CHAPTER 11. OLDER ADULT DAILY LIVING CENTERS

Subchap. A. LICENSURE AND OPERATION REQUIREMENTS . . . . . . . . . . . . . . . . . . . 11.1

Cross References
This chapter cited in 55 Pa. Code § 51.20 (relating to criminal history checks); 55 Pa. Code § 51.22 (relating to provisional hiring); 55 Pa. Code § 52.15 (relating to provider records); 55 Pa. Code § 52.17 (relating to critical incident and risk management); 55 Pa. Code § 52.19 (relating to criminal history checks); and 55 Pa. Code § 52.20 (relating to provisional hiring).

Subchapter A. LICENSURE AND OPERATION REQUIREMENTS

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Authority

The provisions of this Subchapter A issued under the Older Adult Daily Living Centers Licensing Act (62 P. S. §§ 1511.1—1511.22), unless otherwise noted.

Source

The provisions of this Subchapter A adopted July 2, 1993, effective October 12, 1993, 23 Pa.B. 3203, unless otherwise noted.

GENERAL PROVISIONS

§ 11.1. Purpose.

The purpose of this subchapter is to protect the health, safety and well-being of persons with functional impairments through the formulation, implementation and enforcement of minimum requirements for the licensing and operation of older adult daily living centers.

Cross References

This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.2. Applicability.

(a) This subchapter applies to older adult daily living centers, as defined in § 11.3 (relating to definitions), serving clients with functional impairment who are 60 years of age or older, or who are 18 years of age or older and have post-
stroke dementia, Parkinsonism or a dementia-related disease such as Alzheimer’s or other organic brain syndrome, with the exception of facilities listed in subsec-
tion (e).
(b) This subchapter contains the minimum requirements that shall be met to
obtain a license. Each older adult daily living center will be inspected by the
Department each year and obtain a license in order to operate or continue to
operate.
(c) This subchapter applies to for profit, nonprofit, publicly-funded and
privately-funded older adult daily living centers.
(d) This subchapter also applies to centers operated in or on the grounds of:
   (1) A licensed community home for individuals with mental retardation.
   (2) A community residential rehabilitation mental health facility.
   (3) A non-State operated intermediate care facility for the mentally
       retarded.
(e) This subchapter does not apply to the following:
   (1) Vocational facilities as defined in 55 Pa. Code Chapter 2390 (relating
to vocational facilities).
   (2) Partial hospitalization facilities as defined in 55 Pa. Code Chapter 5210
       (relating to partial hospitalization).
   (3) Summer recreation programs, camping programs and socialization
       clubs.
   (4) Adult day care facilities located in nursing homes that serve only their
       own clients.
   (5) Adult developmental training facilities operated by the Department of
       Public Welfare or the Department of Education.
(f) This subchapter does not measure or assure compliance with other appli-
cable Federal, State and local laws; regulations; codes; and ordinances. It is the
responsibility of the center operator to comply with all other applicable laws,
regulations, codes and ordinances.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.3. Definitions.
The following words and terms, when used in this subchapter, have the follow-
ing meanings, unless the context clearly indicates otherwise:
ADL—Activities of Daily Living—The term includes bathing, dressing and
undressing, grooming, eating, transferring in and out of bed or chair, toileting,
bladder management, bowel management and additional personal care activi-
ties such as nail care.
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 a caretaker of goods or services which are necessary to maintain physical or mental health.

(iii) Sexual harassment, rape or abuse as it is defined in the Protection From Abuse Act (35 P. S. §§ 10181—10190).

Act—The Older Adult Daily Living Centers Licensing Act (62 P. S. §§ 1511.1—1511.22).

Area agency on aging—The single local agency designated within a planning and service area by the Department to develop and administer the delivery of a comprehensive and coordinated plan of social service activities for older persons.

Aversive conditioning—The application, contingent upon the exhibition of maladaptive behavior, of startling, painful or noxious stimuli.

CRNP—Certified Registered Nurse Practitioner—A registered nurse licensed in this Commonwealth who is certified by the State Board of Nursing and the State Board of Medicine in a particular clinical specialty area and who, while functioning in the expanded role as a professional nurse, performs acts of medical diagnosis and prescription of medical, therapeutic or corrective measures in collaboration with and under the direction of a physician licensed to practice medicine in this Commonwealth, as authorized by section 15 of the Medical Practice Act (63 P. S. § 422.15) and implementing regulations at 49 Pa. Code Chapter 21, Subchapter C (relating to certified registered nurse practitioners).

Caregiver—A person who has assumed the primary responsibility for the care of a person with a functional impairment who is 60 years of age or older, or who is 18 years of age or older and has post-stroke dementia, Parkinsonism or a dementia-related disease such as Alzheimer’s or other organic brain syndrome.

Caretaker—The operator and staff persons of the older adult daily living center who have assumed responsibility for the provision of older adult daily living services in the older adult daily living center.

Center or older adult daily living center—A premises operated for profit or not-for-profit in which older adult daily living services are simultaneously provided for four or more clients who are not relatives of the operator for part of a 24-hour day.

Client—A resident of this Commonwealth with functional impairment who meets the following criteria:

(i) The person is categorically eligible because the person is one of the following:

(A) Sixty years of age or older.

(B) Eighteen years of age or older and has post-stroke dementia, or Parkinsonism or a dementia-related disease such as Alzheimer’s or other organic brain syndrome.

(ii) The person receives services in an older adult daily living center.
(iii) The person requires assistance to meet personal needs and perform
basic daily activities as determined by an intake screening process.

*Communicable disease*—An illness due to a specific infectious agent or its
toxic products which arises through transmission of that agent or its products
from an infected person to a susceptible host, either directly or indirectly
through an intermediate plant, animal host or the environment.

*Department*—The Department of Aging of the Commonwealth.

*Exploitation*—An act or course of conduct by a caretaker or other person
against a client or a client’s resources, without the informed consent of the cli-
ent or with consent obtained through misrepresentation, coercion or threats of
force, that results in monetary, personal or other benefit, gain or profit for the
perpetrator or monetary or personal loss to the client.

*Fire safe area*—An area which is accessible from the facility by two differ-
ent routes and which is separated from other areas of the building by a mini-
num of 1-hour rated wall and door assemblies.

*Fire safety authority*—A local fire department, fire protection engineer,
State-certified fire protection instructor, college instructor in fire science,
county or State fire school, volunteer fire person trained by a county or State
fire school, or an insurance company loss control representative.

*Functional impairment*—A professionally determinable state or condition
attributable to a range of physical, mental, developmental, psychosocial, neu-
rological or other conditions, in which the capacity for independence is limited
and the ability to perform or carry out activities of daily living is impeded.

*IADL—* **Instrumental Activities of Daily Living**—The term includes preparing
meals, doing housework, doing laundry, shopping, using transportation, manag-
ing money, using a telephone, and doing home maintenance—that is chores and
repairs.

*Long-term care ombudsman*—An agent of the Department who investigates
and seeks to resolve complaints made by or on behalf of older individuals 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, welfare or rights of these consumers.

*Neglect*—The failure of a caretaker to provide goods or services essential to
avoid a clear and serious threat to physical or mental health.

*Older adult daily living services*—Services provided or arranged to assist in
meeting the needs, including personal care, social, nutritional, health and edu-
cational needs, of clients. These are provided, as appropriate for each client,
through a planned program of social, educational, recreational, therapeutic,
rehabilitative, habilitative and developmental activities. The term does not
include services provided for persons whose needs are such that they can only
be met in a long-term care facility on an inpatient basis receiving profession-
ally supervised nursing care and related medical and other health services.
Program staff—An employee of the center who directly assists clients with activities of daily living or provides older adult daily living services, or both. The term does not include a person whose totality or majority of time involves providing housekeeping, maintenance, accounting/bookkeeping or clerical services. The term also does not include a nurse or social worker retained by the center as a consultant; that is, retained as an independent contractor to give advice, guidance or other assistance in accordance with the standards of the nursing or social work profession.

Provider or operator—The individual, agency, partnership, association, organization or corporate entity which owns or operates, or both, the older adult daily living center and provides the program of services provided in the center.

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

Responsible party—A person who is responsible for making decisions on behalf of the client.

Restraint—A chemical or mechanical device used to restrict movement or normal function of an individual or a portion of the individual’s body.

(i) Mechanical devices used to restrain include geriatric chairs; posey; chest; waist; wrist or ankle restraints; locked restraints; and locked doors to prevent egress. The term does not include devices used to provide support for the achievement of functional body position or proper balance as long as the device can easily be removed by the client.

(ii) Chemical restraint includes drugs or chemicals administered for the specific and exclusive purpose of controlling acute or episodic aggressive behavior. The term does not include drugs administered on a regular basis, as prescribed by a physician, for the purposes of treating the symptoms of mental, emotional or behavioral disorders and for assisting the client in gaining self-control over impulses.

Seclusion—Locking an individual in a room by means of a door locking device, such as a key lock, spring lock, bolt lock, or foot pressure lock, or by means of a technique such as physically holding the door shut.

Unusual incident—An occurrence which seriously threatens the health and safety of a client. The term includes:

(i) Criminal infractions.

(ii) Injury, trauma or illness of a client requiring treatment at a medical facility.

(iii) Abuse or suspected abuse of a client.

(iv) Violation or suspected violation of a client’s rights.

(v) A client who is missing and presumed to be at risk.

(vi) Misuse or suspected misuse of client funds or property.

(vii) Outbreak of a communicable disease, as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions) to the extent that confidentiality laws permit reporting.
(viii) An incident involving a fire department or circumstances requiring police action.

(ix) A condition, except for snow or ice conditions, that results in closure of the facility for more than 1 scheduled day of operation.

(x) Neglect or suspected neglect of a client.

Volunteer—A person who, of the person’s own free will, and without monetary compensation, provides service for center clients.

Notes of Decisions

Long-Term Care Ombudsman

Inmate, who was resident of specialized correctional institution designed to provide long-term care to elderly and seriously ill inmates, did not fall within statutorily defined class of persons that long-term care ombudsman was designed to serve; he was not a “resident” of a skilled nursing facility, nursing facility, board and care facility, and as an inmate of a State correctional institution, he is not the intended beneficiary of the services designed to serve older persons in the community. Silo v. Commonwealth, 886 A.2d 1193, 1195 (Pa. Cmwlth. 2005).

Cross References

This section cited in 6 Pa. Code § 11.2 (relating to applicability); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.4. Admissions criteria.

(a) A client admitted to a center shall meet the following criteria. The client shall:

(1) Have a functional impairment and be in need of services, as determined by an intake screening process.

(2) Be capable of being transported to and from the service site.

(3) Be in need of a structured program of activities or services.

(b) A client may be admitted only after an intake screening has been completed as set forth in § 11.101 (relating to intake screening).

(c) Persons who are not to be admitted to or retained in a center include persons who:

(1) Are bedfast.

(2) Have a communicable disease unless, to the extent that confidentiality laws permit, a physician certifies, in writing, that the person will not pose a serious threat to the health, safety or well-being of the clients or staff and provides specific instructions and precautions to be taken for the protection of the clients or staff at the center. The physician’s written instructions and precautions shall be followed. This is intended to protect the health of the client and is not intended to discriminate against any individual.

(3) Have emotional or behavioral disorders which are destructive to self or others or disruptive in a group setting, unless the center has the capacity, including qualified staff persons to manage these problems adequately and appropriately.
(4) Are habitually addicted to alcohol or drugs and, due to the addiction, are disruptive in a group setting, unless the center has the capacity, including qualified staff persons, to manage these problems adequately and appropriately.
(5) Do not need the activities and services provided in the older adult daily living center, and who need referral to other more appropriate programs such as a senior center or nutrition site.
(d) The center shall have a written policy on the characteristics of persons eligible for admission. The policy shall:
(1) Describe the type of persons who may be served.
(2) Limit admissions to persons who can be served in a manner consistent with the goals of the center.

