire safety approval is issued, the home shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority. This documentation shall be submitted to the Department within 15 days of the completion of the renovation or alteration.

(d) The Department will request additional fire safety inspections by the appropriate agency if possible fire safety violations are observed during an inspection by the Department.

**§ 2600.15. Abuse reporting covered by law.**

(a) The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

(b) If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

(c) The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

(d) The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

**Cross References**

This section cited in 55 Pa. Code § 2600.16 (relating to reportable incidents and conditions).

**§ 2600.16. Reportable incidents and conditions.**

(a) A reportable incident or condition includes the following:

- (1) The death of a resident.
- (2) A physical act by a resident to commit suicide.
- (3) A serious bodily injury or trauma requiring treatment at a hospital or medical facility. This does not include minor injuries such as sprains or minor cuts.

- (4) A violation of a resident's rights in §§ 2600.41—2600.44 (relating to resident rights).
  - (5) An unexplained absence of a resident for 24 hours or more, or when the support plan so provides, a period of less than 24 hours, or an absence of a resident from a secured dementia care unit.
  - (6) Misuse of a resident's funds by the home's staff persons or legal entity.
  - (7) An outbreak of a serious communicable disease as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions).
  - (8) Food poisoning of residents.
  - (9) A physical or sexual assault by or against a resident.
  - (10) Fire or structural damage to the home.
  - (11) An incident requiring the services of an emergency management agency, fire department or law enforcement agency, except for false alarms.
  - (12) A complaint of resident abuse, suspected resident abuse or referral of a complaint of resident abuse to a local authority.
  - (13) A prescription medication error as defined in § 2600.188 (relating to medication errors.)
  - (14) An emergency in which the procedures under § 2600.107 (relating to emergency preparedness) are implemented.
  - (15) An unscheduled closure of the home or the relocation of the residents.
  - (16) Bankruptcy filed by the legal entity.
  - (17) A criminal conviction against the legal entity, administrator or staff that are subsequent to the reporting on the criminal history checks under § 2600.51 (relating to criminal history checks).
  - (18) A termination notice from a utility.
  - (19) A violation of the health and safety laws listed in § 2600.18 (relating to applicable health and safety laws).
- (b) The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.
- (c) The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).
- (d) The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.
- (e) If the home's final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.

(f) The home shall keep a copy of the report of the reportable incident or condition.

**Cross References**

This section cited in 55 Pa. Code § 2600.25 (relating to resident-home contract).

**§ 2600.17. Confidentiality of records.**

Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**§ 2600.18. Applicable health and safety laws.**

A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**Cross References**

This section cited in 55 Pa. Code § 2600.16 (relating to reportable incidents and conditions).

**§ 2600.19. Waivers.**

(a) A home may submit a written request for a waiver of a specific requirement contained in this chapter. The waiver request must be on a form prescribed by the Department. The Secretary, or the Secretary's appointee, may grant a waiver of a specific requirement of this chapter if the following conditions are met:

- (1) There is no jeopardy to the residents.
- (2) There is an alternative for providing an equivalent level of health, safety and well-being protection of the residents.
- (3) Residents will benefit from the waiver of the requirement.

(b) The scope, definitions, applicability or residents' rights under this chapter may not be waived.

(c) At least 30 days prior to the submission of the completed written waiver request to the Department, the home shall provide a copy of the completed written waiver request to the affected resident and designated person to provide the opportunity to submit comments to the Department. The home shall provide the affected resident and designated person with the name, address and telephone number of the Department staff person to submit comments.

(d) The home shall discuss the waiver request with the affected resident and designated person upon the request of the resident or designated person.

(e) The home shall notify the affected resident and designated person of the approval or denial of the waiver. A copy of the waiver request and the Department's written decision shall be posted in a conspicuous and public place within the home.

(f) The Department will review waivers annually to determine compliance with the conditions required by the waiver. The Department may revoke the waiver if the conditions required by the waiver are not met.

(g) A waiver granted prior to October 24, 2005, is no longer in effect as of October 24, 2006.

**§ 2600.20. Financial management.**

(a) A resident may manage his personal finances unless he has a guardian of his estate.

(b) If the home provides assistance with financial management or holds resident funds, the following requirements apply:

(1) The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

(2) Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

(3) The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

(4) Resident funds and property shall only be used for the resident's benefit.

(5) Commingling of resident funds and home funds is prohibited.

(6) If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

(7) The legal entity, administrator and staff persons of the home are prohibited from being assigned power of attorney or guardianship of a resident or a resident's estate.

(8) The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

(9) A copy of the itemized account shall be kept in the resident's record.

(10) The home shall provide the resident the opportunity to review his own financial record upon request during normal business hours.

**Cross References**

This section cited in 55 Pa. Code § 2600.25 (relating to resident-home contract).

**§ 2600.21. Offsite services.**

If services or activities are provided by the home at a location other than the premises, the home shall ensure that the residents' support plans are followed and that resident health and safety needs are met.

**§ 2600.22. Admission.**

The following admission documents shall be completed for each resident:

- (1) Preadmission screening completed prior to admission on a form specified by the Department.
- (2) Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.
- (3) Personal care home assessment completed within 15 days after admission on a form specified by the Department.
- (4) Support plan developed and implemented within 30 days after admission.
- (5) Resident-home contract completed prior to admission or within 24 hours after admission.

**§ 2600.23. Activities.**

- (a) A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.
- (b) A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

**§ 2600.24. Personal hygiene.**

A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

- (1) Bathing.
- (2) Oral hygiene.
- (3) Hair grooming and shampooing.
- (4) Dressing, undressing and care of clothes.
- (5) Shaving.
- (6) Nail care.
- (7) Foot care.
- (8) Skin care.

**§ 2600.25. Resident-home contract.**

- (a) Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

(b) The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

(c) At a minimum, the contract must specify the following:

(1) Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.

(2) A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.

(3) An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.

(4) The party responsible for payment.

(5) The method for payment of charges for long distance telephone calls.

(6) The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

(7) The financial arrangements if assistance with financial management is to be provided.

(8) The home's rules related to home services, including whether the home permits smoking.

(9) The conditions under which the agreement may be terminated including home closure as specified in § 2600.228 (relating to notification of termination).

(10) A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

(11) A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

(12) Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

(13) Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

(d) A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. §§ 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

(e) The resident, or a designated person, has the right to rescind the contract for up to 72 hours after the initial dated signature of the contract and pay only for the services received. Rescission of the contract must be in writing addressed to the home.

(f) The home may not require or permit a resident to assign assets to the home in return for a life care contract/guarantee. A life care contract/guarantee is an agreement between the legal entity and the resident that the legal entity will provide care to the resident for the duration of the resident's life. Continuing care communities that have obtained a Certificate of Authority from the Insurance Department and provide a copy of the certificate to the Department are exempt from this requirement.

(g) A copy of the signed admission contract shall be given to the resident and a copy shall be filed in the resident's record.

(h) The service needs addressed in the resident's support plan shall be available to the resident every day of the year.

#### Cross References

This section cited in 55 Pa. Code § 2600.25a (relating to rent rebates for residents of personal care homes—statement of policy); and 55 Pa. Code § 2600.231 (relating to admission).

### § 2600.25a. Personal needs allowance for residents of personal care homes—statement of policy.

The personal needs allowance for residents of personal care homes who receive Supplemental Security Income is \$85.

#### Source

The provisions of this § 2600.25a adopted January 2, 2009, effective January 1, 2009, 39 Pa.B. 26.

### § 2600.25b. Rent rebates for residents of personal care homes—statement of policy.

(a) The resident-home contract is to include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).

(b) If the home collects a resident's rent rebate under subsection (a), the resident-home contract is to include the following:

(1) The dollar amount or percentage of the rent rebate to be collected.

(2) The home's intended use of the revenue collected from the rent rebate.

(c) A statement signed by the resident, and the resident's designated person if applicable, at the time of admission, informing the resident that the information required in subsection (a) is to be kept in the resident's record.

#### Source

The provisions of this § 2600.25b adopted May 8, 2009, effective July 1, 2009, 39 Pa.B. 2346.

### § 2600.26. Quality management.

(a) The home shall establish and implement a quality management plan.

(b) The quality management plan shall address the periodic review and evaluation of the following:

(1) The reportable incident and condition reporting procedures.

- (2) Complaint procedures.
  - (3) Staff person training.
  - (4) Licensing violations and plans of correction, if applicable.
  - (5) Resident or family councils, or both, if applicable.
- (c) The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

**§ 2600.27. SSI recipients.**

(a) If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.

(b) The administrator or staff persons may not include funds received as lump sum awards, gifts or inheritances, gains from the sale of property, or retroactive government benefits when calculating payment of rent for an SSI recipient or for a resident eligible for SSI benefits.

