

LICENSING INSPECTION INSTRUMENT
FOR
OLDER ADULT DAILY LIVING CENTERS

6 PA CODE CHAPTER 11

PREPARED BY:



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OLDER ADULT DAILY LIVING CENTER LICENSING INSPECTION GUIDE

INTRODUCTION

This Licensing Inspection Guide is designed to assist both licensing inspectors and the sites being inspected in measuring compliance with Pennsylvania Code, Title 6 Aging, Chapter 11 Older Adult Daily Living Centers. This booklet is organized according to sections of the above-mentioned regulations.

While licensed centers are required to be in compliance with all regulations, certain sections of the Older Adult Daily Living Center regulations are not part of this guide. The sections not included are regulations 11.1 through 11.12 and 11.201 through 11.404. Compliance with portions of regulations 11.1 - 11.12 and 11.201 – 11.404 are verified through provider self-declaration on the application paperwork. Other regulations within the range of 11.201 – 11.404 cover administrative licensing procedures and supplemental services.

INSPECTION SOURCE

Compliance with regulations will be measured through three methods. “Observation (OB)” is direct observation during an inspection. “Record review (RR)” is inspection of written information. “Interview (INT)” is asking the provider/staff or consumer questions to determine compliance. The most reliable method of measuring compliance is through observation through on-site inspection.

Column 2 throughout this booklet identifies the method by which compliance is usually determined. The inspector will hold private interviews with consumers and direct care staff when possible. The inspector shall observe consumer and staff interaction.

TYPES OF LICENSES

A license is 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 according to the above referenced regulations. There are three types of licenses:

1. Interim License – An interim license is issued to an applicant seeking to operate an older adult daily living 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 the expiration of the interim license. An interim license is issued for a specified length of time, not to exceed 6 months. It is not renewable.

2. Regular License – A regular license is issued if the center is in compliance with all applicable statutes, ordinances and regulations. A regular license is issued on an annual basis following a licensing inspection.
3. Provisional License – A provisional license is issued if the center is in substantial, but not complete compliance with applicable statutes, ordinances and regulations. An initial provisional license is issued for a specific length of time, not to exceed 6 months. 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.

NEW CENTERS

If the inspection is for a new center not yet serving consumers, the inspector will inspect as many items that can be accomplished at that point. Specific inspection points include, but are not limited to: physical building, policies and procedures, staffing matters such as training, criminal history background checks and physicals, center activities and services, and fire safety. Consumer files and staff-consumer interaction will be observed at the following regular inspection.

INSPECTIONS AND ACCESS

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

Pennsylvania Department of Aging Licensing Representatives conduct regular licensing inspections on an annual basis, usually two to three months prior to the expiration of the current license. A new center, that is just opening will receive an Interim License that is for a period of up to six months. Shortly before the expiration of the Interim License, the site will receive a full, regular inspection, after which they will receive a Regular License that is good for one year.

A center is also subject to unannounced inspections. An unannounced inspection not based on a complaint will occur during normal business hours. Unannounced inspections based on a complaint may, as determined by the Department in accordance with the nature of the complaint, occur at any time.

The center shall provide to authorized agents of the Department full access to the center and its records during announced and unannounced inspections. The center shall also provide full and free access to staff and clients, and shall provide full opportunity to privately interview, inspect and examine the clients. 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 licenses to the act and to the regulations.

NON-ISSUANCE LICENSE FACTORS

If the licensing inspector is concerned for the health and safety of a center's clients due to non-compliance of specific regulations, then no license will be issued until those items are brought into compliance with regulations. Two examples of regulations that have a direct impact on the licensure status of a center are listed below.

11.14 Occupancy Permit (Certificate of Occupancy)

All facilities must have a valid approval from the Department of Labor and Industry (or the local Department of Public Safety in the cities of Scranton and Pittsburgh or the local Department of Licensing and Inspection in Philadelphia).

Note: New centers applying for their initial interim license must have the certificate of occupancy on hand before the licensing inspector will schedule the inspection.

11.15 Abuse, Neglect, and Exploitation of Clients

Abuse, neglect or exploitation of clients in centers is prohibited. The occurrence of one or more instances of abuse, neglect or exploitation by center staff, either directly or indirectly constitutes a sufficient basis for denial, non-renewal or revocation of a license.

PROVISIONAL LICENSE ISSUANCE FACTORS

A provisional license is issued to a legal entity operating a center for the following reasons:

1. If there are citations relating to regulations that do not directly impact client health and safety that are not corrected via a plan of correction in a timely manner.
2. Repeated non-compliance areas are determined based on the previous annual, provisional, interim (announced and unannounced) inspections.

GENERAL REQUIREMENTS

11.13(b)

OB/RR

Administration and Organization

The 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 plan).
- (5) Safety policies including fire safety, emergency & infection control measures to guard against the spread of communicable disease.

Interpretive Guideline: The center shall have a policy and procedures manual addressing all of the above topics applicable to that center.

11.14(a)

OB/RR

Occupancy Permit

Centers shall have a valid occupancy permit listing the appropriate type of occupancy from the Department of Labor & 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.

Interpretive Guideline: Older Adult Daily Livings Centers must have a valid Certificate of Occupancy from either of the agencies listed above or their local municipality, depending on which agency has the issuing authority. This certificate must be posted in a visible location in the center.

A new center seeking to operate in Pennsylvania, or an existing center making renovations to their facility or relocating to a new location must meet the standards set

Regulation Number	Inspection Source	Regulation
		<p>forth per the Uniform Code and be classified on its Certificate of Occupancy as “I-4”.</p> <p>Per the International Building Code, Institutional Group I occupancy includes the use of a building or structure, or portion thereof in which people having physical limitations because of health or age are harbored for medical treatment, or other care or treatment. The I-4 occupancy code is specifically defined as an Adult Care Facility that provides accommodations for less than 24 hours for more than five unrelated adults and provides supervision and personal care services.</p> <p>A center that has been licensed with the Department of Aging prior to July 2004 likely has an occupancy code of either “A”, “B”, or “C”. These centers may continue to operate under this prior coding system.</p> <p>Centers that are located within nursing facilities likely have a Certificate of Occupancy letter from the State Department of Health that does not have an identifiable code. This letter meets the regulatory requirement.</p> <p>Adult Training Facilities operating under DPW regulations (55 PA Code Chapter 2380) that apply to be licensed as an Older Adult Daily Living Center, and have a valid existing Certificate of Occupancy code for their current operation, do not have to obtain the I-4 occupancy code, as the use of the building is not changing.</p>
11.14(b)	OB/RR	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.
11.14(c)	RR	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 Pittsburg, the Department of Licensing and Inspection of the city Philadelphia, or

Regulation Number	Inspection Source	Regulation
		the Department of Community Development of the city of Scranton.
		<p>Interpretive Guideline: A new Certification of Occupancy must be issued when renovations are made to a center that has an existing Certificate of Occupancy. An I-4 occupancy code will be required for the new Certificate of Occupancy.</p> <p>This applies to changes such as partitioning, removing, or adding walls. This does not apply to cosmetic improvements such as carpeting, painting, new roof, etc.</p>

11.15	OB/RR	<p>Abuse, Neglect and Exploitation</p> <p>Abuse, neglect and exploitation of clients in a center is prohibited. The occurrence of one or more instance of abuse, neglect or exploitation constitutes a sufficient basis for denial, non-renewal or revocation of a license by the Department.</p> <p>Interpretive Guideline: Abuse is defined as: The occurrence of one or more of the following acts: (1) the infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish; (2) the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health; (3) sexual harassment; and/or (4) sexual abuse which is intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest.</p> <p>Neglect is the failure to provide for oneself or the failure of a caretaker to provide goods or services essential to avoid a clear and serious threat to physical or mental health. An older adult who does not consent to the provision of protective services will not be found to be neglected solely on the grounds of environmental factors which are beyond the control of the older adult or the caretaker, such as inadequate housing, furnishings, income, clothing or medical care.</p>
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Exploitation is an act or course of conduct by a caretaker or other person against an older adult or an older adult's resources, without the informed consent of the older adult 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 older adult.