Cross References

§ 11.5. Waivers.
(a) It is the policy of the Department that licensees shall comply with this subchapter to assure quality of care. The Department may, for good reason, grant waivers to specific requirements contained in this subchapter for specified periods of time. Waivers will be granted only when the health, safety and welfare of the clients or the quality of services provided to clients is not adversely affected. The Department reserves the right to revoke a waiver if the conditions required by the waiver are not met.
(b) Centers which also provide services to persons who receive services under Articles IX and X of the Public Welfare Code (62 P. S. §§ 901—1057.3) may, consistent with subsection (a), apply for waivers to requirements in this subchapter which are essentially duplicative of requirements under regulations promulgated by the Department of Public Welfare to implement Articles IX and X of the Public Welfare Code, with which they are already in full compliance. The Department reserves the right to grant requested waivers or to require additional, reasonable actions by a center to bring it into compliance with requirements in this subchapter.
(c) The licensee shall submit a written request for a waiver to the Department’s Division of Older Adult Daily Living Center Licensure. Waivers granted by the Department will be in writing and retained by the licensee and be part of the licensee’s permanent record.
(d) A waiver is subject to an annual review by the Department to determine whether acceptable conditions exist for renewal of the waiver.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.6. Service goals.
The goals of planned programs of older adult daily living services provided to clients at centers are as follows:
(1) To improve the quality of life of individuals with functional impairment.
(2) To provide respite for caregivers and clients.
(3) To provide a community-based alternative to institutionalization which is unnecessary for a particular client.
§ 11.7. Nondiscrimination.


§ 11.8. Responsible party.

(a) A client may voluntarily designate a person as a responsible party. The client designates the responsible party by executing a written document which states the area in which the client authorizes the responsible party to act in the client’s behalf.

(b) A person may also be appointed as a responsible party by a court of law. The court appoints the responsible party by means of a court order which states the area in which the court authorizes the responsible party to act in the client’s behalf.

(c) An employee of a center will be permitted to be a responsible party for a client at the center only if appointed the client’s legal guardian by the court.

(d) A center shall have written documentation of designation or appointment when a responsible party has been designated or appointed as described in subsections (a) and (b). Written documentation shall be kept in the client’s file and provide information sufficient to enable a center to clearly identify the responsible party and the area in which the responsible party has been designated or appointed to act in the client’s behalf.
§ 11.9. Client rights.

(a) The program director/administrator shall ensure that clients are, to the extent of their ability, aware of the rights specified in this section. Responsible parties shall also be made aware of client rights. Center clients have rights which include the right to:

1. Be treated with dignity and respect, including privacy in treatment and in care for personal needs.
2. Participate in development and implementation of the client’s individual plan of care.
3. Be fully informed regarding the services to be provided, including frequency of services and treatment objectives, as evidenced by the client’s or responsible party’s written acknowledgement.
4. Receive services designed to promote the client’s functional ability to the optimal level and to encourage independence.
5. Be accorded safe, comfortable and healthful accommodations, furnishings and equipment to meet the client’s needs.
6. Be free from abuse, neglect and exploitation.
7. Exercise the right to attend or to refrain from attendance and participation in religious activities, if offered.
8. End participation at the center at any time.
9. Be free from restraints, seclusion and aversive conditioning.
10. Be accorded rights described in this subchapter in the areas of:
    i. Civil rights (See § 11.19 (relating to civil rights)).
    ii. Grievance procedures. (See § 11.20 (relating to grievance procedures)).
    iii. Access and use of telephone. (See § 11.61 (relating to telephone)).
    iv. Confidentiality. (See § 11.198 (relating to release of information)).
11. Be free to contact and meet privately with representatives of the Long-Term Care Ombudsman Program.

(b) The center shall post in a prominent place in the center the list of client rights in English and other predominant language of the community.

(c) The program director/administrator shall ensure that client rights are explained to each client and responsible party orally in a language understood by the client and responsible party.

Cross References

This section cited in 6 Pa. Code § 11.212 (relating to applicability).

GENERAL REQUIREMENTS

§ 11.11. Application.

Application for a license shall be made in accordance with §§ 11.231 and 11.232 (relating to application).

Appeals related to licensure shall be made in accordance with §§ 11.291 and 11.292 (relating to appeals).

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.13. Administration and organization.

(a) The statement of policy at Subchapter B (relating to statement of policy) establishes guidelines for the establishment and operation of older adult daily living center advisory committees.

(b) A center shall utilize written administrative policies and procedures which, at a minimum, include:

(1) Accounting policies and procedures.
(2) Personnel policies and practices.
(3) Client policies on admissions, discharges, transfers, and the like.
(4) Record policies, including client records, as set forth in §§ 11.191—11.198 (relating to client records); incidents occurring at the center, as set forth in § 11.16 (relating to reporting of unusual incidents); and discharges, as set forth in § 11.113 (relating to record of discharge).
(5) Safety policies including fire safety, emergency and infection control measures to guard against the spread of communicable disease.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.401 (relating to advisory committee).


(a) Centers shall have a valid occupancy permit listing the appropriate type of occupancy from the Department of Labor and Industry, the Department of Public Safety of the city of Pittsburgh, the Department of Licensing and Inspection of the city of Philadelphia or the Department of Community Development of the city of Scranton.

(b) If the occupancy permit is withdrawn, restricted or revised, the center operator shall notify the Department orally within 1 working day and in writing within 2 working days.

(c) If a center is adapted, remodeled or altered after the initial occupancy permit is issued, a new occupancy permit or written approval, if required by the agency which issued the initial permit, shall be obtained from the Department of Labor and Industry, the Department of Public Safety of the city of Pittsburgh, the
Department of Licensing and Inspection of the city of Philadelphia, or the Department of Community Development of the city of Scranton.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.15. Abuse, neglect and exploitation.
Abuse, neglect and exploitation of clients in a center is prohibited. The occurrence of one or more instances of abuse, neglect or exploitation constitutes a sufficient basis for denial, nonrenewal or revocation of a license by the Department.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.16. Reporting of unusual incidents.
(a) Written policies and procedures on the prevention, recording, reporting, investigation and management of unusual incidents which occur at the center shall be developed and kept at the center. Procedures for reporting unusual incidents shall be in compliance with confidentiality laws.
(b) The responsible party, the client’s family, if appropriate, and the residential services provider, if applicable, shall be immediately notified in the event of an unusual incident relating to a client.
(c) In cases of abuse or suspected abuse, an incident involving a fire department, or circumstances requiring police action, within 24 hours after an unusual incident occurs but not later than the next working day, the center operator shall orally notify the following:
   (1) The Department.
   (2) The funding agency when the services of the client involved in the unusual incident are being publicly funded.
   (3) The mental health and mental retardation program of the county in which the center is located if the client involved in the unusual incident has mental illness or mental retardation.
(d) Within 3 working days after an unusual incident occurs, the center operator shall conduct an investigation of the unusual incident and complete and send copies of an unusual incident report on a form specified by the Department to the following:
   (1) The Department.
   (2) The funding agency when the services of the client involved in the unusual incident are being publicly funded.
   (3) The mental health and mental retardation program of the county in which the center is located if the client involved in the unusual incident has mental illness or mental retardation.
(e) A copy of an unusual incident report relating to an individual client shall be kept in the client’s record.

(f) A copy of unusual incident report related to the center itself, such as one involving a fire department, shall be kept in the center’s records for at least 4 years or until any audit or litigation is resolved.

Cross References
This section cited in 6 Pa. Code § 11.13 (relating to administration and organization); 6 Pa. Code § 11.105 (relating to review and revision of individual care plan); 6 Pa. Code § 11.107 (relating to copies of individual care plan); 6 Pa. Code § 11.197 (relating to access); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.17. Reporting of deaths.

(a) The responsible party, the client’s family and the residential service provider, if applicable, shall be immediately notified by phone of a client’s death at the center.

(b) Within 24 hours after a death of a client occurs at the center, the center operator shall complete and send copies of a death report on a form specified by the Department to the following:

(1) The Department.

(2) The funding agency when the services of the deceased client are being publicly funded.

(3) The mental health and mental retardation program of the county in which the center is located if the deceased client had mental illness or mental retardation.

(c) A copy of the report required by subsection (b) shall be kept in the deceased client’s record.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.18. Criminal history record check.

(a) Operators applying to the Department for licensure shall obtain for themselves and for prospective full-time, part-time and temporary program staff persons (including vehicle drivers, but excluding students), the following information:

(1) A report of criminal history record information from the State Police or a statement from the State Police that the State Police Central Repository contains no information relating to that person, under 18 Pa.C.S. §§ 9101—9183 (relating to the Criminal History Record Information Act).

(2) A report of Federal criminal history record information under the Federal Bureau of Investigation appropriation of Title II of the act of October 25, 1972 (Pub. L. 92-544, 86 Stat. 1109), if the operator or employee has not been a resident of this Commonwealth for the 3 years prior to hiring.

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(b) Information in subsection (a) shall be obtained at the employee’s expense or, at the option of the provider, the provider’s expense.

(c) For centers beginning operation on or after October 12, 1993, an operator shall apply for the information in subsection (a) for the operator no later than 2 working days after the date the operator applies to the Department to begin operating a center.

(d) For persons hired on or after October 12, 1993, an operator shall apply for the information in subsection (a) for prospective employees within 5 working days after the employee’s date of hire.

(e) Final reports received from the State Police, and, if applicable, the Federal Bureau of Investigation for the operator and employees shall be kept on file by the center operator.

Cross References
This section cited in 6 Pa. Code § 11.31 (relating to minimum staff requirements); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.19. Civil rights.

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

(b) The center operator shall develop and implement civil rights policies and procedures. Civil rights policies and procedures shall include the following:

1. Nondiscrimination in the provision of services, admissions, placements, facility usage, referrals and communications with clients who are nonverbal or non-English speaking.

2. Physical accessibility and accommodation as needed for clients with physical disabilities.

3. The opportunity to lodge civil rights complaints.

4. Information on these rights and the procedure for lodging civil rights complaints.

Cross References
This section cited in 6 Pa. Code § 11.9 (relating to client rights); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.20. Grievance procedures.

(a) The center shall have written grievance procedures for clients and the responsible party that assure investigation and a process for resolution of complaints.

(b) At the time of enrollment, the center shall provide clients and responsible parties with the name, address and telephone number of the local representative of the Long-Term Care Ombudsman Program.

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(a) Written procedures for handling emergencies shall be developed and be available at the center. The procedures include:
   (1) The location of portable emergency information files on each client containing the information in § 11.191 (relating to emergency information).
   (2) Evacuation procedures set forth in § 11.82 (relating to evacuation procedures).
   (3) Procedures for handling medical emergencies as specified in § 11.134 (relating to emergency medical plan) and nonmedical emergencies, including specific staff responsibilities.
(b) Written emergency procedures shall be reviewed with staff persons at least quarterly.

§ 11.22. Insurance coverage.
The center shall obtain insurance coverage, which includes personal and professional liability coverage.

§ 11.23. Annual survey questionnaire.
At the Department’s direction, each center, on a form prescribed by the Department, shall complete and submit an annual survey questionnaire, which describes its programs and the clients it serves. Annual survey questionnaires will be due on a date specified by the Department.

§ 11.31. Minimum staff requirements.
(a) Center staff persons promoted or hired on or after October 12, 1993, shall:
   (1) Meet the specific educational or experience and skill requirements in §§ 11.34—11.37.
(2) Meet training requirements in § 11.33 (relating to program staff orientation and training).

(3) Meet requirements for a physical examination in § 11.132 (relating to staff physical examination).

(4) Never have been found guilty by a court of law of a felony or a crime involving assaultive behavior or moral turpitude as documented through procedures in § 11.18 (relating to criminal history record check).

(5) Never have been found to be a substantiated perpetrator of abuse, neglect, exploitation or abandonment under the Older Adults Protective Services Act (35 P. S. §§ 10211—10224).

(6) Never have had a finding entered into the State Nurse Aide Registry concerning abuse, neglect or mistreatment of individuals or misappropriation of their property.

(b) Center staff persons hired prior to October 12, 1993, are not required to meet minimum staff requirements in subsection (a)(1) and (4)—(6) but shall meet the other minimum staff requirements in subsection (a)(2) and (3).

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.32. Necessary staff duties and responsibilities.