(c) The administrator or staff persons may seek and accept payments from funds received as retroactive awards of SSI benefits, but only to the extent that the retroactive awards cover periods of time during which the resident actually resided in the home and for which full payment has not been received.

(d) The administrator shall provide each resident who is a recipient of SSI, at no charge beyond the amount determined in subsection (a), the following items or services as needed:

- (1) Necessary personal hygiene items, such as a comb, toothbrush, toothpaste, soap and shampoo. Cosmetic items are not included.
- (2) Laundry services for personal laundry, bed linens and towels, but not including dry cleaning or other specialized services.
- (3) Personal care services.

(e) Third-party payments made on behalf of an SSI recipient and paid directly to the home are permitted. These payments may not be used for food, clothing or shelter because to do so would reduce SSI payments. See 20 CFR 416.1100 and 416.1102 (relating to income and SSI eligibility; and what is income). These payments may be used to purchase items or services for the resident that are not food, clothing or shelter.

**Cross References**

This section cited in 55 Pa. Code § 2600.102 (relating to bathrooms).

**§ 2600.28. Refunds.**

(a) If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

(b) After a resident gives notice of the intent to leave in accordance with § 2600.228(b) and if the resident moves out of the home before the expiration of

the required 30 days, the resident owes the home the charges for rent and personal care services for the entire length of the 30-day time period for which payment has not been made.

(c) If no notice is required, as set forth in subsection (d), the resident shall be required to pay only for the nights spent in the home.

(d) If the home does not require a written notice prior to a resident's departure, the administrator shall refund the remainder of previously paid charges to the resident within 30 days of the date the resident moved from the home.

(e) In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. §§ 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

(f) Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

(g) Upon discharge of the resident or transfer of the resident to a higher level of care, the administrator shall return the resident's funds being managed or stored by the home to the resident within 2 business days from the date the room is cleared of the resident's personal property.

### **§ 2600.29. Hospice care and services.**

Hospice care and services that are licensed by the Department of Health as a hospice may be provided in a personal care home.

#### **Cross References**

This section cited in 55 Pa. Code § 2600.29a (relating to hospice care and services—statement of policy).

### **§ 2600.29a. Hospice care and services—statement of policy.**

(a) If a personal care home elects to provide assistance with IADLs or ADLs for a resident who receives hospice care and services in accordance with § 2600.29 (relating to hospice care and services), the home shall provide for the resident's personal care needs, as well as meet the needs directed by the hospice agency for the time period that hospice service staff are not physically present in the home, and in accordance with the resident's medical evaluation, assessment and support plan.

(b) A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- (1) A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

(2) The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

(3) If practicable, the home is to locate the bedroom of a resident receiving hospice care and services on the ground level of the building and near to an exit or fire-safe area as defined in § 2600.132(d) (relating to fire drills).

(4) During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of paragraphs (1)—(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

(5) If the provisions of paragraph (4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following:

(i) Access a mode of transport such as a bed on wheels, a chair on wheels or a drag mat in the resident's bedroom or nearby area, which is not currently occupied by the resident.

(ii) Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

(6) If the provisions of paragraph (4) are not initiated, staff persons will proceed to evacuate the resident. All staff persons are to be trained to follow this evacuation procedure.

(7) The home is to maintain sufficient staffing at all times to provide for the safe evacuation of all residents, including the resident who is actively dying while receiving hospice care and services, in accordance with the fire drill practice requirements specified in paragraph (5) and § 2600.132(a)—(j). A resident who meets the conditions of paragraphs (1)—(3) is a resident with mobility needs in accordance with § 2600.4 (relating to definitions).

(8) A hospice agency staff person may participate in the fire drill if the staff person is physically present in the home continuously on a 24-hour basis during the active dying process.

(9) The total time to evacuate all residents, including the practice provision of paragraph (5), may not exceed the time allotted under § 2600.132(d).

(10) The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

(11) Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:

(i) A copy of the Department of Health license for the hospice agency.

(ii) Written certification by the physician as specified in paragraph (1).

(iii) Written informed consent as specified in paragraph (2).

(iv) Written documentation of the home's consideration of relocation of the resident's bedroom as specified in paragraph (3).

**Source**

The provisions of this § 2600.29a adopted March 12, 2010, effective April 12, 2010, 40 Pa.B. 1411.

**RESIDENT RIGHTS****§ 2600.41. Notification of rights and complaint procedures.**

(a) Upon admission, each resident and, if applicable, the resident's designated person, shall be informed of resident rights and the right to lodge complaints without intimidation, retaliation, or threats of retaliation of the home or its staff persons against the reporter. Retaliation includes discharge or transfer from the home.

(b) Notification of rights and complaint procedures shall be communicated in an easily understood manner and in a language understood by or mode of communication used by the resident and, if applicable, the resident's designated person.

(c) The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

(d) A copy of the resident's rights and complaint procedures shall be given to the resident and, if applicable, the resident's designated person upon admission.

(e) A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Cross References**

This section cited in 55 Pa. Code § 2600.16 (relating to reportable incidents and conditions); 55 Pa. Code § 2600.25 (relating to resident-home contract); and 55 Pa. Code § 2600.252 (relating to content of resident records).

**§ 2600.42. Specific rights.**

(a) A resident may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age or sex.

(b) A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

(c) A resident shall be treated with dignity and respect.

(d) A resident shall be informed of the rules of the home and given 30 days' written notice prior to the effective date of a new home rule.

(e) A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

(f) A resident has the right to receive and send mail.

(1) Outgoing mail may not be opened or read by staff persons unless the resident requests.

(2) Incoming mail may not be opened or read by staff persons unless upon the request of the resident or the resident's designated person.

(g) A resident has the right to communicate privately with and access the local ombudsman.

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(h) A resident has the right to practice the religion or faith of the resident's choice, or not to practice any religion or faith.

(i) A resident shall receive assistance in accessing health services.

(j) A resident shall receive assistance in obtaining and keeping clean, seasonal clothing. A resident's clothing may not be shared with other residents.

(k) A resident and the resident's designated person, and other individuals upon the resident's written approval shall have the right to access, review and request corrections to the resident's record.

(l) A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

(m) A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

(n) A resident has the right to relocate and to request and receive assistance, from the home, in relocating to another facility. The assistance shall include helping the resident get information about living arrangements, making telephone calls and transferring records.

(o) A resident has the right to freely associate, organize and communicate with others privately.

(p) A resident shall be free from restraints.

(q) A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily

and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

(r) A resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week.

(s) A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

(t) A resident has the right to file complaints with any individual or agency and recommend changes in policies, home rules and services of the home without intimidation, retaliation or threat of discharge.

(u) A resident has the right to remain in the home, as long as it is operating with a license, except as specified in § 2600.228 (relating to notification of termination).

(v) A resident has the right to receive services contracted for in the resident-home contract.

(w) A resident has the right to use both the home's procedures and external procedures, if any, to appeal involuntary discharge.

(x) A resident has the right to a system to safeguard a resident's money and property.

(y) A resident has the right to choose his own health care providers without limitation by the home. This includes the right to select the resident's own pharmacist provided that the pharmacy agrees to supply medications in a way that is compatible with the home's system for handling and assisting with the self-administration of resident medications.

#### Cross References

This section cited in 55 Pa. Code § 2600.16 (relating to reportable incidents and conditions).

### § 2600.43. Prohibition against deprivation of rights.

- (a) A resident may not be deprived of his rights.
- (b) A resident's rights may not be used as a reward or sanction.

#### Cross References

This section cited in 55 Pa. Code § 2600.16 (relating to reportable incidents and conditions).

### § 2600.44. Complaint procedures.

(a) Prior to admission, the home shall inform the resident and the resident's designated person of the right to file and the procedure for filing a complaint with the Department's personal care home regional office, local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc. or law enforcement agency.

(b) The home shall permit and respond to oral and written complaints from any source regarding an alleged violation of resident rights, quality of care or other matter without retaliation or the threat of retaliation.

(c) If a resident indicates that he wishes to make a written complaint, but needs assistance in reducing the complaint to writing, the home shall assist the resident in writing the complaint.

(d) The home shall ensure investigation and resolution of complaints. The home shall designate the staff person responsible for receiving complaints and determining the outcome of the complaint.

(e) Within 2 business days after the submission of a written complaint, a status report shall be provided by the home to the complainant. If the resident is not the complainant, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report must indicate the steps that the home is taking to investigate and address the complaint.

(f) Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

(g) The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

#### **Cross References**

This section cited in 55 Pa. Code § 2600.16 (relating to reportable incidents and conditions).

### **STAFFING**

#### **§ 2600.51. Criminal history checks.**

Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

#### **Cross References**

This section cited in 55 Pa. Code § 2600.16 (relating to reportable incidents and conditions).