Important: All centers must comply with the provisions of Act 13 of 1997. This act contains mandatory abuse reporting instructions and a complete list of definitions that relate to abuse. Refer to regulations found in Title 6, Aging, Chapter 15 Protective Services for Older Adults.

See Appendix A

11.16(a)

RR

Reporting of Unusual Incidents

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.

Interpretive Guideline: An unusual incident is defined in the glossary of the regulations as: criminal infractions, abuse or suspected abuse of a client; neglect or suspected neglect of a client; exploitation or suspected exploitation of a client's funds or property; injury, trauma or illness of a client requiring treatment at a medical facility; violation or suspected violation of a client's rights; a client who is missing and presumed to be at risk; outbreak of a serious communicable disease as defined in 28 PA Code § 27.2 (relating to reportable diseases) to the extent that confidentiality laws permit reporting; an incident involving a fire department or circumstance requiring police action; and a condition, except for snow, ice, or flood conditions, that result in the closure of the center for more than one scheduled day of operation.

All elopements are considered unusual incidents and are reportable, regardless if the police or fire

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departments are involved. A client that elopes is considered to be missing and presumed at risk.

Medication errors are not considered unusual incidents unless the client requires outside medical care due to the medication error.

Reportable diseases as defined in 28 PA Code § 27.2 include the following:

AIDS; Amebiasis; Animal bite; Anthrax; Botulism; Brucellosis; Campylobacteriosis; Cancer; Cholera; Diphtheria; Encephalitis; Food Poisoning; Giardiasis; Gonococcal infections; Guillain-Barre syndrome; Hemophilus influenza type B/disease; Hepatitis non-A non-B; Hepatitis, viral, including Type A and Type B; Histoplasmosis; Kawasaki disease; Legionnaires' disease; Leptospirosis; Lyme disease; Lymphogranuloma venereum; Malaria; Measles; meningitis – all types; Meningococcal disease; Mumps; Pertussis (whooping cough); Plague; Poliomyelitis; Psittacosis (Ornithosis); Rabies; Reye's syndrome; Rickettsial diseases (including Rocky Mountain Spotted Fever); Rubella and congenital rubella syndrome; Salmonellosis; Shigellosis; Syphilis; Tetanus; Toxic shock syndrome; Toxoplasmosis; Trichinosis; Tuberculosis; Tularemia; Typhoid; and Yellow Fever.

Outbreaks of the above reportable diseases are to be reported to the local/regional Health office and the Department of Health in Harrisburg.

See Appendix B for additional information on reportable communicable diseases.

See Appendix C for a list of County Health Offices.

11.16(b)

RR/INT

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.

Interpretive Guideline: The center is to report the contact with the consumer's family and/or residential

Regulation Number	Inspection Source	Regulation
		provider in the event of an unusual incident on the incident reporting form itself.
11.16(c)	RR/INT	<p>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:</p> <ol style="list-style-type: none"> <li data-bbox="667 577 933 619">(1) The Department <li data-bbox="667 619 1395 724">(2) The funding agency when the services of the client involved in the unusual incident are being publicly funded. <li data-bbox="667 724 1395 871">(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. <p>Interpretive Guideline: Notification by FAX or email to the Department of Aging is acceptable in place of oral notification. FAX NUMBER – (717) 346-1483. EMAIL: ADLC-UIReport@state.pa.us</p> <p>Important: The above reporting requirement is separate, and in addition to the Mandatory Abuse reporting requirements specified in Act 13 of 1997.</p>
11.16(d)	RR/INT	<p>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:</p> <ol style="list-style-type: none"> <li data-bbox="667 1491 933 1533">(1) The Department <li data-bbox="667 1533 1395 1638">(2) The funding agency when the services of the client involved in the unusual incident are being publicly funded. <li data-bbox="667 1638 1395 1785">(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. <p>Interpretive Guideline: Use the PDA AGL-09 (Unusual Incident Report form) to report unusual</p>

Regulation Number	Inspection Source	Regulation
11.16(e)	RR	<p>incidents. For centers that are dually licensed with DPW, HCSIS forms are also acceptable for reporting unusual incidents as long as they contain all necessary information collected on the AGL-09 form. If HCSIS forms are used in lieu of the AGL-09, they must be mailed, faxed, or emailed to the Department within 3 days.</p> <p><i>See Appendix D for more information.</i></p> <p>A copy of an unusual incident report relating to an individual client shall be kept in the client’s record.</p>
11.16(f)	RR	<p>A copy of the unusual incident report related to the center itself, such as one involving the fire department, shall be kept in the center’s records for at least 4 years or until any audit or litigation is resolved.</p>
11.17(a)	RR/INT	<p>Reporting of Deaths 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.</p>
11.17(b)	RR	<p>Within 24 hours after a death of a client occurs at a center, the center operator shall complete and send copies of a death report on a form specified by the Department to the following:</p> <ol style="list-style-type: none"> (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. <p>Interpretive Guideline: The AGL-10 Death Report form is the form specified by the Department of Aging to be used to report a client’s death at the center. See Appendix G.</p>

Regulation Number	Inspection Source	Regulation
11.17(c)	RR	A copy of the report required by subsection (b) shall be kept in the deceased client's record.
11.18(a)	RR	<p data-bbox="667 430 1104 472">Criminal History Record Check</p> <p data-bbox="667 472 1395 651">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:</p> <p data-bbox="667 693 1395 913">(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).</p> <p data-bbox="667 913 1395 1134">(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.</p> <p data-bbox="667 1165 1395 1281">Interpretive Guideline: The requirement for criminal history background checks is applicable for employees who have continuing direct contact with center clients.</p> <p data-bbox="667 1312 1395 1428">Reports are transferable from one OADLC to another if the report was completed within 1 year prior to the date of hire at the new agency.</p> <p data-bbox="667 1459 1395 1575">A report is not required if an employee transfers positions within the same agency or umbrella agency, since the employee is not considered a new employee.</p> <p data-bbox="667 1606 1395 1680">An FBI report may not be substituted for a State Police report.</p> <p data-bbox="667 1711 1395 1820">The center should keep a record of the dates criminal history background check applications were submitted in order to verify compliance.</p>