(a) On or after October 12, 1993, a center shall carry out all of the duties and responsibilities of the positions contained in §§ 11.34—11.37.

(b) A staff person may simultaneously perform the duties and responsibilities of more than one of the positions in subsection (a). When this is the case, the staff person shall meet licensure requirements for each of the positions held, and at least the minimum education or equivalent experience requirements for each of the positions held.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.33. Program staff orientation and training.

(a) Providers shall, using center staff persons, outside resources, or both, provide program staff persons with the following:

(1) A general orientation in the following areas, within 3 months of employment:

(i) The purpose and goals of older adult daily living services.

(ii) The roles and responsibilities of staff members.

(iii) Positive approach methods to manage behavior.

(iv) Health and safety precautions, including infection control.

(v) Information on fire and safety measures/codes.
(vi) The philosophy of the program and, if applicable, the parent organization.
(vii) Confidentiality.
(viii) Interdisciplinary team approach.
(ix) Client rights.
(x) The population served.
(xi) The center’s policies and regulations.
(xii) Communication skills.
(xiii) The center’s emergency procedures.
(2) Training in the following areas, within 3 months of employment and annually thereafter regarding:
   (i) The needs of the clients in the center’s target population.
   (ii) Body mechanics/transfer techniques.
   (iii) Voluntary reporting laws regarding abuse, neglect and exploitation.
   (iv) Positive approach methods to manage behavior.
(3) In addition to the general orientation and annual training required in subsection (a)(1) and (2), at least two training sessions, totalling at least 8 hours of training, per year to enhance quality of care and job performance.
(b) A sufficient number of staff persons shall be trained, certified and recertified in cardio-pulmonary resuscitation and in first aid training so that at least one staff person so trained, certified and recertified in CPR and first aid training is present in the center at all times.
(c) A center shall have a training curriculum describing the general orientation and annual training required in subsections (a)(1) and (2) and the qualifications of the trainer or of the organizations which provide training. A center shall have the curriculum and trainer or organization qualifications available to the Department for review at the time of initial licensure and annual relicensure inspection.
(d) The statement of policy at Subchapter B establishes guidelines for compliance with the requirements of this section.
(e) A center shall keep records of training, as set forth in this section, including content, dates, length of training, copies of certificates received, if any, and names of staff persons attending.
(f) The Department may require that centers make reasonable modifications, regarding curricula or the selection and use of trainers, in order to satisfy the requirements of this section.

Cross References
This section cited in 6 Pa. Code § 11.31 (relating to minimum staff requirements); 6 Pa. Code § 11.37 (relating to program assistant/aide); 6 Pa. Code § 11.38 (relating to volunteers); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.404 (relating to program staff training guidelines).
§ 11.34. Program director/administrator.

(a) There shall be one program director/administrator responsible for the center.

(b) The program director/administrator shall be responsible for the administration and general management of the center, including the following:
   (1) Implementation of policies and procedures.
   (2) Admission and discharge of clients.
   (3) Safety and protection of clients.
   (4) Compliance with this subchapter.

(c) A program director/administrator shall have one of the following groups of qualifications:
   (1) At least a bachelor’s degree from an accredited college or university and a minimum of 2 years social or health services experience.
   (2) A high school diploma or GED equivalent and a minimum of 3 years experience in the social or health service setting and skills to work with aging adults or adults with functional impairment and to supervise center staff persons.

Cross References
This section cited in 6 Pa. Code § 11.31 (relating to minimum staff requirements); 6 Pa. Code § 11.32 (relating to necessary staff duties and responsibilities); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.35. Nurse.

(a) The center shall obtain the services of either a registered nurse, currently licensed in this Commonwealth, or a practical nurse, currently licensed in this Commonwealth, who is under the direction of a licensed professional nurse or a licensed physician. The nurse may be a full-time or part-time staff member, a consultant, or may serve through some other arrangement which meets the needs of clients. The nurse is responsible for the duties required in § 11.123(2)(i) (relating to core services) and, if offered in the center, the duties in § 11.123 (2)(ii).

(b) The nurse shall have experience working with aging adults and adults with functional impairment.

Cross References
This section cited in 6 Pa. Code § 11.31 (relating to minimum staff requirements); 6 Pa. Code § 11.32 (relating to necessary staff duties and responsibilities); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.36. Activities coordinator.

(a) Center staff persons shall include an activities coordinator who is responsible for the duties in § 11.123(4) (relating to core services).
(b) The activities coordinator shall have a bachelor’s degree or 2 years experience in the human services field and skills to work with aging adults and adults with functional impairment.

Cross References
This section cited in 6 Pa. Code § 11.31 (relating to minimum staff requirements); 6 Pa. Code § 11.32 (relating to necessary staff duties and responsibilities); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.37. Program assistant/aide.
(a) The center staff persons shall include a program assistant/aide responsible for duties which include:
(1) Provision of personal care and assistance to clients.
(2) Working with other staff members as required in implementing and carrying out services and activities and meeting the needs of individual clients.
(3) Assisting with transportation or escorting clients to, from and within the center, if appropriate.
(b) The program assistant/aide shall have at least one of the following qualifications:
(1) A high school diploma or GED equivalent.
(2) One or more years of related experience in working with individuals in a health care or social service setting.
(3) Satisfactory completion of requirements of the Department of Education necessary to be a nursing assistant.
(4) In lieu of paragraph (1), (2) or (3), appropriate training conducted by the center in addition to the training required in § 11.33 (relating to program staff orientation and training).

Cross References
This section cited in 6 Pa. Code § 11.31 (relating to minimum staff requirements); 6 Pa. Code § 11.32 (relating to necessary staff duties and responsibilities); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.38. Volunteers.
(a) Volunteers, at the discretion of the center provider, may take part in program orientation and training, as described in § 11.33 (relating to program staff orientation and training).
(b) Volunteer duties are mutually determined by volunteers and staff persons. Duties, to be performed under the supervision of a staff member, shall either supplement the staff in established activities or provide additional services for which the volunteer has special talents. Sample duties may include:
(1) Working under the direction of the staff to carry out program activities.
(2) Providing supplemental programs, such as parties and special events.
(3) Fundraising and public relations.
§ 11.39. **Staff-client ratio.**

(a) The program staff-client ratio shall be a minimum of one to seven at all times.

(b) The staff persons shall be physically located close enough to clients to monitor their condition at all times and shall be able to respond immediately to an emergency.

(c) A client may be allowed a degree of independence for periods of time if the absence of direct supervision is consistent with the client’s level of functioning and is part of a client’s plan aimed at achieving a higher level of independence.

(d) Except as provided in subsection (c), a client shall be directly supervised.

(e) The program director shall designate a staff person to supervise the center in the program director’s absence.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.51. **Special accommodations.**

Centers serving clients with a physical handicap or impediment, blindness, a visual impairment, deafness or a hearing impairment shall have accommodations to ensure safety and reasonable accessibility for entrance to, movement within and exit from the center.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.52. **Indoor floor and other space.**

(a) Except as set forth in subsection (b), a center that is co-located in a center housing other services shall have its own separate identifiable space during the hours of operation of the older adult daily living center.

(b) A center that is co-located with an adult developmental training facility operated or licensed by the Departments of Public Welfare or Education may share space with the facility.
(c) The center shall have sufficient space to accommodate the full range of program activities and services. This means that:

1. The facility shall provide at least 50 square feet of indoor program space for each client. Indoor floor space shall be measured wall to wall, including space occupied by equipment, temporary storage and furnishings. Space occupied by lavatories, dining areas, loading docks, kitchens, hallways, offices and first aid rooms cannot be included unless it is documented that the space is used for programming for at least 50% of each program day. Permanent storage space may not be included in the indoor floor space.

2. The facility is flexible and adaptable for large and small groups and individual activities and services.

3. Office space is available for center staff persons to work effectively.

4. Storage space is available for program and operating supplies.

5. A specified loading or parking area, or both, is available for the safe daily arrival and departure of clients.

6. There is private space available for confidential consultation with or services to, or both, the clients in the center and others as necessary.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.53. Poisons.
(a) Poisonous materials shall be kept in a cabinet, closet, cupboard or container that is locked or placed in a location which is inaccessible to clients.

(b) Poisonous materials shall be kept separate from food, food preparation surfaces and dining surfaces.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.54. Sources of heat.
Hot water pipes, fixed space heaters, radiators, wood and coal burning stoves, fireplaces and other sources of heat exceeding 120° F that are accessible to clients shall be equipped with protective guards or insulation to prevent clients from coming in contact with the heat source.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.55. Sanitation.
(a) Clean and sanitary conditions shall be maintained in all areas of the center.

(b) Evidence of infestation of insects or rodents in the center may not be present.
(c) Garbage and rubbish shall be removed from inside the center daily and from outside the building at least once per week.
(d) Trash in bathroom, dining and kitchen areas shall be kept in receptacles made of plastic, metal or other easily-cleanable materials that prevent the penetration of insects and rodents.
(e) Trash and garbage outside the center shall be kept in closed receptacles that prevent the penetration of insects and rodents.
(f) Centers that are not connected to a public sewer system shall have a written sanitation approval for their sewage system by the sewage enforcement official for the municipality in which the center is located.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.56. Ventilation.
Center areas, dining areas, kitchens and lavatories shall be ventilated by operable windows or mechanical ventilation, such as fans.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.57. Lighting.
Rooms, hallways, interior stairways, outside steps, interior and outside doorways, porches, ramps and fire escapes shall be lighted to assure client safety and to avoid accidents.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.58. Surfaces.
(a) Floors, walls, ceilings and other surfaces shall be in good repair.
(b) Floors, walls, ceilings and other surfaces shall be free of hazards, such as loose or broken window glass, pointed projections, loose or cracked floor coverings.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.59. Running water.
(a) A center shall have hot and cold running water in all bathrooms and kitchen areas.
(b) Hot water temperatures in areas accessible to clients may not exceed 130° F.
(c) Centers that are not connected to a public water system shall comply with 25 Pa. Code Chapter 109 (relating to safe drinking water). Written certification of water tests shall be kept with the center’s records.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.60. Indoor temperature.
(a) Indoor temperature shall be at least 70° F when clients are in the center.
(b) Whenever indoor temperature exceeds 80° F, mechanical ventilation, such as fans, or air conditioning is required.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.61. Telephone.
A center shall have an operable, noncoin-operated telephone with an outside line to which staff persons and clients have reasonable access. Subject to rules established by the center, clients may make and receive calls in reasonable privacy, or have calls made for the client, if necessary.

Cross References
This section cited in 6 Pa. Code § 11.9 (relating to client rights); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.62. Emergency and advocacy agency telephone numbers.
A center shall post on or by each telephone in the center with an outside line:
(1) The telephone numbers of the nearest hospital, police department, fire department, ambulance, crisis intervention unit and poison control center.
(2) The telephone number of the Governor’s Action Center Toll Free Line, 1 (800) 932-0784, and of the local long term care ombudsman.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.63. Screens, windows and doors.
(a) Windows, including windows in doors, shall be screened when windows or doors are open.
(b) Screens, windows and doors shall be in good repair.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).
§ 11.64. Handrails and railings.
   (a) Ramps, interior stairways and outside steps exceeding two steps shall have well-secured handrails.
   (b) A porch that has over 8 inches drop shall have a well-secured railing.

   Cross References
   This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.65. Nonskid surfaces.
Interior stairs and outside steps shall have a nonskid surface.

   Cross References
   This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.66. Landings.
   (a) A landing shall be provided beyond each interior and exterior door that opens directly into a stairway.
   (b) A landing shall be at least as wide as the stairs leading to the landing.
   (c) A landing shall be at least 3 feet long.

   Cross References
   This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.67. Furniture and equipment.
   (a) Furniture shall be nonhazardous, clean and sturdy. Chairs with arms shall be available for clients who need them.
   (b) Furniture and equipment shall be appropriate for the age, size and disabilities of the individual clients.

   Cross References
   This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.68. Storage of personal belongings.
Space shall be provided for hanging hats and coats and the storage of personal belongings.

   Cross References
   This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.69. Bathrooms.
The following requirements apply to centers applying for licensure, and to construction begun at existing licensed centers, after October 12, 1993. Centers licensed, and construction begun at existing licensed centers, before October 12, 1993, are exempt from requirements in this section:

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There shall be one toilet and one sink for every fourteen clients served at one time in a center.