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**§ 2600.52. Staff hiring, retention and utilization.**

Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

**§ 2600.53. Qualifications and responsibilities of administrators.**

- (a) The administrator shall have one of the following qualifications:
  - (1) A license as a registered nurse from the Department of State.
  - (2) An associate's degree or 60 credit hours from an accredited college or university.
  - (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
  - (4) A license as a nursing home administrator from the Department of State.
  - (5) For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.
- (b) The administrator shall be 21 years of age or older.
- (c) The administrator shall be responsible for the administration and management of the home, including the health, safety and well-being of the residents, implementation of policies and procedures and compliance with this chapter.
- (d) The administrator shall have the ability to provide personal care services or to supervise or direct the work to provide personal care services.
- (e) The administrator shall have knowledge of this chapter.
- (f) The administrator shall have the ability to comply with applicable laws, rules and regulations, including this chapter.
- (g) The administrator shall have the ability to maintain or supervise the maintenance of financial and other records.
- (h) The administrator shall be free from a medical condition, including drug or alcohol addiction, that would limit the administrator from performing duties with reasonable skill and safety.

**Notes of Decisions***Credentialing Requirements within Scope of Statute*

Even though authorizing statute only requires a demonstration of competency in specified areas, where authorizing statute gave the Department of Public Welfare specific power to promulgate regulations to provide the "standards for knowledge, education or training" necessary to be qualified as a personal care administrator, Department's regulation requiring credentialing did not exceed scope of the authorizing statute. *Northern Area v. Department of Public Welfare*, 899 A.2d 1182, 1190 (Pa. Cmwlth. 2006).

*Personal Care Standards Priority*

A claim that a regulation causes increased costs that will not be reimbursed by Medicare is not a violation of due process rights or a regulatory taking; the Department of Public Welfare's regulations are promulgated based on the standards that need to be met to insure the welfare of personal care residents, not upon what the federal government decides to reimburse for those services. *Northern Area v. Department of Public Welfare*, 899 A.2d 1182, 1191 (Pa. Cmwlth. 2006).

**§ 2600.54. Qualifications for direct care staff persons.**

- (a) Direct care staff persons shall have the following qualifications:
- (1) Be 18 years of age or older, except as permitted in subsection (b).
  - (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
  - (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.
- (b) An individual who is 16 or 17 years of age may be a staff person at a home, but may not perform tasks related to medication administration. A staff person who is 16 or 17 years of age may not perform tasks related to incontinence care, bathing or dressing of residents without supervision.
- (c) A volunteer who performs ADLs shall meet the staff person qualifications and training requirements specified in this chapter.
- (d) A resident receiving personal care services who voluntarily performs tasks in the home will not be considered a volunteer under this chapter.

**Cross References**

This section cited in 55 Pa. Code § 2600.61 (relating to substitute personnel).

**§ 2600.55. Exceptions for staff qualifications.**

- (a) The staff qualification requirements for administrator and direct care staff persons do not apply to individuals hired or promoted to the specified positions prior to December 1, 2004.
- (b) A staff person who transfers to another licensed home, with no more than a 1 year break in service, may continue to work in the same capacity as long as the staff person meets the conditions specified in subsection (a).

**§ 2600.56. Administrator staffing.**

The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

**§ 2600.57. Direct care staffing.**

- (a) At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

(b) Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

(c) Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

(d) At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

**Cross References**

This section cited in 55 Pa. Code § 2600.59 (relating to multiple buildings); and 55 Pa. Code § 2600.238 (relating to staffing).



**§ 2600.58. Awake staff persons.**

(a) If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

(b) If a home serves one or more but less than 16 residents with mobility needs, at least one direct care staff person shall be awake at all times residents are present in the home.

**§ 2600.59. Multiple buildings.**

(a) For a home with multiple buildings on the same premises that are within 300 feet of one another, the direct care staff person required in § 2600.57 (relating to direct care staffing) shall be on the premises and available by a two-way communication system at all times one, two or three mobile residents are present in the home.

(b) For a home with multiple buildings on the same premises regardless of the distance between buildings, the direct care staffing requirements in § 2600.57 apply at all times four or more mobile residents, or one or more residents with mobility needs, are present in the home.

**§ 2600.60. Additional staffing based on the needs of the residents.**

(a) Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

(b) The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

(c) Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

**§ 2600.61. Substitute personnel.**

When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in §§ 2600.54 and § 2600.65 (relating to qualifications for direct care staff persons; and direct care staff person training and orientation).

**§ 2600.62. List of staff persons.**

The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

**§ 2600.63. First aid, CPR and obstructed airway training.**

(a) At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

(b) Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

(c) Licensed, certified and registered medical personnel meet the qualifications in subsection (a) and are exempt from the training requirements in subsections (a) and (b).

(d) A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

**§ 2600.64. Administrator training and orientation.**

(a) Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- (1) An orientation program approved and administered by the Department.
- (2) A 100-hour standardized Department-approved administrator training course.
- (3) A Department-approved competency-based training test with a passing score.
- (4) Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

(b) The standardized Department-approved administrator training course specified in subsection (a)(2) shall include the following:

- (1) Fire prevention and emergency preparedness.
- (2) Medication procedures, medication effects and side effects, universal precautions and personal hygiene.
- (3) Certification in CPR and obstructed airway techniques and training in first aid.
- (4) Personal care services.
- (5) Local, State and Federal laws and regulations pertaining to the operation of a home.
- (6) Nutrition, food handling and sanitation.
- (7) Recreation.
- (8) Care for residents with mental illness.
- (9) Resident rights.
- (10) Care for residents with dementia, cognitive impairments and other special needs.
- (11) Care for residents with mental retardation.
- (12) Community resources, social services and activities in the community.

(13) Staff supervision and staff person training including developing orientation and training guidelines for staff.

(14) Budgeting, financial recordkeeping and resident records including:

(i) Writing, completing and implementing initial assessments, annual assessments and support plans.

(ii) Resident-home contracts.

(15) Gerontology.

(16) Abuse and neglect prevention and reporting.

(17) Cultural competency.

(18) The requirements of this chapter.

(c) An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

(d) Annual training shall be provided by Department-approved training sources listed in the Department's personal care home training resource directory or by an accredited college or university.

(e) An administrator who has successfully completed the training in subsections (a)—(d) shall provide written verification of successful completion to the Department's personal care home regional office.

(f) A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

(g) A licensed nursing home administrator who is employed as an administrator prior to October 24, 2006, is exempt from the training and educational requirements of this chapter if the administrator continues to meet the requirements of the Department of State. A licensed nursing home administrator hired as an administrator after October 23, 2006, shall complete and pass the Department-approved personal care home administrator competency-based training test.

#### **§ 2600.65. Direct care staff person training and orientation.**

(a) Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

(1) Evacuation procedures.

(2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

(3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

(5) The location and use of fire extinguishers.

- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.
- (b) Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
  - (1) Resident rights.
  - (2) Emergency medical plan.
  - (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).
  - (4) Reporting of reportable incidents and conditions.
- (c) Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.
- (d) Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
  - (1) Training that includes a demonstration of job duties, followed by supervised practice.
  - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
  - (3) Initial direct care staff person training to include the following:
    - (i) Safe management techniques.
    - (ii) ADLs and IADLs.
    - (iii) Personal hygiene.
    - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
    - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
    - (vi) Implementation of the initial assessment, annual assessment and support plan.
    - (vii) Nutrition, food handling and sanitation.
    - (viii) Recreation, socialization, community resources, social services and activities in the community.
    - (ix) Gerontology.
    - (x) Staff person supervision, if applicable.
    - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
    - (xii) Safety management and hazard prevention.
    - (xiii) Universal precautions.
    - (xiv) The requirements of this chapter.
    - (xv) Infection control.
    - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

(e) Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

(1) Staff person orientation shall be included in the 12 hours of training for the first year of employment.

(2) On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

(f) Training topics for the annual training for direct care staff persons shall include the following:

(1) Medication self-administration training.

(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

(3) Care for residents with dementia and cognitive impairments.

(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

(5) Personal care service needs of the resident.

(6) Safe management techniques

(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

(g) Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.

(3) Resident rights.

(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).

(5) Falls and accident prevention.

(6) New population groups that are being served at the home that were not previously served, if applicable.

(h) If a staff person has completed the required initial direct care staff person training within the past year as a direct care staff person at another home, the requirement for initial direct care staff person training in this section does not apply if the staff person provides written verification of completion of the training.

(i) A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**Cross References**

This section cited in 55 Pa. Code 2600.61 (relating to substitute personnel); 55 Pa. Code § 2600.171 (relating to transportation); and 55 Pa. Code § 2600.236 (relating to training).

**§ 2600.66. Staff training plan.**

- (a) A staff training plan shall be developed annually.
- (b) The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
  - (1) The name, position and duties of each direct care staff person.
  - (2) The required training courses for each staff person.
  - (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.
- (c) Documentation of compliance with the staff training plan shall be kept.