Regulation Number	Inspection Source	Regulation
11.18(b)	RR	<p>Criminal history record information is not required for volunteers; however, it is encouraged for long-term volunteers.</p> <p>Refer to regulations found in Title 6, Aging, Chapter 15 Protective Services for Older Adult for more information.</p>
11.18(c)	RR	<p>Information in subsection (a) shall be obtained at the employee's expense or, at the option of the provider, the provider's expense.</p> <p>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.</p> <p>Interpretive Guideline: The Older Adult Protective Services Act (§ 10225.501-508) supersedes the two working day time frame noted above. The Act requires that the criminal history background check be completed with the application and <u>prior</u> to the start of employment.</p>
11.18(d)	RR	<p>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.</p> <p>Interpretive Guideline: The Older Adult Protective Services Act (§ 10225.501-508) supersedes the five working day time frame noted above. The Act requires that the criminal history background check be completed with the application and <u>prior</u> to the start of employment.</p>
11.18(e)	RR	<p>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.</p>

Regulation Number	Inspection Source	Regulation
11.19(a)	OB/RR/INT	<p>Civil Rights A client may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, national origin, age or sex.</p>
11.19(b)	OB/RR/INT	<p>The center operator shall develop and implement civil rights policies and procedures. Civil rights policies and procedures shall include the following:</p> <ol style="list-style-type: none"> (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.
11.20(a)	RR/INT	<p>Grievance Procedures The center shall have written grievance procedures for clients and the responsible party that assure investigation and a process for resolution of complaints.</p> <p>Interpretive Guideline: During an inspection, the center should provide the inspector with a copy of any complaints/grievances filed against the center.</p>
11.20(b)	RR	<p>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.</p>
11.21(a)	OB/RR	<p>Emergency Procedures Written procedures for handling emergencies shall be developed and be available at the center. The procedures include:</p>

Regulation Number	Inspection Source	Regulation
11.21(b)	RR	<p>(1) The location of portable emergency information files on each client containing the information in § 11.191 (relating to emergency information).</p> <p>(2) Evacuation procedures set forth in § 11.82 (relating to evacuation procedures).</p> <p>(3) Procedures for handling medical emergencies as specified in § 11.134 (relating to emergency medical plan) and non-medical emergencies, including specific staff responsibilities.</p>
		<p>Written emergency procedures shall be reviewed with staff persons at least quarterly.</p> <p>Interpretive Guideline: The center should document quarterly staff review of emergency procedures. The documentation should include: date of review, areas covered, and the instructor.</p>
11.22	RR	<p>Insurance Coverage</p> <p>The center shall obtain insurance coverage, which includes personal and professional coverage.</p>
11.23	INT/RR	<p>Annual Survey Questionnaire</p> <p>At the Department’s discretion, 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.</p> <p>Interpretive Guideline: A center’s compliance with this regulation will be evaluated at the time an annual survey is completed and processed. Centers that do not complete the annual survey questionnaire when specified are subject to citation and possible license suspension.</p>

STAFFING

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| 11.31(a) | RR/INT | <p>Minimum Staff Requirements</p> <p>Center staff persons promoted or hired on or after October 12, 1993, shall:</p> <ol style="list-style-type: none">(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. |
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Interpretive Guideline: Information regarding findings entered in the Nurse Aide Registry is available by writing to:

Pennsylvania Department of Health, Nurse Aide Registry, PO Box 90, Rm 526, Harrisburg, PA 17108, by calling 1-800-852-0518, or via the internet by visiting the following site: http://www.asisvcs.com/services/registry/search_fs.asp?CPCat=0639NURSE. Centers should keep a record of the date requests were made to the Department of Health, in order to verify compliance.

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| 11.31(b) | RR | <p>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).</p> |
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Regulation Number	Inspection Source	Regulation
11.32(a)	RR	<p>Necessary Staff Duties and Responsibilities 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.</p>
11.32(b)	OB/RR	<p>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.</p> <p>Interpretive Guideline: The center must keep documentation of staff qualifications and job descriptions at the center. If the center is part of a larger agency, the documentation may be kept at the center's human resource department, as long as it is made available for review.</p>
11.33(a)	RR	<p>Program Staff Orientation and Training Providers shall, using center staff persons, outside resources, or both, provide program staff persons with the following:</p> <p>(1) A general orientation in the following areas, within 3 months of employment:</p> <ul style="list-style-type: none"> (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.

Regulation Number	Inspection Source	Regulation
		<ul style="list-style-type: none"> (x) The population served. (xi) The center's policies and regulations. (xii) Communication skills. (xiii) The center's emergency procedures.
		<p>(2) Training in the following areas, within 3 months of employment and annually thereafter:</p>
		<ul style="list-style-type: none"> (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.
		<p>(3) In addition to the general orientation and annual training required in subsection (a)(1) and (2), at least two training sessions, totaling at least 8 hours of training, per year to enhance quality of care and job performance.</p>

11.33(b)	RR	<p>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.</p> <p>Interpretive Guideline: CPR and First Aid training cards and/or training certificates must be maintained at the center to ensure compliance. As this regulation clearly states, at least one person trained and certified in CPR and first aid must be in the center at all times.</p> <p>CPR and First Aid training does not count towards the additional eight hours of required training per 11.33(a).</p>
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11.33(c)	RR	<p>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</p>
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Regulation Number	Inspection Source	Regulation
		<p>for review at the time of initial licensure and annual re-licensure inspection.</p> <p>Interpretive Guideline: Acceptable qualifications for trainers may include, but are not limited to licensure, certification, and/or verifiable experience in their respective fields.</p>
11.33(d)	RR	The statement of policy at Subchapter B establishes guidelines for compliance with the requirements of this section.
11.33(e)	RR	<p>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.</p> <p>Interpretive Guideline: The importance of maintaining accurate staff training records cannot be overemphasized. Ensure that all training components listed above are accounted for as required.</p>
11.34(a)	RR/INT	<p>Program Director/Administrator</p> <p>There shall be one program director/administrator responsible for the center.</p>
11.34(b)	RR/INT	<p>The program director/administrator shall be responsible for the administration and general management of the center, including the following:</p> <ol style="list-style-type: none"> (1) Implementation of policies and procedures. (2) Admission and discharge of clients. (3) Safety and protection of clients. (4) Compliance with this subchapter.
11.34(c)	RR/INT	A program director/administrator shall have one of the following groups of qualifications:

Regulation Number	Inspection Source	Regulation
11.35(a)	RR/INT	<p>(1) At least a bachelor’s degree from an accredited college or university and a minimum of 2 years social or health services experience.</p> <p>(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.</p> <hr/> <p>Nurse</p> <p>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 the 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).</p> <p>Interpretive Guideline: Those centers that do not directly employ an RN or licensed physician must have a written policy addressing how their center meets this regulation. In addition, if the center employs an LPN to provide nursing services, the policy must also address how that LPN is operating under the direction of an RN or licensed physician.</p> <p><i>See Appendix E</i></p>
11.35(b)	RR/INT	<p>The nurse shall have experience working with aging adults and adults with functional impairment.</p>
11.36(a)	RR/INT	<p>Activities Coordinator</p> <p>Center staff persons shall include an activities coordinator who is responsible for the duties in § 11.123(4) (relating to core services).</p>
11.36(b)	RR	<p>The activities coordinator shall have a bachelor’s degree or 2 years experience in the human services field</p>

Regulation Number	Inspection Source	Regulation
		and skills to work with aging adults and adults with functional impairment.