If the center serves fifteen or more clients at one time, there shall be two separate and distinct bathrooms.

For a center with a client who has a physical handicap, at least one toilet and one sink shall be constructed so that the client with a physical handicap has access and use. The toilet stall shall be large enough to allow for transfer from a wheelchair to the toilet and to accommodate the client and a staff person.

Each bathroom shall have a sink, wall mirror, soap container, soap, toilet paper, individual clean paper or cloth towels or a blow dryer for hands and a trash receptacle.

Privacy shall be provided for toilets by partitions, doors or curtains.

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**§ 11.70. First aid.**

(a) A center shall have a first aid area that is separated by partition, privacy screen or other means from program areas.

(b) The first aid area shall have a bed or reclining chair or cot, a blanket and a pillow.

(c) Each floor of the center shall have a first aid kit accessible to staff.

(d) The first aid kits shall contain antiseptic, an assortment of adhesive bandages, sterile gauze pads, tweezers, tape and scissors.

(e) A first aid manual shall be kept with each first aid kit.

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**§ 11.71. Elevators.**

If an elevator is present in the center, the center shall maintain a valid certificate of operation from the Department of Labor and Industry with its records.

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**§ 11.72. Exterior conditions.**

(a) Outside walkways shall be free from ice, snow, leaves, equipment and other hazards.

(b) Center grounds shall be free from debris and unsafe conditions.

(c) The outside of the building and the center grounds shall be well maintained and in good repair.
FIRE SAFETY

§ 11.81. Unobstructed egress.
Stairways, halls, doorways, aisles, passageways and exits from rooms and from the building shall be unobstructed at all times.

§ 11.82. Evacuation procedures.
(a) There shall be written emergency evacuation procedures that include staff responsibilities, means of transportation, emergency shelter location and an evacuation diagram specifying directions for egress in case of an emergency.
(b) Written emergency evacuation procedures shall be posted in the program areas.

§ 11.83. Fire safety inspection.
The center shall have an annual onsite fire safety inspection by the local fire department or other fire safety authority. Documentation of the date, source and results of the fire safety inspection shall be kept with its records.

§ 11.84. Flammable and combustible materials.
Flammable and combustible supplies and equipment shall be utilized safely and stored in fire-resistant containers away from heat sources.

§ 11.85. Portable space heaters.
Portable space heaters, defined as heaters that are not permanently mounted or installed, are not permitted in any room including offices if they are fueled with gasoline, kerosene or other flammable liquid. Centers may use other portable space heaters if they are allowed by local fire safety authorities or by local ordinance.
§ 11.86. Fire alarm.

(a) There shall be an operable fire alarm system that is audible throughout the building.

(b) If one or more clients have deafness or a hearing impairment, the center shall do one of the following:

(1) Equip the fire alarm system with visual alarm devices.

(2) Establish written procedures for the evacuation of clients with deafness or a hearing impairment and incorporate them into the emergency evacuation procedures in § 11.82 (relating to evacuation procedures).

(c) If the fire alarm is inoperative, repairs shall be made within 2 working days of the time the fire alarm was found to be inoperative.

(d) There shall be a written procedure for fire safety monitoring in the event the fire alarm is inoperative.

§ 11.87. Fire extinguishers.

(a) There shall be at least one fire extinguisher with a minimum 2-A rating as classified by the National Fire Protection Association and rated by the American National Standards Institute for each floor including the basement.

(b) If the indoor floor area is more than 5,000 square feet on any floor including the basement, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 5,000 square feet of indoor floor space or part thereof.

(c) A fire extinguisher with a minimum 10-B rating shall be located in each kitchen. This extinguisher is required in addition to the extinguishers with a minimum 2-A rating required for each floor in subsections (a) and (b).

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

(e) Fire extinguishers shall be accessible to the staff persons and clients.

(f) Fire extinguishers shall be inspected and approved annually by a person qualified to maintain and inspect fire extinguishers. The date of the inspection shall be on the extinguisher.
§ 11.88. Fire drills.
   (a) A fire drill, complete with evacuation to a designated meeting place outside the building or a fire safe area within a building, shall be held at least once every 6 months.
   (b) A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route used, problems encountered and whether the fire alarm was operative.
   (c) Alternate exit routes shall be used during fire drills.
   (d) Fire drills shall be held on different days of the week and at different times of the day.
   (e) Fire alarms shall be set off during each fire drill. In a center located in a larger building complex served by a common fire alarm system, a mock fire alarm device may be substituted to signal fire drills which are not held for all the occupants of the entire building complex. In this case, the mock fire alarm device shall have a sound similar to the building fire alarm system, or the difference in sound shall be demonstrated and explained to clients so that they can distinguish between the sound of the building fire alarm system and the mock fire alarm device.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.89. Exit signs.
   (a) Signs bearing the word “EXIT” in plain, legible letters shall be placed at exits.
   (b) If the exit or way to reach the exit is not immediately visible to the clients, access to exits shall be marked with readily-visible signs indicating the direction of travel.
   (c) Exit sign letters shall be at least 6 inches high with the principal strokes of letters not less than 3/4 inch wide.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.90. Fire safety training for clients.
   (a) A client shall be instructed upon initial admission and re instructed quarterly in general fire safety, evacuation procedures, responsibilities during fire drills and the designated meeting place outside the building or within the fire safe area in the event of an actual fire. A client shall also be instructed in smoking safety procedures if clients or staff persons smoke at the center.
   (b) If a client is medically or functionally unable to participate completely in the fire safety training, the client shall nevertheless participate to the maximum extent possible. The center shall document the extent of the client’s participation.
§ 11.91. Smoking safety procedures.
(a) If clients or staff persons smoke at the center, there shall be written smoking safety procedures.
(b) Written smoking safety procedures shall be followed.

PROGRAM COMPONENTS

§ 11.101. Intake screening.
(a) The center shall complete, or arrange for the completion of, an intake screening for each applicant in order to determine the appropriateness of the older adult daily living center for that individual. The screening shall be completed within 60 days prior to admission.
(b) The following information shall be included in an individual client file:
   (1) The applicant’s name, address, birth date, social security number and phone number.
   (2) The referral source.
   (3) The usual living arrangement, describing the following:
       (i) The dwelling unit.
       (ii) The present address.
       (iii) The usual means of transportation.
   (4) A social history, including past and present occupation and types of activities enjoyed.
   (5) Client-rated health status, allergies or contraindicated medication and current medications.
   (6) The names and phone numbers of the primary physician, other physicians or CRNP involved, and of an emergency contact person.
   (7) The community agencies involved in providing formal services, and the designation of care manager, if any; a list of informal supports; identity of, and limitations or restraints on, the primary caregiver, problems with caregiving, the extent of perceived caregiver burden, and the extent of caregiver need for support.
   (8) The limitations of the client relating to ADLs, IADLs and mobility; and the use of physical aids.
   (9) Special instructions for the client’s diet, food allergies and special diets.
(10) Cognitive functioning, describing:
  (i) The client’s orientation.
  (ii) Recent memory.
  (iii) Distant memory.
  (iv) The ability to understand directions and to communicate needs.
  (v) The awareness of danger, risks and consequences.

(11) The emotional status and behavior, describing:
  (i) Recent stressful events.
  (ii) Response to illness.
  (iii) Emotional strengths, expectations and motivation.
  (iv) Mental health treatment.
  (v) Current emotional problems or related behaviors, such as wandering or sleeplessness.
  (vi) The need for supervision.

(12) The identity of the person authorized to make decisions under advance directives, such as durable power of attorney.

(13) Religious affiliation, if the client chooses to divulge this information.

(c) An applicant cannot become a center client unless the center determines, based on the information in subsection (b) and other information available to the center, that the applicant meets the criteria for admission in § 11.4 (relating to admissions criteria).

(d) The center shall notify applicants who do not meet criteria for admission, as specified in this section and in § 11.4, of the determination within 30 days of the completion of intake screening.

Cross References
This section cited in 6 Pa. Code § 11.4 (relating to admissions criteria); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.102. Client physical examination and medical report.

(a) To be admitted, an applicant whose needs, as determined through intake screening, may appropriately be met in a center, shall also have had a physical examination within 3 months prior to admission and annually thereafter.

(b) A medical report documenting the physical examination and signed and dated by a licensed physician, CRNP or licensed physician’s assistant shall be submitted by the client or responsible party to the center upon admission and annually thereafter.

(c) The medical report shall include:

  (1) A review of previous health history, current medication regimen, use of medical treatments and therapies; current health problems and conditions; and a schedule for client self-administration of medications.
  (2) The record of a general physical examination.
  (3) General sensory functioning; sensory aids.
(4) An indication that a tuberculin skin test has been administered with negative results within 2 years; or, if tuberculin skin test is positive, the results of a chest X-ray.

(5) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the client is free of communicable disease, or that the client has a communicable disease but is able to be in the center if specific precautions are taken which will prevent the spread of the disease to other individuals.

(6) Medical information pertinent to diagnosis and treatment in case of an emergency.

Cross References

§ 11.103. Enrollment agreement.

(a) The center shall develop an enrollment agreement and discuss it with the client or the responsible party, or both. The enrollment agreement shall include at least the following elements:

   (1) The available services and goals of the center.
   (2) The unit of charges and when it is payable.
   (3) Conditions for termination from service, or discharge.
   (4) The center’s rules and regulations.
   (5) The release of information form giving the center permission to share limited treatment and diagnostic information with third-party payors for purposes of reimbursement and to transfer the client’s records to another facility if the client transfers from the center to that facility.

(b) The center is responsible for completing the enrollment agreement with the client or responsible party, or both, and shall review and explain its contents to the client or responsible party, or both, prior to signature. Upon acceptance of the terms and conditions in the enrollment agreement, the enrollment agreement shall be signed by the program director/administrator, the client or the responsible party, or both.

(c) The client or the responsible party, or both, shall receive a copy of the signed enrollment agreement and a copy of the center’s grievance procedures as set forth in § 11.20 (relating to grievance procedures) and client bill of rights.

Cross References
This section cited in 6 Pa. Code § 11.191 (relating to emergency information); and 6 Pa. Code § 11.212 (relating to applicability).
§ 11.104. Development of individual care plan.

(a) An individual care plan shall be developed for each client within 30 calendar days following admission to the center.

(b) Center staff persons shall include the client or the responsible party, or both, in the development of the individual care plan.

(c) The individual care plan shall contain at least the following elements:

1. An identification of needs which can be addressed at the center, and the order in which they will be addressed.

2. The goals to be achieved.

3. The methods and activities for reaching these goals within a specified time frame.

4. Documentation of the client’s progress toward meeting each goal and of goal attainment when, as required in § 11.105 (relating to review and revision of individual care plan), the plan is reviewed and, as necessary, revised.

5. Predetermined date for the next review.

6. An identification of staff persons responsible for the implementation of the plan.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.105. Review and revision of individual care plan.

(a) A review of the client’s progress on the plan shall be completed or coordinated at least every 6 months for clients in attendance at the center. At the time of each semiannual progress review each plan shall also be revised if necessary.

(b) Each semiannual review and, if necessary, revision of the plan shall, except as set forth in subsection (c), be discussed with the client or the responsible party, or both. When parties are unable to be present at the center for a discussion of the plan, centers shall, except as set forth in subsection (c), discuss the plan with them by telephone. Documentation of these discussions shall be kept in the client’s record.

(c) When, in the opinion of the center administrator, discussion of relevant portions of the plan with the client, the responsible party, or other parties would be potentially harmful to the health, safety or welfare of the client, centers may refrain from this discussion. Centers shall address these situations in accordance with § 11.16 (relating to reporting of unusual incidents).

Cross References
This section cited in 6 Pa. Code § 11.104 (relating to development of individual care plan); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.106. Implementation of individual care plan.

A center will implement the client’s plan as written.

(a) A written copy of all plans and revisions made during reviews shall be kept in the client’s record.

(b) The client and the responsible party shall, except as set forth in subsection (c), upon request receive a copy of all plans and revisions.