**§ 2600.67. Training institution registration.**

- (a) An institution and the course of study offered by an educational institution, association, professional society or organization for the purpose of educating and qualifying applicants for certification as personal care home administrators shall be registered and approved by the Department prior to offering the course of study.
- (b) An application for registration of an institution and approval of a course of study shall be submitted to the Department on a form provided by the Department and include the following information:
  - (1) The full name, address, telephone number, facsimile number and electronic mail address of the prospective training provider, each instructor and the program coordinator.
  - (2) The training objectives, instructional materials, content and teaching methods to be used and the number of clock hours.
  - (3) The recommended class size.
  - (4) The attendance certification method.
  - (5) Proof that each course instructor is certified by the Department to conduct administrator training.
  - (6) The subject that each instructor will teach and documentation of the instructor's academic credentials, instructional experience and work experience to teach the subject.
  - (7) The location of the training site, which shall accommodate the number of anticipated participants.
- (c) A request to amend a Department-approved course of study shall be submitted for the Department's review and approval prior to implementation of a change in the course of study.
- (d) The training institution shall issue a training certificate to each participant who successfully completes the Department-approved course and passes the com-

petency test. Each training certificate must indicate the participant's name, the name of the training institution, the date and location of the training and the number of clock hours completed for each training topic.

**§ 2600.68. Instructor approval.**

(a) Training for personal care home administrators provided by an individual who is not certified as an instructor by the Department will not be considered valid training.

(b) To receive the Department's certification as an approved instructor for personal care home administrators, an instructor shall successfully complete the Department's train-the-trainer course. The train-the-trainer course is designed to provide and reinforce basic training skills, including the roles and responsibilities of the trainer, training methodology, the use of instructional aids and recordkeeping.

(c) An instructor shall demonstrate competent instructional skills and knowledge of the applicable topic and meet the Department's qualifications for the topic being taught.

(d) An instructor is subject to unannounced monitoring by the Department while conducting training.

(e) The Department will establish approval standards that include the following:

- (1) The mechanism to measure the quality of the training being offered.
- (2) The criteria for selecting and evaluating instructors, subject matter and instructional materials.
- (3) The criteria for evaluating requests to amend a course.
- (4) The criteria for evaluating the effectiveness of each course.
- (5) The instructor qualifications for each subject being taught.

(f) The Department may withdraw approval under the following conditions:

- (1) Failure to follow the approved curriculum.
- (2) Lack of trainer competency.
- (3) A pattern of violations of this chapter by a home conducting the training.

**PHYSICAL SITE**

**§ 2600.81. Physical accommodations and equipment.**

(a) The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

(b) Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**§ 2600.82. Poisons.**

- (a) Poisonous materials shall be stored in their original, labeled containers.
- (b) Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.
- (c) Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**§ 2600.83. Temperature.**

- (a) The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.
- (b) If a home does not provide air conditioning, fans shall be made available to residents when the indoor temperature exceeds 80°F.

**§ 2600.84. Heat sources.**

Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

**§ 2600.85. Sanitation.**

- (a) Sanitary conditions shall be maintained.
- (b) There may be no evidence of infestation of insects or rodents in the home.
- (c) Trash shall be removed from the premises at least once a week.
- (d) Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.
- (e) Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.
- (f) For a home serving 9 or more residents that is not connected to a public sewer system there shall be a written sanitation approval for its sewage system by the sewage enforcement official of the municipality in which the home is located.

**§ 2600.86. Ventilation.**

- (a) All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.
- (b) A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**§ 2600.87. Lighting.**

The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

**§ 2600.88. Surfaces.**

(a) Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

(b) The home may not use asbestos products for renovations or new construction.

**§ 2600.89. Water.**

(a) The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

(b) Hot water temperature in areas accessible to the resident may not exceed 120°F.

(c) A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels. A public water system is a system that provides water to the public for human consumption, which has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

(d) If the water is found to be above maximum contaminant levels, the home shall conduct remediation activity to reduce the level of contaminants to below the maximum contaminant level. During remediation activity, an alternate source of drinking water shall be provided to the residents.

(e) The home shall keep documentation of the laboratory certification, in addition to the results and corrections made to ensure safe water for drinking.

**§ 2600.90. Communication system.**

(a) The home shall have a working, noncoin operated, landline telephone that is accessible in emergencies and accessible to individuals with disabilities.

(b) For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

**§ 2600.91. Emergency telephone numbers.**

Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**§ 2600.92. Windows and screens.**

Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**§ 2600.93. Handrails and railings.**

(a) Each ramp, interior stairway and outside steps must have a well-secured handrail.

(b) Each porch must have a well-secured railing.

**§ 2600.94. Landings and stairs.**

(a) Interior and exterior doors that open directly into a stairway and are used for exit doors, resident areas and fire exits must have a landing, which is a minimum of 3 feet by 3 feet.

(b) Interior stairs, exterior steps and ramps must have nonskid surfaces.

**§ 2600.95. Furniture and equipment.**

Furniture and equipment must be in good repair, clean and free of hazards.

**§ 2600.96. First aid kit.**

(a) The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

(b) Staff persons shall know the location of the first aid kit.

(c) The first aid kit must be in a location that is easily accessible to staff persons.

**Cross References**

This section cited in 55 Pa. Code § 2600.171 (relating to transportation).

**§ 2600.97. Elevators and stair glides.**

Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

**§ 2600.98. Indoor activity space.**

(a) The home shall have indoor activity space for activities such as reading, recreation and group activities.

(b) The home shall have at least one furnished living room or lounge area for residents, their families and visitors. The combined living room or lounge areas shall accommodate all residents at one time. These rooms or areas shall contain tables, chairs and lighting to accommodate the residents, their families and visitors.

(c) The home shall have a working television and radio available to residents in a living room or lounge area.

**§ 2600.99. Recreation space.**

The home shall provide regular access to outdoor and indoor recreation space and recreational items, such as books, newspapers, magazines, puzzles, games, cards and crafts.

**§ 2600.100. Exterior conditions.**

(a) The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

(b) The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

**§ 2600.101. Resident bedrooms.**

(a) Each single bedroom must have at least 80 square feet of floor space measured wall to wall, including space occupied by furniture.

(b) Each shared bedroom must have at least 60 square feet of floor space per resident measured wall to wall, including space occupied by furniture.

(c) Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space. A legal entity with a personal care home license for the home as of October 24, 2005, that has one or more bedrooms serving a resident with physical mobility needs as of October 24, 2005, shall be exempt from the requirements specified in this subsection for the bedroom. If a bedroom is exempt in accordance with this subsection, additional square footage may be required sufficient to accommodate the assistive devices of the resident with mobility needs.

(d) No more than four residents may share a bedroom.

(e) Ceiling height in each bedroom must be an average of at least 7 feet.

(f) Each bedroom must have a window with direct exposure to natural light.

(g) A resident's bedroom shall be used only by the occupying resident and not for activities common to other residents.

(h) A resident shall be able to access toilet, hand washing and bathing facilities without having to pass through another resident's bedroom.

(i) A resident shall have access to his bedroom at all times.

(j) Each resident shall have the following in the bedroom:

(1) A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home

license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

- (2) A chair for each resident that meets the resident's needs.
- (3) Pillows, bed linens and blankets that are clean and in good repair.
- (4) A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.
- (5) A bedside table or a shelf.
- (6) A mirror.
- (7) An operable lamp or other source of lighting that can be turned on at bedside.
- (8) If a resident shares a bedroom with other residents, the items specified in paragraphs (4)—(7) may be shared with one other resident.
- (k) Cots and portable beds are prohibited.
- (l) Bunk beds or other raised beds that require residents to climb steps or ladders to get into or out of bed are prohibited.
- (m) A bedroom may not be used as a exit from or used as a passageway to another part of the home unless in an emergency situation.
- (n) A resident may not be required to share a bedroom with an individual of the opposite sex.
- (o) The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.
- (p) There must be doors on the bedrooms.
- (q) Space for storage of personal property shall be provided in a dry, protected area.
- (r) There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

#### Cross References

This section cited in 55 Pa. Code § 2600.232 (relating to environmental protection).

### § 2600.102. Bathrooms.

- (a) There shall be at least one functioning flush toilet for every six or fewer users, including residents, staff persons and household members.
- (b) There shall be at least one sink and wall mirror for every six or fewer users including residents, staff persons and household members.
- (c) There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.
- (d) Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.
- (e) Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

(f) An individual towel, washcloth and soap shall be provided for each resident.

(g) Individual toiletry items including toothpaste, toothbrush, shampoo, deodorant, comb and hairbrush shall be made available to residents who are not recipients of SSI. If the home charges for these items, the charges shall be indicated in the resident-home contract. Availability of toiletry items for residents who are recipients of SSI is specified in § 2600.27(d)(1) (relating to SSI recipients).

(h) Toilet paper shall be provided for every toilet.

(i) A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

(j) Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

(k) Use of a common towel is prohibited.

(l) Shelves or hooks for the resident's towel and clothing shall be provided.