11.37(a)	OB/RR	<p>Program Assistant/Aide</p> <p>The center staff persons shall include a program assistant/aide responsible for duties which include:</p> <ol style="list-style-type: none"> (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.
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11.37(b)	RR	<p>The program assistant/aide shall have at least one of the following qualifications:</p> <ol style="list-style-type: none"> (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), (3), appropriate training conducted by the center in addition to the training required in § 11.33 (relating to program staff orientation and training).
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Interpretive Guideline: If a center hires a certified nursing assistant to fill a program assistant/aide position, their current certification must be verified. The certification can be verified either by visiting the Nurse Aide Registry website: <http://www.dsf.health.state.pa.us/health/cwp/view.asp?A=188&Q=200721>, or by copying the nursing assistant's certification card.

For information on the Department of Education requirements for nursing assistants, centers should review the following website: http://www.pde.state.pa.us/career_edu/cwp/view.asp?a=122&q=102098

Regulation Number	Inspection Source	Regulation
		<p>Regarding item 4 above, appropriate training is defined as documented training that focuses on the population served in adult daily living centers and the programs and services offered therein.</p>
11.38(a)	RR/OB	<p>Volunteers 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).</p> <p>Interpretive Guideline: Although this is at the discretion of the center, it is strongly encouraged, that each center provides program orientation training for long-term volunteers.</p>
11.38(b)	RR/INT	<p>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:</p> <ol style="list-style-type: none"> (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. (4) Leading activities in areas of special knowledge, experience or expertise. <p>Interpretive Guideline: Volunteers do not count as staff when determining the staff to client ratio.</p>
11.38(c)	RR/INT	<p>At the discretion of the center provider, volunteers may, due to the nature of their duties, be required to meet requirements for a physical examination in § 11.132 (relating to staff physical examination).</p> <p>Interpretive Guideline: Although this is at the discretion of the center, it is strongly encouraged, that each center requires physical examinations for long-term volunteers.</p>

Regulation Number	Inspection Source	Regulation
11.39(a)	OB/RR/INT	<p>Staff-Client Ratio The program staff-client ratio shall be a minimum of one to seven at all times.</p> <p>Interpretive Guideline: Staff members who have no direct contact with consumers are not included in this ratio.</p>
11.39(b)	OB/RR/INT	<p>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.</p>
11.39(c)	OB/RR/INT	<p>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.</p> <p>Interpretive Guideline: The degree of client independence must be clearly documented in the client file. Document goals or activities that the client is able to perform independently. For example, the client is able to go to the restroom unaccompanied; the client may go out to the patio independently for 15 minutes at a time, etc.</p>
11.39(d)	OB/RR/INT	<p>Except as provided in subsection (c), a client shall be directly supervised.</p>
11.39(e)	OB/RR/INT	<p>The program director shall designate a staff person to supervise the center in the program director's absence.</p> <p>Interpretive Guideline: The center shall have a written organizational chart or policy to show who will supervise the center in the program director's absence.</p>

PHYSICAL SITE

11.51	OB	<p>Special Accommodations</p> <p>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.</p> <p>Interpretive Guideline: All program areas, the dining area, and at least one bathroom must be accessible to all individuals with any form of disability. Entrance to and exit from the center must be accessible to all individuals as well. Accessibility should be specific to the individual's current needs and should be reflected in adaptations such as ramps, widened doors, tactile guides, chair lifts, etc.</p>
11.52(a)	OB	<p>Indoor Floor and Other Space</p> <p>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.</p>
11.52(b)	OB	<p>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.</p> <p>Interpretive Guideline: If a center is dually licensed, older adults and adults with disabilities may share program/activity areas, dining areas, etc.</p>
11.52(c)	OB	<p>The center shall have sufficient space to accommodate the full range of program activities and services. This means that:</p> <p>(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,</p>

Regulation Number	Inspection Source	Regulation
		<p>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.</p> <p>(2) The facility is flexible and adaptable for large and small groups and individual activities and services.</p> <p>(3) Office space is available for center staff persons to work effectively.</p> <p>(4) Storage space is available for program and operating supplies.</p> <p>(5) A specified loading or parking area, or both, is available for the safe daily arrival and departure of clients.</p> <p>(6) There is private space available for confidential consultation with or services to, or both, the clients in the center and others as necessary.</p>

Interpretive Guideline: The square footage requirements for indoor floor space apply to the total measured square footage of all rooms within the center used for programming at least 50% of each day.

11.53(a)	OB	<p>Poisons</p> <p>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.</p>
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11.53(b)	OB	<p>Poisonous materials shall be kept separate from food, food preparation surfaces and dining surfaces.</p>
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11.54	OB	<p>Sources of Heat</p> <p>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.</p>
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Interpretive Guideline: This does not apply to kitchen appliances and lighting fixtures; however, client access to these items must be closely supervised

Regulation Number	Inspection Source	Regulation
		If a radiator is in use, the radiator temperature should be measured. If the temperature is less than 120°F, the radiator is not required to be covered.
11.55(a)	OB	Sanitation Clean and sanitary conditions shall be maintained in all areas of the center.
11.55(b)	OB	Evidence of infestation of insects or rodents in the center may not be present.
11.55(c)	OB	Garbage and rubbish shall be removed from inside the center daily and from outside the building at least once per week.
11.55(d)	OB	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.
11.55(e)	OB	Trash and garbage outside the center shall be kept in closed receptacles that prevent the penetration of insects and rodents.
11.55(f)	RR	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. Interpretive Guideline: Only initial approval of the sewage system is required. No subsequent approvals are required by these regulations. However, if either the facility director or the inspector suspects problems with the sewage system, the Department of Environmental Protection should be notified in writing of the suspected problem.

Regulation Number	Inspection Source	Regulation
11.56	OB	<p>Ventilation Center areas, dining areas, kitchens and lavatories shall be ventilated by operable windows or mechanical ventilation, such as fans.</p>
11.57	OB	<p>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.</p>
11.58(a)	OB	<p>Surfaces Floors, walls, ceilings and other surfaces shall be in good repair.</p> <p>Interpretive Guideline: For example, painted surfaces shall be free of cracked, chipped, or peeling paint.</p>
11.58(b)	OB	<p>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.</p>
11.59(a)	OB	<p>Running Water A center shall have hot and cold running water in all bathrooms and kitchen areas.</p>
11.59(b)	OB	<p>Hot water temperatures in areas accessible to clients may not exceed 130° F.</p>
11.59(c)	RR	<p>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.</p> <p>Interpretive Guideline: This requirement is applicable even if a water purification system is installed or if bottled water is used for drinking and cooking.</p>

Regulation Number	Inspection Source	Regulation
		Centers can contact the Department of Environmental Protection to obtain a list of certified laboratories that perform water tests.
11.60(a)	OB/INT	Indoor Temperature Indoor temperature shall be at least 70° F when clients are in the center.
11.60(b)	OB/INT	Whenever indoor temperature exceeds 80° F, mechanical ventilation, such as fans, or air conditioning is required.
11.61	OB	Telephone A center shall have an operable, non coin-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.
11.62	OB	Emergency and Advocacy Agency Telephone Numbers A center shall post on or by each telephone in the center with an outside line: <ol style="list-style-type: none"> (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.
11.63(a)	OB	Screens, Windows and Doors Windows, including windows in doors, shall be screened when windows or doors are open.
11.63(b)	OB	Screens, windows and doors shall be in good repair.