(c) When, in the opinion of the center administrator, providing copies of relevant portions of plans and revisions to the client, the responsible party or other parties would be potentially harmful to the health, safety or welfare of the client, centers may refrain from providing them. Centers shall address these situations in accordance with § 11.16 (relating to reporting of unusual incidents).

§ 11.108. Coordination of care.

The need for coordination of care shall be considered for each client. If coordination of care is needed and if the person is a client of a human service agency, the center shall make every effort to coordinate its services with the services provided by that agency. If the client is in need of coordination of care and is not receiving care management from the center itself or from another organization or agency, the center shall, with the client’s permission, refer the client to the appropriate agency providing care management.


Progress notes on each client shall be written at least monthly and shall also be written as needed to reflect a review of the care plan and goals and objectives in light of changes in the client’s status. Treatment notes and notes on significant events, when appropriate, shall be recorded according to professional standards.

§ 11.110. Written policy.

(a) A center shall have a written discharge policy available to clients on admission.
(b) The written policy shall include, at a minimum, provisions requiring discharge from a center when one or more of the following apply:
   (1) A client does not have a functional impairment.
   (2) A client is not capable of being transported to the center.
   (3) A client is not in need of the structured program of activities or services provided in the center.
   (4) A client cannot be retained, for reasons set forth in § 11.4(c) (relating to admissions criteria.)
   (5) A client or responsible party notifies the center orally or in writing of intent to discontinue participation.
(c) When the center initiates the discharge, the center shall follow a procedure including:
   (1) A discharge summary which contains recommendations for continuing care.
   (2) Referrals to community resources.
   (d) The center shall record in the client’s record the date and the reason for a client’s discharge or transfer and the client’s destination if known.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.111. Notification.
(a) When discharge is initiated by the center, the center will give oral and written notification to the client or responsible party, or both, at least 30 days in advance of the impending discharge.
(b) A client who experiences a sudden change in the level of functioning which, as determined by the center, poses a threat to the client or others may be discharged from the center immediately.

Cross References
This section cited in 6 Pa. Code § 11.112 (relating to interim immediate action); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.112. Interim immediate action.
(a) In instances set forth in § 11.111(b) (relating to notification), the center director shall take appropriate interim immediate action to protect the health and safety of the client and others in the center.
(b) Appropriate interim immediate action includes steps which a responsible person would take in a potentially volatile or dangerous situation, such as one or more of the following:
   (1) Preventing the client from harming himself or others.
   (2) Calling the police.
   (3) Notifying local emergency mental health officials.
§ 11.113. Record of discharge.

Documentation relating to discharge shall be recorded in the client’s file and retained in accordance with § 11.195 (relating to record retention).

Cross References
This section cited in 6 Pa. Code § 11.13 (relating to administration and organization); and 6 Pa. Code § 11.212 (relating to applicability).

CENTER SERVICES

§ 11.121. Service goals.

The goals of planned programs of services provided or arranged at older adult daily living centers are set forth in § 11.6 (relating to service goals).

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.122. Assurance of service quality.

A center shall take necessary and appropriate measures to assure the quality of the services which it provides or makes available, as described in §§ 11.123 and 11.124 (relating to core services; and specialized services and additional services). These measures include:

1. Obtaining from service providers proof of licensure, certification or other approval required by the Commonwealth or the relevant specialty, or both.
2. Assuring that service providers carry professional liability insurance.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.123. Core services.

The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows:
(1) **Personal care.** The center shall provide needed assistance and supervision with activities of daily living.

(2) **Nursing services.** The center shall directly provide, contract for or otherwise arrange for nursing services. The number of services provided by the nurse, the manner in which a center obtains nursing services (which may range from formal to informal), and the amount of time spent by the nurse in a center (which may, for example, range from the daily services of a registered nurse staffperson to a monthly or quarterly visit by a practical nurse) depend upon the needs of the center’s clients. Nursing service includes the following:

   (i) Centers shall carry out the following standard nursing functions at least quarterly:

      (A) Review of the client’s health status, including dietary needs.
      (B) Review of medication procedures, if necessary.
      (C) Review of policies and procedures for personal care.
      (D) Training and education of staff persons regarding the needs of clients in centers, including infection control.

   (ii) The following nursing functions may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center, as determined through intake screening and client physical examination and medical reports:

      (A) Provision or supervision of modified and therapeutic diets and supplemental feedings.
      (B) Provision or supervision of observation, monitoring and intervention for unstable medical episodes.
      (C) Preparation of the client for self-administration of medications.
      (D) Provision of restorative or rehabilitative nursing.
      (E) Provision of maintenance of respiratory aids, colostomy and ileostomy, urinary drainage devices, dressings, skin care, foot and nail care and routine care of incontinent clients.
      (F) Response to emergencies.
      (G) Administration of parenteral treatments.
      (H) Provision of other skilled nursing care which can be safely done in the older adult daily living center.

(3) **Social services.** The center shall provide or arrange social services as needed. These services may be provided by center program staff persons or staff persons of community service providers. They may also be provided by a social worker, who may serve as a consultant or may be a full-time or part-time program staff member. They are provided to clients and their families/caregivers to help them deal with personal, family and adjustment situations as needed to enhance the effectiveness of the client’s individual care plan. Social service activities include the following:

   (i) The following shall be carried out consistent with the needs of the client:
(A) Compilation of a social history and completion of an intake screening.
(B) Assistance with the client’s adaptation to the center program and active involvement in the individual plan of care, if appropriate.
(C) Arrangement for other community services not provided by the center and work with other agencies to coordinate needed services.
(D) Provision of discharge planning, and assistance in transition and follow-up.
(E) Provision of information and referral for persons not appropriate for older adult daily living centers.
(ii) The following may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center:
   (A) Facilitation of family conferences, serving as liaison between client, family/caregiver and center.
   (B) Provision of individual or group counseling and support to families/caregivers and clients.
   (C) Facilitation of the development of family support groups.
(4) Therapeutic activities. Activities shall be an integral part of the care plan for the individual. The planning of activities shall reflect professional understanding of the needs and abilities of the clients. Activities, while reflecting awareness of impairment, shall emphasize the individual client’s strengths and abilities so they can contribute to client feelings of accomplishment.
   (i) Scope.
      (A) The center shall provide for a balance of purposeful activities to meet the client’s interrelated needs and interests—including social, intellectual, cultural, economic, emotional, physical and spiritual.
      (B) Provision shall be made for individuals to participate at their optimal level of functioning and to progress according to their own pace.
      (C) Activities shall be designed in a holistic manner to promote personal growth and enhance the self-image or to improve or maintain the functioning level of clients, or both. Activities may offer opportunities to:
         (I) Maintain lifelong skills.
         (II) Learn new skills and gain knowledge.
         (III) Challenge and tap potential abilities.
         (IV) Participate in activities of interest.
         (V) Improve capacity for independent functioning.
         (VI) Develop interpersonal relationships.
         (VII) Develop creative capabilities.
         (VIII) Improve physical and emotional well-being.
         (IX) Be exposed to and involved in activities and events within the greater community.
         (X) Experience cultural enrichment.
(XI) Have fun and enjoyment.

(D) Activity programming shall take into consideration individual differences in health status, lifestyle, ethnicity, religious affiliation, values, experiences, needs, interests, abilities and skills by providing opportunities for a variety of types and levels of involvement. Activities may include:

(I) Individualized activities.

(II) Small and large group activities.

(III) Active and spectator participation.

(IV) Intergenerational experiences.

(V) Involvement in community activities and events.

(VI) Outdoor activities as appropriate.

(VII) Opportunities to voluntarily perform services for individuals and the center, and community groups and organizations.

(E) Clients shall be encouraged to take part in activities, but may choose not to do so or to choose another activity. Reasons for nonparticipation shall be evaluated to determine whether they are due to personal preference or indicate a need for change in activity.

(ii) Schedule.

(A) Planned activities shall be available whenever the center is in operation.

(B) A monthly calendar of activities shall be prepared and posted in a visible place.

(C) Group daily activities shall be posted in a prominent, convenient and visible place.

(D) The activities schedule shall be coordinated with other services offered at the center and with other staff persons.


(6) Emergency care for participants. Procedures for handling emergencies are set forth in § 11.21 (relating to emergency procedures).

Cross References


§ 11.124. Specialized and additional services.

The statement of policy at Subchapter B (relating to statement of policy) establish guidelines for the provision of a range of specialized and of additional services, if appropriate for the center and needed by clients.

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§ 11.131. Client physical examination and medical report.
Client physical examination and medical report requirements are set forth in § 11.102 (relating to client physical examination and medical report).

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.132. Staff physical examination.
(a) Staffpersons who come into direct contact with clients or who prepare or serve food shall have a physical examination within 12 months prior to employment, and every 2 years from the date of the last physical examination thereafter.
(b) A medical report documenting the physical examination shall be signed and dated by a licensed physician or CRNP and submitted to the center prior to the first day of employment.
(c) The medical report shall include:
   (1) The record of a physical examination.
   (2) Indication that a tuberculin skin test has been administered to the individual with negative results within 2 years; or, if tuberculin skin test is positive, the results of a chest X-ray.
   (3) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the individual is free of communicable diseases or that the individual has a communicable disease but is able to work in the center if specific precautions are taken that will prevent the spread of the disease to clients.
   (4) Information on a medical problem which might interfere with the health of the clients.
(d) Tuberculin skin testing may be completed and certified in writing by a registered nurse or a licensed physician.

Cross References
This section cited in 6 Pa. Code § 11.31 (relating to minimum staff requirements); 6 Pa. Code § 11.38 (relating to volunteers); 6 Pa. Code § 11.133 (relating to communicable diseases); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.133. Communicable diseases.
(a) If a staff person, volunteer or client has a communicable disease or a medical problem which might interfere with the health, safety or well-being of others in the center, written authorization from a licensed physician or CRNP, as
set forth in §§ 11.102 and 11.132 (relating to client physical examination and
medical report; and staff physical examination) is required in order for the person
to be present at the center.

(b) To the extent that confidentiality laws permit, written authorization from
a licensed physician or CRNP shall include a statement that the person with a
communicable disease does not pose a serious threat to the health, safety or well-
being of others in the center. Specific instructions and precautions shall be pro-
vided for the protection of other persons at the center.

(c) The physician’s or CRNP’s written instructions and precautions shall be
followed.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

The center shall have a written emergency medical plan listing the following:

(1) The hospital or source of the health care that will be used in an emer-
gency.

(2) The transportation procedure to be used.

(3) An emergency staffing plan.

Cross References
This section cited in 6 Pa.Code § 11.21 (relating to emergency procedures); and 6 Pa.Code
§ 11.212 (relating to applicability).

MEDICATIONS

§ 11.141. Storage of medications.

(a) Prescription and nonprescription medications shall be kept in original or
refill labeled containers, except for medications of clients who self-administer
medications and keep their medications in personal daily or weekly dispensing
containers.

(b) Medications shall be kept in an area or container that is locked.

(c) Medications stored in a refrigerator shall be kept in a separate locked
container.

(d) Medications shall be stored under proper conditions of sanitation, tem-
perature, moisture and light.

(e) Medications which are permanently discontinued, outdated or no longer
needed shall be disposed of in a safe manner.

(f) Medications of a client who permanently leaves a center shall be given to
the client or the responsible party when the client leaves.

(g) The area in which medications are stored shall have sufficient lighting so
that labels can be read accurately.

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§ 11.142. Labeling of medications.

(a) The original or refill container for medications shall be labeled. Centers cannot administer medications from a container whose label does not include the following information, in accordance with regulations of the State Board of Pharmacy at 49 Pa. Code § 27.18 (relating to standards of practice):

1. The name, address, telephone number of the pharmacy and the BNDD (The Federal Bureau of Narcotics and Dangerous Drugs) number assigned to it by that Bureau.
2. The name of the patient.
3. Full directions for the use of its contents.
4. The name of the prescriber and a registration number of the prescriber required to be obtained under applicable Federal statute.
5. The serial number of the prescription and the date originally filled.
6. The trade or brand name of the drug and proportion or amount of drug dispensed, unless omission is specifically requested by the prescribing doctor in writing. If the name is generic, the manufacturer’s name shall also be shown.
7. On controlled substances, the statement: “Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.”