(m) A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirements specified in subsection (c). If a home is exempt in accordance with this subsection, there shall be at least one bathtub or shower for every 15 or fewer users.

### § 2600.103. Food service.

(a) A home shall have access on the grounds to an operable kitchen with a refrigerator, sink, stove, oven, cooking equipment and cabinets or shelves for storage. If the kitchen is not in the home, the home shall have a kitchen area with a refrigerator, cooking equipment, a sink and food storage space.

(b) Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

(c) Food shall be protected from contamination while being stored, prepared, transported and served.

(d) Food shall be stored off the floor.

(e) Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

(f) Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

(g) Food shall be stored in closed or sealed containers.

(h) Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

(i) Outdated or spoiled food or dented cans may not be used.

(j) Eating, drinking and cooking utensils shall be washed, rinsed and sanitized after each use by a method specified in 7 Pa. Code Chapter 46, Subchapter D (relating to equipment, utensils and linen).

**§ 2600.104. Dining room.**

(a) A dining room area shall be equipped with tables and chairs and able to accommodate the maximum number of residents scheduled for meals at any one time.

(b) Dishes, glassware and utensils shall be provided for eating, drinking, preparing and serving food. These utensils must be clean, and free of chips and cracks. Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

(c) Condiments shall be available at the dining table.

(d) Adaptive eating equipment or utensils shall be available, if needed, to assist residents in eating at the table.

(e) Breakfast, midday and evening meals shall be served to residents in a dining room except in the following situations:

(1) Service in the resident's room shall be available at no additional charge when the resident is unable to come to the dining room due to illness.

(2) When room service is available in a home, a resident may choose to have a meal served in the resident's room. This service shall be provided at the resident's request and may not replace daily meals in a dining room.

**§ 2600.105. Laundry.**

(a) Laundry service for bed linens, towels and personal clothing shall be provided by the home, at no additional charge, to residents who are recipients of or eligible applicants for SSI benefits. Laundry service does not include dry cleaning.

(b) Laundry service for bed linens, towels and personal clothing for the residents who are not recipients of SSI shall be provided by the home unless otherwise indicated in the resident-home contract.

(c) The supply of bed linens and towels shall be sufficient to ensure a complete change of bed linen and towels at least once per week.

(d) Bed linens and towels shall be changed at least once every week and more often as needed to maintain sanitary conditions.

(e) Clean linens and towels shall be stored in an area separate from soiled linen and clothing.

(f) Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering.

(g) To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**§ 2600.106. Swimming areas.**

If a home operates a swimming area, the following requirements apply:

- (1) Swimming areas shall be operated in accordance with applicable laws and regulations.
- (2) Written policy and procedures to protect the health, safety and well-being of the residents shall be developed and implemented.

**§ 2600.107. Emergency preparedness.**

(a) The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

(b) The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

(c) The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

(d) The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Cross References**

This section cited in 55 Pa. Code 2600.16 (relating to reportable incidents and conditions); and 55 Pa. Code § 2600.123 (relating to emergency evacuation).

**§ 2600.108. Firearms and weapons.**

Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only when the following conditions are met:

- (1) Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' room or in a common living area.

(2) Ammunition shall be contained in a locked area separate from firearms and weapons, and located in a place other than the residents' room or in a common living area.

(3) The key to the locked cabinet containing the firearms, weapons and ammunition shall be in the possession of the administrator or a designee.

(4) The administrator or a designee shall be the only individual permitted to open the locked cabinet containing the firearms and weapons and the locked area containing the ammunition.

(5) If a firearm, weapon or ammunition is the property of a resident, there shall be a written policy and procedures regarding the safety, access and use of firearms, weapons and ammunition. A resident may not take a firearm, weapon or ammunition out of the locked cabinet into living areas.

### § 2600.109. Pets.

(a) The home rules shall specify whether the home permits pets on the premises.

(b) Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

(c) Pets that are accessible to the residents shall be in good health and non-aggressive to the residents.

(d) If a home has additional charges for pets, the charges shall be included in the resident-home contract.

## FIRE SAFETY

### § 2600.121. Unobstructed egress.

(a) Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

(b) Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

### § 2600.122. Exits.

Unless otherwise regulated by the Department of Labor and Industry, the Department of Health or the appropriate local building authority, all buildings must have at least two independent and accessible exits from every floor, arranged to reduce the possibility that both will be blocked in an emergency situation.

**§ 2600.123. Emergency evacuation.**

(a) Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

(b) Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

(c) For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

(d) If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

**§ 2600.124. Notification of local fire officials.**

The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**§ 2600.125. Flammable and combustible materials.**

(a) Combustible and flammable materials may not be located near heat sources or hot water heaters.

(b) Combustible materials shall be inaccessible to residents.

**§ 2600.126. Furnaces.**

(a) A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

(b) Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

**§ 2600.127. Space heaters.**

(a) Portable space heaters are prohibited.

(b) Nonportable space heaters must be well vented and installed with permanent connections and protectors.

**§ 2600.128. Supplemental heating sources.**

(a) The use of kerosene burning heaters is prohibited.

(b) Wood and coal burning stoves shall be used only if a local fire department or other municipal fire safety authority, professional cleaning company or trained

maintenance staff person inspects and approves them annually. Wood and coal burning stoves that are used as a regular heating source shall be cleaned every year according to the manufacturer's instructions. Documentation of wood and coal burning stove inspections and cleanings shall be kept.

(c) Wood and coal burning stoves must be securely screened or equipped with protective guards while in use.

**§ 2600.129. Fireplaces.**

(a) A fireplace must be securely screened or equipped with protective guards while in use.

(b) A fireplace chimney and flue shall be cleaned when there is an accumulation of creosote. Written documentation of the cleaning shall be kept.

**§ 2600.130. Smoke detectors and fire alarms.**

(a) There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

(b) The smoke detectors specified in subsection (a) shall be located in hallways.

(c) Smoke detectors and fire alarms must be of a type approved by the Department of Labor and Industry, the appropriate local building authority or local fire safety expert, or listed by Underwriters Laboratories.

(d) If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.

(e) If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

(f) Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

(g) If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

(h) The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

(i) In homes housing five or more residents with mobility needs, the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service approved by the local fire department, if this service is available in the community.

**§ 2600.131. Fire extinguishers.**

(a) There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

(b) If the indoor floor area on a floor including the basement or attic is more than 3,000 square feet, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 3,000 square feet of indoor floor space.

(c) A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

(d) Fire extinguishers must be listed by Underwriters Laboratories or approved by Factory Mutual Systems.

(e) Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.

(f) Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**§ 2600.132. Fire drills.**

(a) An unannounced fire drill shall be held at least once a month.

(b) A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

(c) A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

(d) Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

(e) A fire drill shall be held during sleeping hours once every 6 months.

(f) Alternate exit routes shall be used during fire drills.

(g) Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

(h) Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

(i) A fire alarm or smoke detector shall be set off during each fire drill.

- (j) Elevators may not be used during a fire drill or a fire.

**§ 2600.133. Exit signs.**

The following requirements apply for a home serving nine or more residents:

- (1) Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.
- (2) If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.
- (3) Exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

**RESIDENT HEALTH**

**§ 2600.141. Resident medical evaluation and health care.**

(a) A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

- (1) A general physical examination by a physician, physician's assistant or nurse practitioner.
- (2) Medical diagnosis including physical or mental disabilities of the resident, if any.
- (3) Medical information pertinent to diagnosis and treatment in case of an emergency.
- (4) Special health or dietary needs of the resident.
- (5) Allergies.
- (6) Immunization history.
- (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- (8) Body positioning and movement stimulation for residents, if appropriate.
- (9) Health status.
- (10) Mobility assessment, updated annually or at the Department's request.

(b) A resident shall have a medical evaluation:

- (1) At least annually.
- (2) If the medical condition of the resident changes prior to the annual medical evaluation.

**§ 2600.142. Assistance with health care.**

(a) The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

(b) If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for health care shall be documented in the resident's record.

(c) If a resident has a serious medical or dental condition, reasonable efforts shall be made to obtain consent for treatment from the resident or the resident's designated person.

(d) The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

**§ 2600.143. Emergency medical plan.**

(a) The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

(b) The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention:

- (1) The resident's name and birth date.
- (2) The resident's Social Security number.
- (3) The resident's medical diagnosis.
- (4) The resident's physician's name and telephone number.
- (5) Current medication, including the dosage and frequency.
- (6) A list of allergies.
- (7) Other relevant medical conditions.
- (8) Insurance or third party payer and identification number.
- (9) The power of attorney for health care or health care proxy, if applicable.
- (10) The resident's designated person with current address and telephone number.
- (11) Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable.

**§ 2600.144. Use of tobacco.**

(a) A home may permit smoking tobacco in a designated smoking room of the home.

(b) The home rules shall specify whether the home is designated as smoking or nonsmoking.