Regulation Number	Inspection Source	Regulation
11.64(a)	OB	<p>Handrails and Railings Ramps, interior stairways and outside steps exceeding two steps shall have well-secured handrails.</p>
11.65	OB	<p>Nonskid Surfaces Interior stairs and outside steps shall have a nonskid surface.</p> <p>Interpretive Guideline: The surface of the stairs or steps should be assessed. If the surface is slippery, or for outside steps if the surface will be slippery when wet, there must be a non-skid surface applied. Wooden and concrete steps may or may not be slippery depending on the finish. For example, smooth finished interior wooden stairs are often slippery; concrete that is painted with a smooth finish is often slippery, etc. Non-skid surfaces include carpeting, rubber strips, non-skid wax, etc.</p> <p>This does not apply to stairs that are never accessible to individuals. This does not apply to ramps although non-skid surfaces on ramps are strongly recommended.</p>
11.66(a)	OB	<p>Landings A landing shall be provided beyond each interior and exterior door that opens directly into a stairway.</p>
11.66(b)	OB	<p>A landing shall be at least as wide as the stairs leading to the landing.</p>
11.66(c)	OB	<p>A landing shall be at least 3 feet long.</p>
11.67(a)	OB	<p>Furniture and Equipment Furniture shall be non-hazardous, clean and sturdy. Chairs with arms shall be available for clients who need them.</p> <p>Interpretive Guideline: Hazardous furniture includes: wobbly chairs or tables, splintered wooden furniture, loose toilet seats, etc.</p>

Regulation Number	Inspection Source	Regulation
11.67(b)	OB	<p>Furniture and equipment shall be appropriate for the age, size and disabilities of the individual clients.</p> <p>Interpretive Guideline: It is recommended that all couches and chairs are firm with cleanable fabric.</p>
11.68	OB	<p>Storage of Personal Belongings Space shall be provided for hanging hats and coats and the storage of personal belongings.</p>
11.69(1)	OB	<p>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:</p> <p>There shall be one toilet and one sink for every fourteen clients served at one time in a center.</p>
11.69(2)	OB	<p>If the center serves fifteen or more clients at one time, there shall be two separate and distinct bathrooms.</p>
11.69(3)	OB	<p>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 wheel chair to the toilet and to accommodate the client and a staff person.</p>
11.69(4)	OB	<p>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.</p>

Regulation Number	Inspection Source	Regulation
11.69(5)	OB	Privacy shall be provided for toilets by partitions, doors or curtains.
11.70(a)	OB	First Aid A center shall have a first aid area that is separated by partition, privacy screen or other means from program areas.
11.70(b)	OB	The first aid area shall have a bed or reclining chair or cot, a blanket and a pillow.
11.70(c)	OB	Each floor of the center shall have a first aid kit accessible to staff.
11.70(d)	OB	The first aid kits shall contain antiseptic, an assortment of adhesive bandages, sterile gauze pads, tweezers, tape and scissors.
11.70(e)	OB	A first aid manual shall be kept with each first aid kit.
11.71	OB/RR	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.
11.72(a)	OB	Exterior Conditions Outside walkways shall be free from ice, snow, leaves, equipment and other hazards. Interpretive Guideline: Examples of hazards include, but are not limited to areas of raised or uneven cement, loose cement or asphalt on or near a walkway, etc. Protrusions that could cause falls or other injuries are also considered hazardous.
11.72(b)	OB	Center grounds shall be free from debris and unsafe conditions.

Regulation Number	Inspection Source	Regulation
11.72(c)	OB	The outside of the building and the center grounds shall be well maintained and in good repair.

FIRE SAFETY

11.81	OB	<p>Unobstructed Egress Stairways, halls, doorways, aisles, passageways and exits from rooms and from the building shall be unobstructed at all times.</p>
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11.82(a)	RR/OB	<p>Evacuation Procedures 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.</p>
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11.82(b)	OB	Written emergency evacuation procedures shall be posted in the program areas.
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11.83	RR	<p>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.</p>
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Interpretive Guideline: A fire safety inspection of the building must be completed annually. Documentation of this fire safety inspection must be maintained at the center. Centers are strongly encouraged to have fire systems such as sprinkler systems and alarm systems inspected as part of a fire safety inspection, however, inspections of fire prevention systems alone are not sufficient to satisfy the fire safety inspection requirement.

During a fire safety inspection, a fire safety authority will check the building for fire hazards such as obstructed egresses, faulty outlets, flammable and

Regulation Number	Inspection Source	Regulation
11.84	OB	<p>combustible materials, locked exit doors, exit widths, etc.</p> <p>A fire safety authority includes: 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.</p> <p>Documentation stating a fire safety authority observed an annual fire drill is not sufficient. The documentation must demonstrate that a fire safety inspection of the building was completed.</p>
11.85	OB	<p>Flammable and Combustible Materials</p> <p>Flammable and combustible supplies and equipment shall be utilized safely and stored in fire-resistant containers away from heat sources.</p> <hr/> <p>Portable Space Heaters</p> <p>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.</p>
11.86(a)	OB	<p>Fire Alarm</p> <p>There shall be an operable fire alarm system that is audible throughout the building.</p> <p>Interpretive Guideline: Public address systems or air horns are not acceptable as fire alarm systems.</p>
11.86(b)	OB	<p>If one or more clients have deafness or a hearing impairment, the center shall do one of the following:</p> <ol style="list-style-type: none"> (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

Regulation Number	Inspection Source	Regulation
11.86(c)	RR	<p>incorporate them into the emergency evacuation procedures in § 11.82 (relating to evacuation procedures).</p> <p>Interpretive Guideline: It is recommended that strobe lights be interconnected to each alarm, however this is not required.</p>
11.86(d)	RR	<p>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.</p> <p>Interpretive Guideline: The center is to have a backup plan available to be enacted in the event that the primary fire alarm system is inoperative.</p>
11.87(a)	OB	<p>There shall be a written procedure for fire safety monitoring in the event the fire alarm is inoperative.</p> <p>Interpretive Guideline: The policy must address, at a minimum, staff responsibilities such as evacuation responsibilities, monitoring the center for fire hazards, and how often the center is monitored while the fire alarm system is inoperative.</p>
11.87(b)	OB	<p>Fire Extinguishers</p> <p>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.</p> <p>Interpretive Guideline: If no individuals or staff persons ever have access to a floor, no extinguisher is required on that floor. If individuals or staff persons use the floor even for storage, an extinguisher is required.</p> <p>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.</p>