(b) Medications which the center administers to a client, whether brought to the facility by the client, staff person, volunteer or other person, shall be labeled as set forth in subsection (a).

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.143. Medication records.

(a) A medication log listing medications, dosage, time, date and the name of the person who administered the medication shall be kept for the clients who do not self-administer medication and whose needs require the administration of medication by qualified professionals at the center.

(b) The information in subsection (a) shall be logged immediately after each client’s dose of medication.

(c) A list of prescription medications, the prescribed dosage and the name of the prescriber shall be kept for each client who self-administers medication.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.144. Medication errors.

Medication errors and follow-up corrective action taken for each error shall be documented.
§ 11.145. Adverse reaction.

If a client has an adverse reaction to a medication, the center shall notify the prescribing physician or CRNP immediately. If contact cannot be made with the practitioner, emergency medical procedures shall be followed. Documentation of adverse reactions shall be kept.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.146. Administration of medications.

(a) Medications and injections of substances that are not self-administered by clients shall be administered by one of the following qualified professionals:

(1) A licensed physician, licensed dentist, certified physician’s assistant, CRNP, registered nurse and licensed practical nurse.

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

(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 center.

(b) Oral, topical and eye and ear drop prescription medications may be administered by center staff persons who have completed the Department of Public Welfare’s Medications Administration course and otherwise meet requirements set forth in 55 Pa. Code Chapter 2380 relating to medication administration training (relating to adult training facilities).

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.147. Self-administration of medications.

(a) A center shall provide clients with assistance, as needed, with medication prescribed for self-administration. This assistance includes helping the client to remember the schedule for taking the medication, storing the medication in a secure place and making the medication available at the prescribed times.

(b) When assistance includes helping the client to remember the schedule for taking the medication, the prescribed schedule shall be followed.

(c) If a client refuses to take a prescribed medication, it shall be promptly reported to the responsible party or practitioner, or both, and documented in the client’s record.

(d) Medications not requiring special conditions or handling may not be removed from original labeled containers more than 2 hours in advance of sched-
uled administration. Liquids shall be administered immediately after being withdrawn from their containers. Medications requiring special storage conditions or handling shall be prepared according to label directions.

(e) To be considered capable of self-administration of medications, a client shall be able to:
   (1) Identify the medication.
   (2) Acknowledge the amount of, and schedule for, medication.
   (3) Remember to take the medication on schedule with infrequent reminders from staff persons.
   (4) Obtain medication from its container without assistance or with minimal assistance.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.151. Dining area.
(a) The center shall have a dining area for lunches and breaks.
(b) The dining area shall be clean and sanitary.
(c) The dining area shall have a sufficient number of tables and chairs to accommodate the maximum number of clients scheduled for lunch or break at one time.
(d) The dining area may be used for other purposes throughout the program day.

Cross References
This section cited in 6 Pa. Code § 11.123 (relating to core services); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.152. Food provided or arranged for by center.
If the center provides or arranges for meals for clients, the following requirements apply:
   (1) Cold food shall be kept at or below 45° F. Hot food shall be kept at or above 140° F. Frozen food shall be kept at or below 0° F.
   (2) Written daily menus shall be prepared and posted in a location visible to the clients. Menus shall be posted at least 1 program day prior to the menu date. Written menus shall be followed. Written menus shall be retained for at least 2 months.
   (3) At least one complete meal shall be provided if the client is at the center for 4 or more hours. If a client is at the center for more than 6 hours, a nutritional snack shall also be provided.
(4) Each meal served shall contain at least one item from the dairy, protein, fruits and vegetables and grain food groups, unless medically contraindicated for individual clients.

(5) Quantity of foods served at each meal shall contain at least 1/3 of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council.

(6) Prescribed diets for clients with medically restricted diets shall be followed. A written record of prescribed diets shall be kept in the client’s file.

(7) The ethnic and religious preferences of clients shall be considered when planning menus.

(8) Food shall be protected from contamination while being stored, prepared, served and transported. Food shall be stored in sealed containers.

(9) Utensils used for eating, drinking, preparation and serving of food or drink shall be washed after each use by a mechanical dishwasher or by a method approved by the Department of Environmental Resources.

(10) Mechanical dishwashers shall use hot water temperatures exceeding 140° F in the wash cycle and 180° F in the final rinse cycle or shall be of a chemical sanitizing type approved by the National Sanitation Foundation.

Cross References
This section cited in 6 Pa. Code § 11.123 (relating to core services); and 6 Pa. Code § 11.212 (relating to applicability).

TRANSPORTATION

Centers may provide, arrange or contract for transportation to enable persons, including persons with handicaps, to attend centers and participate in center-sponsored outings. Centers are encouraged to make use of community transportation systems and families for the provision of transportation to the maximum extent possible.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.162. Applicability.
Sections 11.163—11.165 (relating to safety equipment; staffing; and driver of vehicle) apply when transportation for clients is directly provided by the center.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).
§ 11.163. Safety equipment.
Each client transported in an automobile or van shall be secured by individual safety equipment, appropriate to the client’s size and physical disability, at all times the vehicle is in motion.

Cross References
This section cited in 6 Pa. Code § 11.162 (relating to applicability); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.164. Staffing.
Transportation shall include, when necessary, an assistant to the driver who will help the driver escort individuals in and out of their homes and attend to them during the trip to and from the center.

Cross References
This section cited in 6 Pa. Code § 11.162 (relating to applicability); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.165. Driver of vehicle.
The driver of the vehicle shall be 18 years of age or older, possess a valid driver’s license, and not have been convicted of a crime which would bring into question the driver’s ability to transport clients safely.

Cross References
This section cited in 6 Pa. Code § 11.162 (relating to applicability); and 6 Pa. Code § 11.212 (relating to applicability).

PROTECTIVE DEVICES

§ 11.171. Protective devices and prohibited practices.
(a) The use of restraints, seclusion and aversive conditioning is prohibited.
(b) Protective devices, such as helmets, mitts and muffs, may be used to prevent self-injury on an interim basis not to exceed 3 months after a client is admitted to a center. When they are used, the following apply:
(1) The device shall be checked for proper fit by a staff person at least every 15 minutes.
(2) The client’s physical needs shall be met promptly.
(3) The device shall be removed completely for at least 10 minutes during every 2 hour period it is used.
(4) The client shall receive training aimed at eliminating or reducing the need for the device.
(5) The center shall document compliance with paragraphs (1)—(4).
§ 11.172. Protective device records.
Centers shall keep a record of each use of a protective device documenting the following:
(1) The specific behavior addressed.
(2) The methods of intervention tried prior to applying the device.
(3) The date and time the device was administered.
(4) The specific procedures followed.
(5) The staff person who applied the device.
(6) The duration of the use of the device.
(7) The client’s condition following the removal of the device.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

(a) The client or the responsible party, or both, shall have access to copies of the client’s protective devices records and revisions to the records upon request.
(b) When a protective device is used, the responsible party shall be notified on the day it is used. A record of the notification shall be kept.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

§ 11.174. Staff training.
(a) When protective devices are used, there shall be at least one staff person available who has completed training in the use of protective devices, including the use of alternative positive approaches.
(b) Staff persons applying protective devices shall be trained in the use of the specific techniques or procedures used.
(c) Centers shall keep documentation of the training program provided, including the staff person trained, dates of training, description of training and training source.

Cross References
This section cited in 6 Pa. Code § 11.212 (relating to applicability).

CLIENT RECORDS

(a) Emergency information for a client shall be readily accessible at the center.

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(b) Emergency information for a client shall include the following:
   (1) A written agreement with the client or responsible party regarding
       emergency care and ambulance transportation, when the agreement is not
       included as an element in the enrollment agreement in § 11.103 (relating to
       enrollment agreement).
   (2) The name, address, telephone number and relationship of a designated
       person to be contacted in case of an emergency.
   (3) The name, address and telephone number of the client’s physician or
       source of health care and hospital preference.
   (4) The name, address and telephone number of the person able to give
       consent for emergency medical treatment, if applicable.
   (5) A copy of the client’s most recent annual physical examination, which
       shall include information on current diagnosis, medications and allergies.

Cross References
This section cited in 6 Pa. Code § 11.13 (relating to administration and organization); 6 Pa. Code
§ 11.21 (relating to emergency procedures); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.192. Individual record.
(a) An individual record shall be kept for each client.
(b) Entries in a client’s record shall be legible, dated and signed by the per-
    son making the entry.

Cross References
This section cited in 6 Pa. Code § 11.13 (relating to administration and organization); and 6

§ 11.193. Content of records.
Each client’s record shall include:
   (1) Personal information including:
       (i) The name, sex, admission date, birth date and social security num-
           ber of the client.
       (ii) The race, height, weight, color of hair, color of eyes and identifying
           characteristics.
       (iii) The language or means of communication spoken or understood by
           the client and the primary language used in the client’s natural home, if other
           than English.
       (iv) Documentation of a person’s designation or appointment as a
           responsible party, as described in § 11.8 (relating to responsible party).
       (v) A photograph taken within the last 5 years.
   (2) Unusual incident reports related to the client.
   (3) Medical reports and progress notes, if any.
   (4) Intake screening forms.
   (5) Individual care plans.
(6) Signed release of information form.
(7) Signed enrollment agreement.

Cross References
This section cited in 6 Pa. Code § 11.13 (relating to administration and organization); 6 Pa. Code § 11.194 (relating to record location); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.194. Record location.
(a) Record information required in § 11.193(1), (6) and (7) (relating to content of records) shall be kept at the center.
(b) The most current copies of record information required in § 11.193(3) and (5) shall be kept at the center.
(c) Record information required in § 11.193(3) and (5) that is not current may be kept at the center or at the center’s administrative office.
(d) Record information required in § 11.193(2), and (4) may be kept at the center or at the center’s administrative office.

Cross References
This section cited in 6 Pa. Code § 11.13 (relating to administration and organization); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.195. Record retention.
(a) Information in an enrolled client’s record which is periodically updated or is of a nonpermanent nature shall be kept for at least 4 years or until audits or litigation is resolved. Thereafter, these record items may be purged.
(b) Client records shall be kept for at least 4 years following a client’s departure or until audits or litigation is resolved.
(c) If the client transfers from the center to another facility, a summary of the client’s records, including information on medications, diet, activities and most current vital signs, shall be transferred with the client.

Cross References
This section cited in 6 Pa. Code § 11.13 (relating to administration and organization); 6 Pa. Code § 11.113 (relating to record of discharge); and 6 Pa. Code § 11.212 (relating to applicability).

§ 11.196. Record policy.
There shall be a written policy governing confidentiality, access to, duplication of and dissemination of information from the records.

Cross References
This section cited in 6 Pa. Code § 11.13 (relating to administration and organization); and 6 Pa. Code § 11.212 (relating to applicability).

(a) Client records shall be kept locked when unattended.
(b) The client or responsible party, or both, shall, except as set forth in subsection (c), have access to the client’s own records and to information in the records.

(c) When in the opinion of the center administrator, providing access to the client, the responsible party or other parties would be potentially harmful to the health, safety or welfare of the client, centers may deny access. Centers shall address these situations in accordance with § 11.16 (relating to reporting of unusual incidents).

(d) A representative of the Long-Term Care Ombudsman Program shall be allowed immediate access to client records.

Cross References

This section cited in 6 Pa. Code § 11.13 (relating to administration and organization); and 6 Pa. Code § 11.212 (relating to applicability).


Written consent of the client or responsible party, or both, is required for the release of information, including photographs, to persons not otherwise authorized by law to receive it.

Cross References

This section cited in 6 Pa. Code § 11.9 (relating to client rights); 6 Pa. Code § 11.13 (relating to administration and organization); and 6 Pa. Code § 11.212 (relating to applicability).

GENERAL LICENSING PROVISIONS

§ 11.211. Purpose.


(1) The procedures for the application for a license.
(2) The frequency and content of Departmental inspections.
(3) The procedures for the preparation and issuance of a license.
(4) The conditions under which license may be denied, not renewed or revoked.
(5) The Departmental licensure decisions that may be appealed.