(c) A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- (1) Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ash-trays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.
- (2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.
- (3) Prohibition of the use of tobacco during transportation by the home.
- (d) Smoking outside of the smoking room is prohibited.

### NUTRITION

#### § 2600.161. Nutritional adequacy.

- (a) Meals shall be offered that meet the recommended dietary allowances established by the United States Department of Agriculture.
- (b) At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.
- (c) Additional portions of meals and beverages at mealtimes shall be available for the resident.
- (d) A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.
- (e) Dietary alternatives shall be available for a resident who has special health needs or religious beliefs regarding dietary restrictions.
- (f) Drinking water shall be available to the residents at all times.

#### Cross References

This section cited in 55 Pa. Code § 2600.162 (relating to meals).

#### § 2600.162. Meals.

- (a) There may not be more than 15 hours between the evening meal and the first meal of the next day. There may not be more than 6 hours between breakfast and lunch, and between lunch and supper. This requirement does not apply if a resident's physician has prescribed otherwise.
- (b) When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.
- (c) Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

(d) Past menus of meals that were served, including changes, shall be kept for at least 1 month.

(e) A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

**§ 2600.163. Personal hygiene for food service workers.**

(a) Staff persons, volunteers and residents involved in the storage, preparation, serving and distributing of food shall wash their hands with hot water and soap prior to working in the kitchen areas and after using the bathroom.

(b) Staff persons, volunteers and residents shall follow sanitary practices while working in the kitchen areas.

(c) Staff persons, volunteers and residents involved with the storage, preparation, serving and distributing of food shall be in good health.

(d) Staff persons, volunteers and residents who have a discharging or infected wound, sore, lesion on hands, arms or any exposed portion of their body may not work in the kitchen areas in any capacity.

**§ 2600.164. Withholding or forcing of food prohibited.**

(a) A home may not withhold meals, beverages, snacks or desserts as punishment. Food and beverages may be withheld in accordance with prescribed medical or dental procedures.

(b) A resident may not be forced to eat food.

(c) If a resident refuses to eat or drink continuously during a 24-hour period, the resident's primary care physician and the resident's designated person shall be immediately notified.

(d) If a resident has a cognitive impairment that affects the resident's ability to consume adequate amounts of food and water, a staff person shall encourage and remind the resident to eat and drink.

**TRANSPORTATION**

**§ 2600.171. Transportation.**

(a) A home may not be required to provide transportation.

(b) The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

(1) The occupants of the vehicle shall be in an appropriate safety restraint at all times the vehicle is in motion.

(2) The driver of a vehicle shall be 18 years of age or older and possess a valid driver's license.

(3) The driver of the home vehicle cannot be a resident.

- (4) At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).
  - (5) The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).
  - (6) During vehicle operations, the driver may only use a hands-free cellular telephone.
  - (7) Transportation shall include, when necessary, an assistant to the driver who assists the driver to escort residents in and out of the home and provides assistance during the trip.
- (c) The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:
- (1) Vehicle registration.
  - (2) Valid driver's license for vehicle operator.
  - (3) Vehicle insurance.
  - (4) Current inspection.
  - (5) Commercial driver's license for vehicle operator if applicable.
- (d) The home shall assist a resident with the coordination of transportation to and from medical appointments, if requested by the resident, or if indicated in the resident's support plan.

## MEDICATIONS

### § 2600.181. Self-administration.

- (a) A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.
- (b) If assistance includes helping the resident to remember the schedule for taking the medication, the resident shall be reminded of the prescribed schedule.
- (c) The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.
- (d) If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.
- (e) To be considered capable to self-administer medications, a resident shall:
  - (1) Be able to recognize and distinguish his medication.

- (2) Know how much medication is to be taken.
- (3) Know when medication is to be taken.
- (f) The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

#### Cross References

This section cited in 55 Pa. Code § 2600.182 (relating to medication administration).

### § 2600.182. Medication administration.

(a) A home may provide medication administration services for a resident who is assessed to need medication administration services in accordance with § 2600.181 (relating to self-administration) and for a resident who chooses not to self-administer medications. If a home does not provide medication administration services, the resident shall be referred to an appropriate assessment agency.

(b) Prescription medication that is not self-administered by a resident shall be administered by one of the following:

(1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.

(2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.

(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

(4) A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

(c) Medication administration includes the following activities, based on the needs of the resident:

(1) Identify the correct resident.

(2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.

(3) Remove the medication from the original container.

(4) Crush or split the medication as ordered by the prescriber.

(5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.

(6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

(7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**§ 2600.183. Storage and disposal of medications and medical supplies.**

(a) Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

(b) Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

(c) Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

(d) Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

(e) Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

(f) Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

(g) Subsections (a) and (e) do not apply to a resident who self-administers medication and stores the medication in his room.

**§ 2600.184. Labeling of medications.**

(a) The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

(b) If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

(c) Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

**§ 2600.185. Accountability of medication and controlled substances.**

(a) The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

(b) At a minimum, the procedures must include:

(1) Documentation of the receipt of controlled substances and prescription medications.

(2) A process to investigate and account for missing medications and medication errors.

(3) Limited access to medication storage areas.

(4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

**§ 2600.186. Prescription medications.**

(a) Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

(b) Prescription medications shall be used only by the resident for whom the prescription was prescribed.

(c) Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

**§ 2600.187. Medication records.**

(a) A medication record shall be kept to include the following for each resident for whom medications are administered:

(1) Resident's name.

(2) Drug allergies.

(3) Name of medication.

(4) Strength.

(5) Dosage form.

(6) Dose.

(7) Route of administration.

(8) Frequency of administration.

(9) Administration times.

(10) Duration of therapy, if applicable.

(11) Special precautions, if applicable.

(12) Diagnosis or purpose for the medication, including pro re nata (PRN).

- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.
- (b) The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.
- (c) If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.
- (d) The home shall follow the directions of the prescriber.

#### Cross References

This section cited in 55 Pa. Code § 2600.182 (relating to medication administration).

### § 2600.188. Medication errors.

- (a) Medication errors include the following:
  - (1) Failure to administer a medication.
  - (2) Administration of the wrong medication.
  - (3) Administration of the wrong amount of medication.
  - (4) Failure to administer a medication at the prescribed time.
  - (5) Administration to the wrong resident.
  - (6) Administration through the wrong route.
- (b) A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.
- (c) Documentation of medication errors and the prescriber's response shall be kept in the resident's record.
- (d) There shall be a system in place to identify and document medication errors and the home's pattern of error.
- (e) There shall be documentation of the follow-up action that was taken to prevent future medication errors.

#### Cross References

This section cited in 55 Pa. Code § 2600.16 (relating to reportable incidents and conditions).

### § 2600.189. Adverse reaction.

- (a) If a resident has a suspected adverse reaction to a medication, the home shall immediately consult a physician or seek emergency medical treatment. The resident's designated person shall be notified, if applicable.
- (b) The home shall document adverse reactions, the prescriber's response and any action taken in the resident's record.

**§ 2600.190. Medication administration training.**

(a) A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

(b) A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

(c) A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

**Cross References**

This section cited in 55 Pa. Code 2600.182 (relating to medication administration).

**§ 2600.191. Resident education.**

The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**SAFE MANAGEMENT TECHNIQUES****§ 2600.201. Safe management techniques.**

The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

**§ 2600.202. Prohibitions.**

The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.

(4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

(5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.

(6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

### SERVICES

#### § 2600.221. Activities program.

(a) The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

(b) The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

(c) A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

#### § 2600.222. Community social services.

Residents shall be encouraged and assisted in the access to and use of social services in the community which may benefit the resident, including a county mental health and mental retardation program, a drug and alcohol program, a senior citizens center, an area agency on aging or a home health care agency.

#### § 2600.223. Description of services.

(a) The home shall have a current written description of services and activities that the home provides including the following:

(1) The scope and general description of the services and activities that the home provides.

(2) The criteria for admission and discharge.

(3) Specific services that the home does not provide, but will arrange or coordinate.

(b) The home shall develop written procedures for the delivery and management of services from admission to discharge.

**§ 2600.224. Preadmission screening.**

(a) A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

(b) An applicant whose personal care service needs cannot be met by the home shall be referred to a local appropriate assessment agency.

(c) The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and mental retardation program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

**§ 2600.225. Initial and annual assessment.**

(a) A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

(b) A home may use its own assessment form if it includes the same information as the Department's assessment form.

(c) The resident shall have additional assessments as follows:

(1) Annually.

(2) If the condition of the resident significantly changes prior to the annual assessment.

(3) At the request of the Department upon cause to believe that an update is required.

(d) If the resident's physician or appropriate assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.

**Cross References**

This section cited in 55 Pa. Code § 2600.231 (relating to admission).

**§ 2600.226. Mobility criteria.**

(a) The resident shall be assessed for mobility needs as part of the resident's assessment.