Regulation Number	Inspection Source	Regulation
11.87(c)	OB	<p>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).</p> <p>Interpretive Guideline: Further explanation of ratings can be found on the National Fire Protection Agency's website: http://www.nfpa.org/index.asp</p>
11.87(d)	OB	<p>Fire extinguishers shall be listed by Underwriters Laboratories or approved by Factory Mutual Systems.</p>
11.87(e)	OB	<p>Fire extinguishers shall be accessible to the staff persons and clients.</p>
11.87(f)	OB	<p>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.</p> <p>Interpretive Guideline: If the extinguisher was purchased within the past year, an inspection is not required. Verification, such as a sales receipt is required to prove the recent purchase of the extinguisher.</p>
11.88(a)	RR	<p>Fire Drills</p> <p>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.</p>
11.88(b)	RR	<p>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.</p>

Regulation Number	Inspection Source	Regulation
11.88(c)	RR	Alternate exit routes shall be used during fire drills.
11.88(d)	RR	Fire drills shall be held on different days of the week and at different times of the day.
11.88(e)	RR/INT	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 that 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.
11.89(a)	OB	Exit Signs Signs bearing the word “EXIT” in plain, legible letters shall be placed at exits.
11.89(b)	OB	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.
11.89(c)	OB	Exit sign letters shall be at least 6 inches high with the principal strokes of letters not less than 3/4 inch wide.
11.90(a)	RR	Fire Safety Training for Clients A client shall be instructed upon initial admission and reinstructed 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.

Regulation Number	Inspection Source	Regulation
11.90(b)	RR	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.
11.90(c)	RR	A written record of fire safety training, including content of the training and clients attending shall be kept.
11.91(a)	RR	<p>Smoking Safety Procedures If clients or staff persons smoke at the center, there shall be written smoking safety procedures.</p> <p>Interpretive Guideline: If the center does not allow smoking, this should be stated in a written policy.</p>
11.91(b)	RR	Written smoking safety procedures shall be followed.

PROGRAM COMPONENTS

11.101(a)	RR/INT	<p>Intake Screening 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.</p>
11.101(b)	RR	<p>The following information shall be included in an individual client file:</p> <ol style="list-style-type: none"> (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: <ol style="list-style-type: none"> (i) The dwelling unit. (ii) The present address.

Regulation
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- (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; identify of, and limitations or restraints on, the primary caregiver, problems with care giving, 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 motivations.
 - (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.
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Regulation Number	Inspection Source	Regulation
11.101(c)	RR/INT	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).
11.101(d)	RR/INT	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.
11.102(a)	RR	<p>Client Physical Examination and Medical Report</p> <p>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.</p> <p>Interpretive Guideline: A waiver of this regulation was issued by the Department of Aging on September 2, 2004 that allows the following exceptions:</p> <ol style="list-style-type: none"> 1. Consumers who have been discharged from supervised health settings (i.e. nursing facilities & hospitals) must submit within one month of being admitted to Adult Day Services, a complete medical report conducted no earlier than three (3) months prior to admission to the center. The center's nurse or nurse consultant must complete a tuberculin skin test within one month of admission, unless the consumer has received a negative tuberculin skin test within three months of admission to Adult Day Services. 2. Consumers referred from community settings must submit within two weeks of being admitted to Adult Day Services, a complete medical report conducted no earlier than three (3) months prior to admission to the center. The center's nurse or nurse consultant must complete a tuberculin skin test immediately upon admission, unless the consumer has received a negative tuberculin skin test within

Regulation Number	Inspection Source	Regulation
		three months of admission to Adult Day Services.

See Appendix F

11.102(b)	RR	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.
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11.102(c)	RR	<p>The medical report shall include:</p> <ol style="list-style-type: none"> (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.
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Interpretive Guideline: If skin testing is positive, only an initial chest x-ray is required. Repeated chest x-rays are not required unless symptoms of tuberculosis occur such as coughing, unexplained weight loss, or night sweats. A copy of the results of the x-ray must be kept in the client record.

Unless the client has a previous positive tuberculin skin test, the skin test is required as stated in the regulation.

Regulation Number	Inspection Source	Regulation
		<p>Even if a client has a recent negative chest x-ray taken for an unrelated condition that does not override the regulatory requirement for the skin test.</p> <p>It is permissible to have faxed copies of the medical report in the client file.</p>
11.103(a)	RR	<p>Enrollment Agreement</p> <p>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:</p> <ol style="list-style-type: none"> (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 payers for purposes of reimbursement and to transfer the client's records to another facility if the client transfers from the center to that facility.
11.103(b)	RR	<p>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.</p> <p>Interpretive Guideline: A copy of the signed enrollment agreement must be in the client file.</p>
11.103(c)	RR	<p>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.</p>

Regulation Number	Inspection Source	Regulation
11.104(a)	RR	<p>Development of Individual Care Plan</p> <p>An individual care plan shall be developed for each client within 30 calendar days following admission to the center.</p>
11.104(b)	RR	<p>Center staff persons shall include the client or the responsible party, or both, in the development of the individual care plan.</p>
11.104(c)	RR	<p>The individual care plan shall contain at least the following elements:</p> <ol style="list-style-type: none"> (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. <p>Interpretive Guideline: If a client has unsupervised time while at the center, their degree of independence must be addressed in the care plan. (See regulation 11.39(c))</p>
11.105(a)	RR	<p>Review and Revision of Individual Care Plan</p> <p>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.</p>

Regulation Number	Inspection Source	Regulation
11.105(b)	RR	<p>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.</p> <p>Interpretive Guideline: The documentation shall detail the date(s) of the care plan reviews; parties involved, care plan changes, etc., for both face-to-face and telephone reviews of the care plan.</p>
11.105(c)	RR	<p>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).</p>
11.106	RR	<p>Implementation of Individual Care Plan A center will implement the client's plan as written.</p>
11.107(a)	RR	<p>Copies of Individual Care Plan A written copy of all plans and revisions made during reviews shall be kept in the client's record.</p>
11.107(b)	RR	<p>The client and the responsible party shall, except as set forth in subsection (c), upon request receive a copy of all plans and revisions.</p>
11.107(c)	RR	<p>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</p>

Regulation Number	Inspection Source	Regulation
		accordance with § 11.16 (relating to reporting of unusual incidents).

11.108	RR	<p>Coordination of Care</p> <p>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.</p>
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11.109	RR	<p>Service Documentation</p> <p>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.</p> <p>Interpretive Guideline: Examples of information to document include changes in client status such as ability to perform ADLs, client participation in activities, diet, mood and treatment notes. When in doubt, document.</p>
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DISCHARGE POLICY

11.110(a)	RR	<p>Written Policy</p> <p>A center shall have a written discharge policy available to clients on admission.</p>
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11.110(b)	RR	<p>The written policy shall include, at a minimum, provisions requiring discharge from a center when one or more of the following apply:</p>
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Regulation Number	Inspection Source	Regulation
11.110(c)	RR	<p>(1) A client does not have a functional impairment.</p> <p>(2) A client is not capable of being transported to the center.</p> <p>(3) A client is not in need of the structured program of activities or services provided in the center.</p> <p>(4) A client cannot be retained, for reasons set forth in § 11.4(c) (relating to admissions criteria.)</p> <p>(5) A client or responsible party notifies the center orally or in writing of intent to discontinue participation.</p>
11.110(d)	RR	<p>When the center initiates the discharge, the center shall follow a procedure including:</p> <p>(1) A discharge summary, which contains recommendations for continuing care.</p> <p>(2) Referrals to community resources.</p>
11.111(a)	RR	<p>Notification</p> <p>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.</p>
11.111(b)	RR	<p>A client who experiences a sudden change in the level functioning which, as determined by the center, poses a threat to the client or others may be discharged from the center immediately.</p>
11.112(a)	RR	<p>Interim Immediate Action</p>