Cross References

This section cited in 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).
§ 11.212. Applicability.


Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.213. Additional definitions.

The following words and terms, when used in this section and §§ 11.211, 11.212, 11.221—11.223, 11.231, 11.232, 11.241—11.245, 11.251, 11.252, 11.261—11.270, 11.281, 11.282, 11.291 and 11.292 have the following meanings, unless the context clearly indicates otherwise:

Appeal—A signed and dated written request for reconsideration or modification of a Departmental decision that affects the license of a center.

Change of ownership—The sale or transfer of a center from one legal entity to another with the expectation that the center will continue to operate for the same purpose for which it is licensed at the time of the sale or transfer.

Conviction—A verdict of guilty, a guilty plea, a plea of nolo contendere or acceptance into the Accelerated Rehabilitative Disposition (ARD) Program in the trial court. In the latter case, a person is considered to have been convicted until the person has successfully completed the ARD Program.

Denial—Refusal to issue a license to a new applicant or to reissue a license to an existing licensee.

Existing center—A center for which the legal entity has been issued a license within the preceding 12 months.

Interim license—A license, issued to an applicant seeking to operate an older adult daily living center for the first time at a specified location, indicating that the applicant is suitable, the premises are safe and the applicant is likely to comply substantially with all applicable statutes, ordinances and regulations prior to the expiration of the interim license.
Legal entity—A person, society, corporation, governing authority or partnership legally responsible for the administration and operation of a center.

License—A document issued to a legal entity permitting it to operate an older adult daily living center, at a given location, for a specified period of time, and according to appropriate Departmental program licensure regulations.

New center—A center that has not been licensed by the Department within the preceding 12 months.

Nonprofit—Operating other than for profit.

Nonrenewal—Refusal to renew a regular or provisional license.

Profit—Operating with the expectation of providing a financial benefit to someone or something other than the center itself. The focus is upon the ultimate aim of the enterprise, not the financial results of a particular period of operation. The focus is also upon the particular premises involved and not the legal entity which operates the center. A nonprofit legal entity may be considered as operating a center for profit if the particular premises involved provide a financial benefit to the parent legal entity. A legal entity not possessing a certificate of tax exempt status from the Internal Revenue Service will be considered operating for profit unless it provides satisfactory proof otherwise.

Provisional license—A license indicating substantial, but not complete, compliance with applicable statutes, ordinances and regulations.

Regular license—A license indicating compliance with program and procedural licensure regulations.

Revocation—Retraction of a license prior to its expiration.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); and 6 Pa. Code § 11.212 (relating to applicability).

LEGAL ENTITY

§ 11.221. Responsibility.

In addition to complying with the procedural regulations in this subchapter, the legal entity shall comply with the Department’s program licensure regulations for a center which the legal entity operates.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.222. Corporations and partnerships.

(a) If the legal entity is a corporation, it shall submit a copy of the articles of incorporation to the Department at the time of initial application for a license.
(b) If the legal entity is a partnership, a copy of the agreement setting forth this arrangement shall be submitted to the Department at the time of initial application for a license.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.223. Responsible person.
The legal entity shall specify in writing at the time of application and reapplication the name of the person who is responsible for the daily administration and operation of the older adult daily living center.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

APPLICATION

§ 11.231. Application form.
(a) The legal entity responsible for a center subject to licensure under the act shall submit an application for a license prior to the inspection and issuance of a license by the Department.
(b) The application for a license shall be completed and submitted on the form prescribed and provided by the Department.
(c) The legal entity shall complete and submit a separate application for a license for each center subject to licensure.
(d) The legal entity shall report on the application for a license fictitious names which are required by statute to register with the Department of State under 54 Pa.C.S. §§ 301—332 (relating to fictitious names).

Cross References
This section cited in 6 Pa. Code § 11.11 (relating to application); 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); 6 Pa. Code § 11.213 (relating to additional definitions); and 6 Pa. Code § 11.269 (relating to change in ownership, name or structure).

If the legal entity intends to continue operating a center, it shall reapply for a license by completing and submitting to the Department a reapplication form on the form prescribed and provided by the Department at least 60 days prior to the expiration of the center’s existing regular, interim or provisional license.
INSPECTION

An authorized agent of the Department will conduct an onsite inspection of a center at least once every 12 months.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

The center will be advised in advance of the date of the annual inspection. The annual inspection will be an announced inspection and will occur during normal business hours.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.243. Other inspections.
(a) The center is subject to announced and unannounced onsite inspections.
(b) Unannounced inspections not based on a complaint will occur during normal business hours.
(c) Unannounced inspections based on a complaint may, as determined by the Department in accordance with the nature of the complaint, occur at any time.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.244. Access.
(a) The center shall provide to authorized agents of the Department full access to the center and its records during announced and unannounced inspections.
(b) The Department will exercise its right to enter, visit and inspect for the following purposes:
   (1) To determine the suitability of the applicants.
   (2) To determine the suitability of the premises.
   (3) To determine whether or not any premises in fact qualifies as a center.
(4) To determine the continuing conformity of licensees to the act and to this subchapter.
(5) To determine whether or not other violations of the law or this subchapter under which the center is governed exist.
(c) The center shall provide authorized agents of the Department with full and free access to the staff and clients and shall provide full opportunity to privately interview, inspect and examine the clients.

Cross References

This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.245. Search warrants.

Upon a showing of reasonable cause to suspect that a specified center is being used in violation of the act or this subchapter, any district justice in the district wherein the center is located shall issue an administrative search warrant to any authorized agent of the Department, identifying the center to be searched, the scope of the search and the hours during which the search may be conducted.

Cross References

This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

FEES

§ 11.251. Payment of fees.

The legal entity shall pay the applicable fee prior to the issuance or reissuance of a license.

Cross References

This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.252. Amount of fees.

Issuance or reissuance of a license to a center is contingent upon receipt by the Department of an annual application or reapplication fee based on the maximum licensed capacity of the center, as follows:

(1) Four to 10 clients—$10.
(2) Eleven to 20 clients—$20.
(3) Twenty-one to 35 clients—$30.
(4) Thirty-six clients and over—$40.

Cross References

This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).
§ 11.261. Issuance.
A license will be issued to the legal entity by the Department if, after an inspection by an authorized agent of the Department, it is determined that requirements for a license are met.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.262. Plan of correction.
If, during an inspection, authorized agents of the Department observe items of noncompliance with licensure regulations, the legal entity shall submit an acceptable written plan to correct each noncompliance item and establish a period of time acceptable to the Department to correct these items.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.263. Regular license.
A regular license is issued if the center is in compliance with applicable statutes, ordinances and regulations.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.264. Provisional license.
(a) A provisional license is issued if the center is in substantial, but not complete, compliance with applicable statutes, ordinances and regulations.
(b) An initial provisional license is issued for a specified length of time, not to exceed 6 months.
(c) A maximum of three consecutive provisional licenses may be issued to the legal entity for a specific center. The total, cumulative time allowed for all three consecutive provisional licenses will not exceed 18 months.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.265. Interim license.
(a) An interim license is issued to an applicant seeking to operate a center for the first time at a specified location, if the applicant is suitable, the premises are
safe and the applicant is likely to comply substantially with applicable statutes, ordinances and regulations prior to expiration of the interim license.

(b) An interim license is issued for a specified length of time, not to exceed 6 months.

(c) An interim license is not renewable.

(d) At the expiration of an interim license for a specific center, the Department may issue to the legal entity a maximum of one provisional license issued for a specified length of time, not to exceed 6 months.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.266. Preparation of license.

(a) The license is issued to the legal entity.

(b) The license lists the name of the legal entity, the name and address of the center, type of services provided, maximum capacity, title and subchapter of applicable license regulations, the date the regulations were adopted, license number, effective and expiration dates of the license and restrictions, if applicable.

(c) A provisional license also contains the word “provisional” and indicates whether it is the first or second provisional license issued.

(d) An interim license also contains the word “interim.”

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.267. Posting of the license.

The facility shall post the current license in a public place in the center.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.268. Restrictions on the license.

(a) A license is not transferable.

(b) A license is void if one of the following conditions exist:

(1) There is a change in the ownership of the legal entity, name or structure of the center, as set forth in § 11.269 (relating to change in ownership, name or structure).

(2) There is a change in the location of the center.

(3) There is a change in the profit or nonprofit status of the center.

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§ 11.269. Change in ownership, name or structure.

(a) The Department shall be notified in advance of a potential change in ownership, licensee or name of the center. Change of ownership includes a sale of a center, a change in corporate structure or controlling interest in a center, and the addition of a partner or other corporate reorganization, including stock transfers.

(b) If a license is issued to a partnership and one or more of the partners dies, the executor or administrator of the deceased’s estate, together with the surviving partners, may apply for a license. A complete list of names and addresses of the administrator and partners responsible for the management of the center shall be submitted with the application. This paragraph applies only when the death of a partner constitutes 20% or more of the ownership interest.

(c) If a person dies who was the sole owner of a center, the executor or administrator of the estate may apply for, and the Department may grant, a license for the center.

(d) A corporation shall file an exact copy of the articles of incorporation with the Division of Older Adult Daily Living Center licensure.

(e) Copies of a fictitious name approval and a charter approval, if applicable, shall be filed with the Division of Older Adults Daily Living Center licensure, as set forth in § 11.231 (relating to application form).

§ 11.270. Notification of change.

(a) The legal entity shall notify the Department at least 60 days in advance of the intention to change the legal entity, name, location or profit or nonprofit status of the facility.

(b) If the facility is to be operated under a new legal entity, new name, new location or different status, the legal entity shall complete and submit a new application for a license at least 30 days in advance of the change.

(c) If a change occurs which is not included in subsections (a) and (b)—for example, change in responsible person—the legal entity shall notify the Department within 30 days after the change occurs.
NEGATIVE SANCTIONS

§ 11.281. Conditions for denial, nonrenewal or revocation.

(a) One or more of the following occurrences shall constitute a sufficient basis for the Department to deny, refuse to renew or revoke a license:

(1) Failure of the applicant or the premises to be used as a center, or both, to comply with this subchapter.

(2) Determination by the Department that the applicant is not a responsible person or that the facility is not appropriately equipped.

(3) Noncompliance with the act.

(4) Failure to submit an acceptable plan to correct noncompliance items.

(5) Failure to comply with the acceptable plan to correct noncompliance items.

(6) Mistreatment, abuse, neglect or exploitation of clients being cared for in the center.

(7) Gross incompetence, negligence or misconduct in operating the center.

(8) Fraud or deceit in obtaining or attempting to obtain a license.

(9) Lending, borrowing or using the license of another center or knowingly aiding or abetting the improper granting of a license.

(b) One or more of the following occurrences regarding a legal entity, owner, operator or employe shall constitute a sufficient basis for the Department to deny, refuse to renew or revoke a license:

(1) Conviction for a felony.

(2) Conviction for a crime involving abuse, neglect, moral turpitude or physical violence.

(3) Being named as a perpetrator in a substantiated case of abuse, neglect or exploitation in accordance with the Older Adults Protective Services Act (35 P. S. §§ 10211—10224).

(4) Operating or maintaining, or both, a center in a manner which is detrimental to the health, morals, welfare or safety of clients or the people of this Commonwealth.

Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

§ 11.282. Violation; penalty.

A person operating a center within this Commonwealth without a license required by the act commits a summary offense and shall, upon conviction, be sentenced to pay a fine of not less than $50 nor more than $300, and costs of prosecution, and in default of the payment thereof to undergo imprisonment for not less than 10 days nor more than 30 days. Each day of operating a center without a license required by the act shall constitute a separate offense.
Cross References
This section cited in 6 Pa. Code § 11.211 (relating to purpose); 6 Pa. Code § 11.212 (relating to applicability); and 6 Pa. Code § 11.213 (relating to additional definitions).

APPEALS

§ 11.291. Decisions that may be appealed.
The legal entity has the right to appeal one or more of the following:
(1) The denial of a license.
(2) The nonrenewal of a license.
(3) The revocation of a license.