(b) If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

(c) The administrator shall notify the Department's personal care home regional office within 30 days after a resident with mobility needs is admitted to the home or the date when a resident develops mobility needs.

**§ 2600.227. Development of the support plan.**

(a) A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

(b) A home may use its own support plan form if it includes the same information as the Department's support plan form.

(c) The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

(d) Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

(e) The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

(f) A resident may participate in the development and implementation of the support plan. A resident may include a designated person in making decisions about services.

(g) Individuals who participate in the development of the support plan shall sign and date the support plan.

(h) If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

(i) The support plan shall be accessible by direct care staff persons at all times.

(j) The home shall give a copy of the support plan to the resident and the resident's designated person upon request.

**Cross References**

This section cited in 55 Pa. Code § 2600.181 (relating to self-administration).

**§ 2600.228. Notification of termination.**

(a) At the resident's request, the home shall provide assistance in relocating to the resident's own home or to another residence that meets the needs of the resident.

(b) If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the

resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

(c) A home shall give the Department written notice of its intent to close the home, at least 60 days prior to the anticipated date of closing.

(d) A home may not require a resident to leave the home prior to 30 days following the resident's receipt of a written notice from the home regarding the intended closure of the home, except when the Department determines that removal of the resident at an earlier time is necessary for the protection of the health, safety and well-being of the resident.

(e) The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

(f) If the legal entity chooses to voluntarily close the home or if the Department has initiated legal action to close the home, the Department working in conjunction with appropriate local authorities, will offer relocation assistance to the residents. Except in the case of an emergency, each resident may participate in planning the transfer, and shall have the right to choose among the available alternatives after an opportunity to visit the alternative homes. These procedures shall apply even if the resident is placed in a temporary living situation.

(g) Within 30 days of the home's closure, the legal entity shall return the license to the Department's personal care home regional office.

(h) The only grounds for discharge or transfer of a resident from a home are for the following conditions:

(1) If a resident is a danger to himself or others.

(2) If the legal entity chooses to voluntarily close the home, or a portion of the home.

(3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.

(4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.

(5) If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.

- (6) If closure of the home is initiated by the Department.
- (7) Documented, repeated violation of the home rules.

#### Cross References

This section cited in 55 Pa. Code § 2600.25 (relating to resident-home contract); 55 Pa. Code § 2600.28 (relating to refunds); and 55 Pa. Code § 2600.42 (relating to specific rights).

### SECURED DEMENTIA CARE UNITS

#### § 2600.231. Admission.

(a) This section and §§ 2600.232—2600.239 apply to secured dementia care units. These provisions are in addition to the other provisions of this chapter. A secured dementia care unit is a home or portion of a home that provides specialized care and services for residents with Alzheimer's disease or other dementia.

(b) A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

(c) A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

(d) A geriatric assessment team is a group of multidisciplinary specialists in the care of adults who are older that conducts a multidimensional evaluation of a resident and assists in developing a support plan by working with the resident's physician, designated person and family to coordinate the resident's care.

(e) Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

(f) In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

(g) An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

(1) The individual shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to residence or 30 days after residence.

(2) If the medical evaluation shows that personal care services are needed, the requirements of this chapter apply.

(3) The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

(h) The resident-home contract specified in § 2600.25 (relating to resident-home contract) must also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.

#### Cross References

This section cited in 55 Pa. Code § 2600.202 (relating to prohibitions).

### § 2600.232. Environmental protection.

(a) The home shall provide exercise space, both indoor and outdoor.

(b) No more than two residents may occupy a bedroom regardless of its size. A bedroom shall meet the requirement in § 2600.101(a), (b) or (c) (relating to resident bedrooms), as applicable. Section 2600.101(d) does not apply to a secured dementia care unit.

(c) The home shall provide space for dining, group and individual activities and visits.

(d) The home shall provide a full description of the measures taken to enhance environmental awareness and maximize independence of the residents. The measures to enhance environmental awareness and maximize independence of the residents shall be implemented.

#### Cross References

This section cited in 55 Pa. Code 2600.231 (relating to admission).

### § 2600.233. Doors, locks and alarms.

(a) Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

(b) A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one of more of the following occurs:

(1) Upon a signal from an activated fire alarm system, heat or smoke detector.

(2) Power failure to the home.

(3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

(c) If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

(d) Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

(e) Fire alarm systems shall be interconnected to the local fire department, when available, or a 24-hour monitoring service approved by the local fire department.

#### **Cross References**

This section cited in 55 Pa. Code § 2600.231 (relating to admission).

### **§ 2600.234. Resident care.**

(a) Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

(b) The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

(c) The support plan must identify the individual responsible to address the resident's needs.

(d) The support plan shall be revised at least annually and as the resident's condition changes.

(e) The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

#### **Cross References**

This section cited in 55 Pa. Code § 2600.231 (relating to admission).

### **§ 2600.235. Discharge.**

If the home initiates a discharge or transfer of a resident, or the legal entity chooses to close the home, the administrator shall give a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This requirement shall be stipulated in the resident-home contract signed prior to admission to the secured dementia care unit.

#### **Cross References**

This section cited in 55 Pa. Code § 2600.231 (relating to admission).

### **§ 2600.236. Training.**

Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

**Cross References**

This section cited in 55 Pa. Code § 2600.231 (relating to admission).

**§ 2600.237. Program.**

- (a) The following types of activities shall be offered at least weekly:
- (1) Gross motor activities, such as dancing, stretching and other exercise.
  - (2) Self-care activities, such as personal hygiene.
  - (3) Social activities, such as games, music and holiday and seasonal celebrations.
  - (4) Crafts, such as sewing, decorations and pictures.
  - (5) Sensory and memory enhancement activities, such as review of current events, movies, story telling, picture albums, cooking, pet therapy and reminiscing.
  - (6) Outdoor activities, as weather permits, such as walking, gardening and field trips.
- (b) Resident participation in general activity programming shall:
- (1) Be voluntary.
  - (2) Respect the resident's age and cognitive abilities.
  - (3) Support the retention of the resident's abilities.

**Cross References**

This section cited in 55 Pa. Code § 2600.231 (relating to admission).

**§ 2600.238. Staffing.**

Each resident in a secured dementia care unit shall be considered to be a resident with mobility needs under § 2600.57(c) (relating to direct care staffing).

**Cross References**

This section cited in 55 Pa. Code § 2600.231 (relating to admission).

**§ 2600.239. Notification to Department.**

- (a) The legal entity shall submit a written request to the Department's personal care home regional office at least 60 days prior to the following:
- (1) Opening a secured care dementia unit.
  - (2) Adding a secured dementia care unit to an existing home.
  - (3) Increasing the maximum capacity in an existing unit.
  - (4) Changing the locking system, exit doors or floor plan of an existing unit.
- (b) The Department will inspect and approve the secured care dementia unit prior to operation or change. The requirements of this chapter shall be met prior to operation.
- (c) The following documents shall be included in the written request specified in subsection (a):

- (1) The name, address and legal entity of the home.
- (2) The name of the administrator of the home.
- (3) The maximum capacity of the home.
- (4) The requested resident population of the secured dementia care unit.
- (5) A building description.
- (6) A unit description.
- (7) The type of locking system.
- (8) Policy and procedures to be implemented for emergency egress and resident elopement.
- (9) A sample of a 2-week staffing schedule.
- (10) Verification of completion of additional training requirements.
- (11) The operational description of the secured dementia care unit locking system of the doors.
- (12) The manufacturer's statement regarding the secured dementia care unit locking system.
- (13) A written approval or a variance permitting locked exit doors from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.
- (14) The name of the municipality or 24-hour monitoring service maintaining the interconnection with the home's fire alarm system.
- (15) A sample plan of care and service for the resident addressing the resident's physical, medical, social, cognitive and safety needs for the residents.
- (16) The activity standards.
- (17) The complete medical and cognitive preadmission assessment, that is completed upon admission and reviewed and updated annually.
- (18) A consent form agreeing to the resident's placement in the secured unit, to be signed by the resident or the resident's designated person.
- (19) A written agreement containing full disclosure of services, admission and discharge criteria, change in condition policies, services, special programming, costs and fees.
- (20) A description of environmental cues being utilized.
- (21) A general floor plan of the entire home.
- (22) A specific floor plan of the secured dementia care unit, outside enclosed area and exercise space.

#### **Cross References**

This section cited in 55 Pa. Code § 2600.231 (relating to admission).

### **RESIDENT RECORDS**

#### **§ 2600.251. Resident records.**

- (a) A separate record shall be kept for each resident.
- (b) The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

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(c) The home shall use standardized forms to record information in the resident's record.

(d) Separate resident records shall be kept on the premises where the resident lives.

(e) Resident records shall be made available to the resident and the resident's designated person during normal working hours.