Regulation Number	Inspection Source	Regulation
		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.
11.112(b)	RR	<p>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:</p> <ol style="list-style-type: none"> (1) Preventing the client from harming himself or others. (2) Calling the police (3) Notifying local emergency mental health officials. (4) Notifying the client's physician. (5) Notifying the client's responsible party and family. (6) Arranging to have the client transferred.
11.113	RR	<p>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).</p>

CENTER SERVICES

11.121	RR/INT	<p>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).</p>
11.122	RR/INT	<p>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:</p> <ol style="list-style-type: none"> (1) Obtaining from service providers proof of licensure, certification or other approval required by the Commonwealth or the relevant specialty, or both.

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		(2) Assuring that service providers carry professional liability insurance.
		Interpretive Guideline: A copy of the RN, LPN, or on-site physician's license shall be located on-site. Other on-site service providers required to provide proof of licensure credentials, and insurance include cosmologists, therapists, counselors, etc.

11.123	OB/RR/INT	<p data-bbox="665 609 860 651">Core Services</p> <p data-bbox="665 651 1391 1155">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:</p> <ol style="list-style-type: none"> <li data-bbox="665 1197 1391 1302">(1) <i>Personal care.</i> The center shall provide needed assistance and supervision with activities of daily living. <li data-bbox="665 1312 1391 1711">(2) <i>Nursing services.</i> 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 staff person to a monthly or quarterly visit by a practical nurse) depend upon the needs of the center's clients. Nursing service includes the following: <ol style="list-style-type: none"> <li data-bbox="747 1743 1391 1818">(i) Centers shall carry out the following standard nursing functions at least quarterly:
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- (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.

Interpretive Guideline: The required nursing functions and supplemental nursing services, if provided must be documented.

- (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

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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.

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(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.

Regulation Number	Inspection Source	Regulation
		<ul style="list-style-type: none"> (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) <i>Schedule</i>
		<ul style="list-style-type: none"> (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.
		(5) <i>Nutrition and therapeutic diets.</i> A center shall follow the nutrition standards set forth in § 11.151 and 11.152 (relating to nutrition).
		(6) <i>Emergency care for participants.</i> Procedures for handling emergencies are set forth in § 11.21 (relating to emergency procedures).

HEALTH

11.131	RR	<p>Client Physical Examination and Medical Report</p> <p>Client physical examination and medical report requirements are set forth in §11.102 (relating to client physical examination and medical report).</p>
11.132(a)	RR	<p>Staff Physical Examination</p>

Regulation Number	Inspection Source	Regulation
11.132(b)	RR	<p>Staff persons 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.</p> <p>Interpretive Guideline: This applies only to staff that are in direct contact with individuals of the center. If a staff person transfers from one licensed center or agency to another licensed center or agency a new physical examination is not required prior to employment. The current physical examination may be transferred with the staff person if it occurred within the previous 12 months.</p>
11.132(b)	RR	<p>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.</p> <p>Interpretive Guideline: A medical report signed by a certified physician’s assistant is also acceptable.</p>
11.132(c)	RR	<p>The medical report shall include:</p> <ol style="list-style-type: none"> (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. <p>Interpretive Guideline: If skin testing is positive, only an initial chest x-ray is required. Repeated chest x-rays are not required unless symptoms of tuberculosis occur such as coughing, unexplained weight loss, or night sweats. A copy of the results of the x-ray must be kept in the staff record.</p> <ol style="list-style-type: none"> (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

Regulation Number	Inspection Source	Regulation
		center if specific precautions are taken that will prevent the spread of the disease to clients.
		Interpretive Guideline: If the physician, nurse practitioner, or physician’s assistant states “no known communicable diseases,” that is acceptable. Testing for diseases such as AIDS, hepatitis, etc. is not required as part of the physical examination. If a physician knows a person has AIDS, he or she must report to the extent that confidentiality laws permit (P.L. 585, No. 149).
		(4) Information on a medical problem, which might interfere with the health of the clients.
11.132(d)	RR	Tuberculin skin testing may be completed and certified in writing by a registered nurse or a licensed physician.
11.133(a)	RR	Communicable Diseases 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.
11.133(b)	RR	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 provided for the protection of other persons at the center. Interpretive Guideline: Specific instructions and precautions from the physician are to be provided with each client or staff medical report.
11.133(c)	RR/INT	The physician’s or CRNP’s written instructions and precautions shall be followed.

Regulation Number	Inspection Source	Regulation
11.134	RR/INT	<p>Emergency Medical Plan The center shall have a written emergency medical plan listing the following:</p> <ol style="list-style-type: none"> (1) The hospital or source of the health care that will be used in an emergency. (2) The transportation procedure to be used. (3) An emergency-staffing plan.

MEDICATIONS

11.141(a)	OB	<p>Storage of Medications 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.</p> <p>Interpretive Guideline: Blister packs and other unit dose containers are acceptable as long as the medication is packaged by a pharmacist and each individual blister pack or container is labeled in accordance with §11.142(a).</p>
11.141(b)	OB	<p>Medications shall be kept in an area or container that is locked.</p> <p>Interpretive Guideline: Prescription and over-the-counter medications for clients who self-administer shall also be stored in an area or container that is locked.</p>
11.141(c)	OB	<p>Medications stored in a refrigerator shall be kept in a separate locked container.</p> <p>Interpretive Guideline: This also applies for self-administered medications.</p>

Regulation Number	Inspection Source	Regulation
11.141(d)	OB	Medications shall be stored under proper conditions of sanitation, temperature, moisture and light.
11.141(e)	OB	<p>Medications which are permanently discontinued, outdated or no longer needed shall be disposed of in a safe manner.</p> <p>Interpretive Guideline: The center should create a medication disposal policy. Centers are encouraged to create a form that includes, but it not limited to, the following information: the date the medication was disposed of, the method of disposal, the signature of the person who disposed of the medication, the signature of the person who witnessed the disposal, etc. The medication disposal form should be kept in the client's record.</p>
11.141(f)	OB/INT	Medications of a client who permanently leaves a center shall be given to the client or the responsible party when the client leaves.
11.141(g)	OB	The area in which medications are stored shall have sufficient lighting so that labels can be read accurately.
11.142(a)	OB	<p>Labeling of Medications</p> <p>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):</p> <ol style="list-style-type: none"> (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.