Cross References

§ 11.292. Written request for appeal.
The legal entity may appeal a Departmental decision specified in § 11.291 (relating to decisions that may be appealed) under procedures set forth in §§ 3.6—3.11. The provisions of 1 Pa. Code Part II (relating to general rules of administrative practice and procedure) which are not superseded by §§ 3.6—3.11 apply to center appeals.

Cross References

Subchapter B. STATEMENT OF POLICY

Sec.
11.401. Advisory committees.
11.402. Specialized services.
11.403. Additional services.
11.404. Program staff training guidelines.

Source
The provisions of this Subchapter B adopted July 2, 1993, effective July 3, 1993, 23 Pa.B. 3229, unless otherwise noted.

Cross References
This subchapter cited in 6 Pa. Code § 11.13 (relating to administration and organization); and 6 Pa. Code § 11.124 (relating to specialized and additional services).
§ 11.401. Advisory committees.
(a) Centers should establish advisory committees which meet at least twice a year to assure compliance with § 11.13 (relating to administration and organization) which provides written policies and procedures which are responsive to the needs of their clients.
(b) Center advisory committees should review program policies and procedures and make recommendations for improvements at least once a year.

§ 11.402. Specialized services.
(a) To supplement the core services required in § 11.123 (relating to core services), centers should consider providing the following specialized services:
   (1) Physical therapy.
      (i) Physical therapy services are provided to restore or maintain maximum mobility, with programs for restoration and maintenance of muscle function.
      (ii) The services may range from consultation regarding group exercise to one-on-one skilled restorative therapy. Based on a physical therapy assessment, the plan of care and physician’s orders, the services include the following:
         (A) Assessment of the client’s mobility level, strength, range of motion, endurance, balance, gait, ability to transfer, coordination, posture and pain level.
         (B) Provision of treatment to relieve pain, and develop, restore or maintain functioning.
         (C) Assistance to achieve and maintain maximum performance using physical means such as active or passive exercise, massage, heat, moist heat, ultrasound, hydrotherapy and ice.
         (D) Establishment of a maintenance program and provision of written and verbal instructions to the center staff persons and the family/caregiver to assist the client with implementation.
         (E) Recommendation of adaptive or assistive devices.
         (F) Training other staff persons to lift, move and otherwise assist the client.
         (G) Evaluation of the home for environmental barriers and changes needed for greater client independence.
         (H) Provision of skilled rehabilitation services when indicated.
         (I) Assistance in obtaining assistive ambulatory devices, such as canes, walkers, crutches, wheelchairs, leg braces and prosthetic devices.
         (J) Physical therapy procedures including ambulation, gait training, active and passive exercises, orthotics training, prosthesis training, massage and neuromuscular reeducation.
(2) **Occupational therapy.** Occupational therapy services are services designed to increase physical status and independence in activities of daily living and to prevent further deterioration. The intensity of services provided may range from consultation for group services to one-on-one acute rehabilitative therapy. Depending on the occupational therapy assessment, plan of care and physician orders, occupational therapy services include the following:

(i) Administering diagnostic and prognostic tests to determine integrity of upper extremities, ability to transfer, range of motion, balance, strength and coordination, endurance, activities of daily living and cognitive-perceptual functioning.

(ii) Teaching clients adaptive techniques to overcome barriers and impediments in activities of daily living.

(iii) Teaching and training staff persons in the use of therapeutic, creative and self-care activities to improve or maintain the client’s capacity for self-care and independence, and increase the range of motion, strength and coordination.

(iv) Training the client in the use of supportive and adaptive equipment and assistive devices.

(v) Evaluating the home for environmental barriers and recommending changes for greater client independence.

(vi) Providing restorative therapy when indicated, establishing a maintenance program when needed to prevent deterioration and providing written and verbal instructions to center staff persons and the family/caregiver to assist the client with implementation.

(vii) Occupational therapy procedures, including:

(A) Training or retraining in activities of daily living.

(B) Training in work simplification.

(C) Exercises and graded activities to improve strength and range of motion.

(D) Sensory stimulation techniques to minimize sensory deficits.

(E) Coordination activities to promote increased manual dexterity.

(F) Evaluation and provision of needed slings or splints to increase or maintain functional use of upper extremities.

(3) **Speech therapy.** Speech services are provided to restore impaired speech and language disorders due to stroke, laryngectomy, head trauma and neurological diseases. Speech therapy services, when indicated by the plan of care, the speech therapist’s assessment and physician orders, include the following:

(i) The establishment of a treatment program to improve communication ability and correct disorders.

(ii) The provision of written and verbal instruction to center staff persons and family members in methods to assist the client to improve and correct speech disorders.
(iii) Speech therapy procedures, including the following:
   (A) Auditory comprehension tasks.
   (B) Visual or reading comprehension tasks, or both.
   (C) Language intelligibility tasks.
   (D) Language expression tasks.
   (E) Training involving the use of alternative communication devices.

(4) 

Medical services.

(i) Medical services by a staff physician, the client’s personal physician or a certified registered nurse practitioner (CRNP) are provided or arranged by an older adult daily living center providing nursing or physical, speech or occupational therapy.

(ii) Medical services may be direct, indirect or a combination of both. Centers may have a physician or CRNP on a part-time basis who serves as a consultant and authorizes the medical plan of care. The physician may also serve as medical director or directly provide hands-on assessment or treatment, or both. Medical services may also be provided by the client’s personal physician who is contacted when changes or emergencies occur, provides medical assessment and treatment, is informed on a regular basis of the client’s status and retains primary responsibility for medical care. In centers where a medical director or consultant is available to act as a member of the team and authorize care, information is usually supplied to the personal physician, who may still provide the ongoing medical treatment.

(b) Specialized services may be provided directly or through contractual or other arrangements if appropriate for the center and needed by clients.

(c) If offered, services shall be delivered by licensed persons according to the standards of the relevant specialty.

§ 11.403. Additional services.

(a) To supplement the core services required in § 11.123 (relating to core services), centers should consider providing the following additional services:

(1) 

Dentistry. The dentist:

   (i) Provides basic dental services, including examination and, as necessary, oral prophylaxis and emergency dental care to relieve pain and infection.

   (ii) Develops and implements written dental services and oral hygiene policies and procedures.

(2) Laboratory, radiological and diagnostic services.

   (i) The center establishes written policies to ensure that laboratory, radiological and diagnostic services are provided as ordered by a physician.

   (ii) The findings of these services are reported in writing to the physician ordering the services. The center should also keep a record of findings.

(3) Pharmacy. A pharmacist:
(i) Assists in the development and review of written policies and procedures regarding medication storage, distribution, recording and disposal in the center.

(ii) Monitors at least quarterly the implementation of policies and procedures related to medication at the center.

(iii) Furnishes the administrator periodically with a written report on the status of medication-related services.

(4) **Psychiatric or psychological services.**

(i) The psychiatrist, psychologist, licensed clinical social worker or psychiatric nurse clinician:

   (A) Provides assessments and reassessments when indicated by the plan of care.

   (B) Acts as liaison with family members and referral sources that may yield information for psychiatric or psychological treatment.

   (C) Provides group counseling and techniques as indicated by client need.

   (D) Provides consultation to staff persons regarding behavioral management, motivation strategies and management of stressful situations such as the death of a client.

   (E) Supervises implementation of a treatment plan.

(ii) Consultant services are indicated when the assessment indicates apparent mental, emotional or behavioral problems that need further assessment/treatment.

(5) **Podiatry.** A podiatrist provides:

   (i) Examination, diagnosis and treatment when indicated by the plan of care.

   (ii) Consultation to center staff persons about foot care.

(6) **Ophthalmology/optometry.** An ophthalmologist or optometrist provides:

   (i) Vision testing and eye examinations.

   (ii) Prescription of appropriate treatment or vision aids, or both.

   (iii) Consultation with the center staff regarding techniques for working with clients with visual impairments.

(7) **Audiology.** An audiologist provides:

   (i) An audiological evaluation.

   (i) Prescription of appropriate treatment such as a hearing aid.

   (iii) Consultation with the center staff persons regarding techniques for working with clients with visual impairments.

(8) **Other.** Other services offered in the center shall meet applicable State and local requirements and professional standards. These services may include, for example, those of a licensed cosmetologist or barber.

   (b) Additional services may be provided directly or through contractual or other arrangements if appropriate for the center and needed by clients.
(c) If offered, services shall be delivered by licensed persons according to the standards of the relevant specialty.

§ 11.404. Program staff training guidelines.

(a) To assist centers in complying with § 11.33 (relating to program staff orientation and training) and to ensure that they provide general orientation, annual and enhancement training designed to ensure basic skills and knowledge, to introduce new skills and knowledge and to enhance professional competencies, centers should consider using the following training topics:

1. **Program assistant/aide recommended topics.**
   - (i) Special needs due to normal changes in the aging process—sensory changes, hydration, developmental needs, and the like.
   - (ii) Special needs due to disability and chronic illness—rehabilitation, psychosocial aspects, orientation strategies, remotivation, and the like.
   - (iii) Facilitating functions of clients with: sensory changes, decreased ability to perform activities of daily living, physical, emotional and cognitive problems, and the like.
   - (iv) Recreational activities.
   - (v) Death and dying: the grief process.
   - (vi) Communication and interpersonal skills—active listening, documentation, stress management for staff, clients, and caregivers, coping skills, and the like.
   - (vii) The older adult daily living centers (OADLC) working environment—safety issues (protecting clients and staff members), handling emergencies, fire safety, and the like.
   - (viii) Personal care—dietary needs, body mechanics, medications and substance abuse, and the like.
   - (ix) The interdisciplinary team approach to OADLC.
   - (x) Confidentiality and the rights of the older person.

2. **Activities coordinator recommended topics.**
   - (i) Group process and group dynamics.
   - (ii) Supervisory skills development.
   - (iii) Therapeutic intervention skills—awareness therapy, reality orientation, sensory stimulation, fantasy validation therapy, and the like.
   - (iv) Arts and crafts project training.
   - (v) Leisure counseling—pet therapy, horticultural activities, and the like.
   - (vi) Community relations—public relations, outreach, fundraising, newsletters, and the like.
   - (vii) Volunteer supervision.

3. **Nurse recommended topics:**
   - (i) Geriatric medicine—the normal aging process, diseases, body systems, medications, therapies, and the like.
(ii) Information, referral and community outreach.
(iii) Health education—intervening with clients and families or other caregivers.
(iv) Counseling skills.
(v) Training OADLC staff persons in personal care skills.
(vi) Geriatric assessments.

(4) Social/Supportive service worker recommended topics.
(i) Psychosocial aspects of aging.
(ii) Geriatric medicine—medical terminology, the normal aging process, diseases, therapies, understanding effects of medication, and the like.
(iii) Rehabilitation process—preventative care, understanding needs and abilities of clients, therapies, and the like.
(iv) Information and referral community outreach, including fundraising.
(v) Leisure/therapeutic recreation.
(vi) Reality orientation.
(vii) Facilitator skills for the interdisciplinary team.
(viii) Interpersonal skills.
(ix) Staff education—Advocacy for clients, confidentiality, understanding motivation and change, evaluative techniques to prioritize client problems in social, physical and mental health areas, and the like.

(5) Program director/administrator recommended topics.
(i) Medical and psycho-social needs of clients.
(ii) Legal and ethical issues in program management (living wills, avoiding litigation, client rights, and the like).
(iii) Policy and procedures development.
(iv) Management Information Systems.
(v) Sensitivity to cultural diversity.
(vi) Human resources management.
(vii) Marketing and community relations.
(viii) Records and documentation.
(ix) Supervision of staff persons.
(x) Financial management, budgeting and grantsmanship.
(xi) Strategic planning.
(xii) Time management and delegation.
(xiii) Quality assurance.
(xiv) Government relations.
(xv) Board relations.
(xvi) Stress management.
(xvii) Research and publication.

(b) Recommended topics are intentionally stated in broad terms so that they may include many specific subtopics, chosen by a particular center to meet its own needs.
(c) Topics which have been recommended for a specific job function are not necessarily unique to that function, and may also be appropriately chosen for program staff persons performing other job functions.
(d) Suitable training topics are not limited to those recommended under each OADLC staff function. Centers may appropriately choose others.