**§ 2600.252. Content of resident records.**

Each resident's record must include the following information:

- (1) Name, gender, admission date, birth date and Social Security number.
- (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
- (3) A photograph of the resident that is no more than 2 years old.
- (4) Language or means of communication spoken or used by the resident.
- (5) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
- (6) The name, address and telephone number of the resident's physician or source of health care.
- (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
- (8) A list of prescribed medications, OTC medications and CAM.
- (9) Dietary restrictions.
- (10) A record of incident reports for the individual resident.
- (11) A list of allergies.
- (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
- (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment.
- (14) A support plan.
- (15) Applicable court order, if any.
- (16) The resident's medical insurance information.
- (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
- (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
- (19) An inventory of the resident's property entrusted to the administrator for safekeeping.
- (20) The financial records of residents receiving assistance with financial management.
- (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination.
- (22) Copies of transfer and discharge summaries from hospitals, if available.
- (23) If the resident dies in the home, a copy of the official death certificate.

- (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- (25) A copy of the resident-home contract.
- (26) A termination notice, if any.

**§ 2600.253. Record retention and disposal.**

- (a) The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.
- (b) Records shall be destroyed in a manner that protects confidentiality.
- (c) The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.
- (d) Records required under this chapter that are not part of the resident records shall be kept for a minimum of 3 years or until any audit or litigation is resolved.

**§ 2600.254. Record access and security.**

- (a) Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.
- (b) Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.
- (c) Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

**ENFORCEMENT**

**§ 2600.261. Classification of violations.**

- (a) The Department will classify each violation of this chapter into one of three categories as described in paragraphs (1)—(3). A violation identified may be classified as Class I, Class II or Class III, depending upon the severity, duration and the adverse effect on the health and safety of residents.
  - (1) *Class I.* Class I violations have a substantial probability of resulting in death or serious mental or physical harm to a resident.
  - (2) *Class II.* Class II violations have a substantial adverse effect upon the health, safety or well-being of a resident.
  - (3) *Class III.* Class III violations are minor violations, which have an adverse effect upon the health, safety or well-being of a resident.

(b) The Department's guidelines for determining the classification of violations are available from the Department's personal care home regional office.

**Cross References**

This section cited in 55 Pa. Code § 2600.268 (relating to notice of violations).

**§ 2600.262. Penalties.**

- (a) The Department will assess a penalty for each violation of this chapter.
- (b) Penalties will be assessed on a daily basis from the date on which the citation was issued until the date the violation is corrected, except in the case of Class II and Class III violations.
- (c) In the case of a Class II violation, assessment of the penalty will be suspended for 5 days from the date of citation to permit sufficient time for the home to correct the violation. If the home fails to provide proof of correction of the violation to the Department within the 5-day period, the fine will be retroactive to the date of citation. The Department may extend the time period for good cause.
- (d) The Department will assess a penalty of \$20 per resident per day for each Class I violation. Each Class I violation shall be corrected within 24 hours.
- (e) The Department will assess a minimum penalty of \$5 per resident per day, up to a maximum penalty of \$15 per resident per day, for each Class II violation.
- (f) There is no monetary penalty for Class III violations unless the home fails to correct the violation within 15 days. Failure to correct a Class III violation within the 15-day period may result in a penalty assessment of up to \$3 per resident per day for each Class III violation retroactive to the date of the citation.
- (g) If a home is found to be operating without a license, a penalty of \$500 will be assessed. After 14 days, if the home operator cited for operating without a license fails to file an application for a license, the Department will assess an additional \$20 for each resident for each day during which the home operator fails to apply.
- (h) A home charged with a violation of this chapter or Chapter 20 (relating to licensure or approval of facilities and agencies) has 30 days to pay the assessed penalty in full.

**Cross References**

This section cited in 55 Pa. Code § 2600.266 (relating to revocation or renewal of licenses).

**§ 2600.263. Appeals of penalty.**

- (a) If the home that is fined intends to appeal the amount of the penalty or the fact of the violation, the home shall forward the assessed penalty, not to exceed \$500, to the Secretary for placement in an escrow account with the State Treasurer. A letter appealing the penalty shall be submitted with the assessed penalty. This process constitutes an appeal.

(b) If, through an administrative hearing or judicial review of the proposed penalty, it is determined that no violation occurred or that the amount of the penalty shall be reduced, the Secretary will, within 30 days, remit the appropriate amount to the legal entity together with interest accumulated on these funds in the escrow deposit.

(c) Failure to forward payment of the assessed penalty to the Secretary within 30 days will result in a waiver of the right to contest the fact of the violation or the amount of the penalty.

(d) After an administrative hearing decision that is adverse to the legal entity, or a waiver of the administrative hearing, the assessed penalty amount will be made payable to the "Commonwealth of Pennsylvania." It will be collectible in a manner provided by law for the collection of debts.

(e) If a home liable to pay the penalty neglects or refuses to pay the penalty upon demand, the failure to pay will constitute a judgment in favor of the Commonwealth in the amount of the penalty, together with the interest and costs that may accrue on these funds.

#### **§ 2600.264. Use of fines.**

(a) Money collected by the Department under this section will be placed in a special restricted receipt account.

(b) Money collected will be used first to defray the expenses incurred by residents relocated under this chapter.

(c) The Department will use money remaining in this account to assist with paying for enforcement of this chapter. Fines collected will not be subject to 42 Pa.C.S. § 3733 (relating to deposits into account).

#### **§ 2600.265. Review of classifications.**

(a) The Department will review the determinations of Class I, Class II and Class III violations made by the Department's personal care home regional offices.

(b) Semiannually, the Department will review the standard guidelines for the classification of violations and evaluate the use of these guidelines. This review is to ensure the uniformity and consistency of the classification process.

#### **§ 2600.266. Revocation or nonrenewal of licenses.**

(a) The Department will temporarily revoke the license of a home if, without good cause, one or more Class I violations remain uncorrected 24 hours after the home has been cited for the violation.

(b) The Department will temporarily revoke the license of a home if, without good cause, one or more Class II violations remain uncorrected 15 days after the citation.

(c) Upon the revocation of a license in the instances described in subsections (a) and (b), or if the home continues to operate without applying for a license as described in § 2600.262(h) (relating to penalties), residents shall be relocated.

(d) The revocation of a license may terminate upon the Department's determination that its violation is corrected.

(e) If, after 3 months, the Department does not issue a new license for a home, the prior license is revoked under section 1087 of the Public Welfare Code (62 P. S. § 1087).

(1) Revocation or nonrenewal under this section will be for a minimum of 5 years.

(2) A home, which has had a license revoked or not renewed under this section, will not be allowed to operate, staff or hold an interest in a home which applies for a license for 5 years after the revocation or nonrenewal.

(f) If a home has been found to have Class I violations on two or more separate occasions during a 2-year period without justification, the Department will revoke or refuse to renew the license of the home.

(g) The power of the Department to revoke or refuse to renew or issue a license under this section is in addition to the powers and duties of the Department under section 1026 of the Public Welfare Code (62 P. S. § 1026).

#### **§ 2600.267. Relocation of residents.**

(a) If the relocation of residents is due to the failure of the home to apply for a license, the Department will offer relocation assistance to the residents. This assistance will include each resident's involvement in planning the relocation, except in the case of an emergency. Each resident shall have the right to choose among the available alternatives after an opportunity to visit the alternative homes. These procedures will occur even if the residents are placed in a temporary living situation.

(b) A resident will not be relocated if the Secretary determines in writing that the relocation is not in the best interest of the resident.

#### **§ 2600.268. Notice of violations.**

(a) The administrator shall give each resident and the resident's designated person written notification of a Class I violation within 24 hours of the citation.

(b) The administrator shall give each resident and the resident's designated person oral or written notification of a Class I or Class II violation, as defined in § 2600.261 (relating to classification of violations), which remains uncorrected for 5 days after the date of citation.

(c) If a Class II violation remains uncorrected within 5 days following the citation, the administrator shall give written notice of the violation to each resident and the resident's designated person on the 6th day from the date of the citation.

(d) The Department will provide immediate written notification to the appropriate long-term care ombudsman of Class I violations, and notification of Class II violations which remain uncorrected 5 days after the date of citation.

**§ 2600.269. Ban on admissions.**

- (a) The Department will ban new admissions to a home:
- (1) That has been found to have a Class I violation.
  - (2) That has been found to have a Class II violation that remains uncorrected without good cause 5 days after being cited for the violation.
  - (3) Whose license has been revoked or nonrenewed.
- (b) The Department may ban new admissions to a home that has been found to have a repeated Class II violation within the past 2 years.
- (c) A ban on admissions will remain in effect until the Department determines that the home has corrected the violation, and after the correction has been made, has maintained regulatory compliance for a period of time sufficient to permit a conclusion that the compliance will be maintained for a prolonged period.

**§ 2600.270. Correction of violations.**

The correction of a violation cited under section 1086 of the Public Welfare Code (62 P. S. § 1086) does not preclude the Department from issuing a provisional license based upon the same violation.

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