Regulation Number	Inspection Source	Regulation
		<p>(5) The serial number of the prescription and the date originally filled.</p> <p>(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.</p> <p>(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."</p>
11.142(b)	OB	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).
11.143(a)	OB/RR	<p>Medication Records</p> <p>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.</p>
11.143(b)	OB/RR	The information in subsection (a) shall be logged immediately after each client's dose of medication.
11.143(c)	OB/RR	A list of prescription medications, the prescribed dosage and the name of the prescriber shall be kept for each client who self-administers medication.
11.144	OB/RR/INT	<p>Medication Errors</p> <p>Medication errors and follow-up corrective action taken for each error shall be documented.</p> <p>Interpretive Guideline: Document medication errors in the client record or the medication log. The client or</p>

Regulation Number	Inspection Source	Regulation
		responsible party should be notified immediately of the medication error.
11.145	RR/INT	<p>Adverse Reaction</p> <p>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.</p>
11.146(a)	OB	<p>Administration of Medications</p> <p>Medications and injections of substances that are not self-administered by clients shall be administered by one of the following qualified professionals:</p> <ol style="list-style-type: none"> (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. <p>Interpretive Guideline: To administer insulin injections, staff must complete DPW's Medication Administration course as well as an approved diabetes education program within the past 12 months.</p>
11.146(b)	OB	<p>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).</p> <p>Interpretive Guideline: A copy of the Medication Administration training certificate as well as the</p>

Regulation Number	Inspection Source	Regulation
		diabetes education program certificate shall be kept in the staff person's employee record.
11.147(a)	OB	<p>Self-Administration of Medications 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.</p> <p>Interpretive Guideline: Self-administered medications must be stored in a secure location. Examples of storage locations that are unsecured include a client's coat pocket or purse.</p>
11.147(b)	OB	When assistance includes helping the client to remember the schedule for taking the medication; the prescribed schedule shall be followed.
11.147(c)	OB	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.
11.147(d)	OB	Medications not requiring special conditions or handling may not be removed from original labeled containers more than 2 hours in advance of scheduled 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.
11.147(e)	OB	<p>To be considered capable of self-administration of medications, a client shall be able to:</p> <p>(1) Identify the medication.</p>

Regulation Number	Inspection Source	Regulation
		<p>(2) Acknowledge the amount of, and schedule for, medication.</p> <p>(3) Remember to take the medication on schedule with infrequent reminders from staff persons.</p> <p>(4) Obtain medication from its container without assistance or with minimal assistance.</p>

NUTRITION

11.151(a)	OB	<p>Dining Area The center shall have a dining area for lunches and breaks.</p>
11.151(b)	OB	The dining area shall be clean and sanitary.
11.151(c)	OB	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.
11.151(d)	OB	The dining area may be used for other purposes throughout the program day.
11.152	OB/RR	<p>Food Provided or Arranged for By Center If the center provides or arranges for meals for clients, the following requirements apply:</p> <p>(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.</p> <p>Interpretive Guideline: Centers are encouraged to use the 2005 Federal Food & Drug Association Food Code standards regarding temperature standards for hot and cold food. Hot and cold storage facilities shall maintain a temperature of 41°F or below for cold foods and 135°F or above for hot foods for storage and transportation.</p> <p>Centers shall document hot and cold food temperatures daily.</p>

Regulation
Number

Inspection
Source

Regulation

- (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.

Interpretive Guideline: Medical contradiction must be documented by a physician and maintained in the client file. A registered dietician should review menus.

- (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.

NOTE: The Department of Environmental Resources no longer exists in Pennsylvania. The Department of Agriculture assumed these responsibilities.

Interpretive Guideline: If a center does not have a dishwasher, the center should have a three-compartment sink or chemical sanitation method that meets Department of Agriculture sanitation standards. For further explanation, please refer to PA Code Title 7, Chapter 46, Subchapter D.

Regulation Number	Inspection Source	Regulation
		<p>http://www.pacode.com/secure/data/007/chapter46/subchapter46Dtoc.html</p> <p>(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.</p> <p>Interpretive Guideline: To determine dishwasher temperature, check the temperature gauge (if available) or review dishwasher manual.</p>

TRANSPORTATION

11.161	OB/INT	<p>Transportation</p> <p>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.</p>
11.162	OB/INT	<p>Applicability</p> <p>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.</p>
11.163	OB/INT	<p>Safety Equipment</p> <p>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.</p>
11.164	OB/INT	<p>Staffing</p> <p>Transportation shall include, when necessary, an assistant to the driver who will help the driver escort</p>

Regulation Number	Inspection Source	Regulation
		individuals in and out of their homes and attend to them during the trip to and from the center.

11.165	OB/INT/RR	<p>Driver of Vehicle</p> <p>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.</p>
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PROTECTIVE DEVICES

11.171(a)	OB/RR	<p>Protective Devices and Prohibited Practices</p> <p>The use of restraints, seclusion and aversive conditioning is prohibited.</p>
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Interpretive Guideline: Restraint is defined as a chemical or mechanical device used to restrict movement or normal function of an individual or a portion of the individual's body.

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.

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.

11.171(b)	OB/RR	<p>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:</p>
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Regulation Number	Inspection Source	Regulation
11.172	OB/RR	<p>(1) The device shall be checked for proper fit by a staff person at least every 15 minutes.</p> <p>(2) The client’s physical needs shall be met promptly.</p> <p>(3) The device shall be removed completely for at least 10 minutes during every 2-hour period it is used.</p> <p>(4) The client shall receive training aimed at eliminating or reducing the need for the device.</p> <p>(5) The center shall document compliance with paragraphs (1)—(4).</p>
11.172	OB/RR	<p>Protective Device Records</p> <p>Centers shall keep a record of each use of a protective device documenting the following:</p> <p>(1) The specified behavior addressed.</p> <p>(2) The methods of intervention tried prior to applying the device.</p> <p>(3) The date and time the device was administered.</p> <p>(4) The specific procedures followed.</p> <p>(5) The staff person who applied the device.</p> <p>(6) The duration of the use of the device.</p> <p>(7) The client’s condition following the removal of the device.</p>
11.173(a)	OB/RR	<p>Access and Notification</p> <p>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.</p>
11.173(b)	OB/RR	<p>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.</p>
11.174(a)	OB/RR	<p>Staff Training</p> <p>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.</p>

Regulation Number	Inspection Source	Regulation
11.174(b)	OB	Staff persons applying protective devices shall be trained in the use of the specific techniques or procedures used.
11.174(c)	OB/RR	Centers shall keep documentation of the training program provided, including the staff person trained, dates of training, description of training and training source.

CLIENT RECORDS

11.191(a)	OB/RR	<p>Emergency Information Emergency information for a client shall be readily accessible at the center.</p> <p>Interpretive Guideline: It is recommended that centers create and maintain a separate, portable emergency information folder that contains emergency information for every client. In case of an emergency, this folder can be quickly accessed and removed from the center. It is also recommended that a photograph of each client, taken within the last 5 years, be included in the folder. If a client wanders away during a group outing or emergency situation, it would be helpful to have a photograph readily available to provide to police or other local authorities.</p>
11.191(b)	RR	<p>Emergency information for a client shall include the following:</p> <ol style="list-style-type: none"> (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.

Regulation Number	Inspection Source	Regulation
11.192(a)	OB/RR	<p>(4) The name, address and telephone number of the person able to give consent for emergency medical treatment, if applicable.</p> <p>(5) A copy of the client's most recent annual physical examination, which shall include information on current diagnosis, medications and allergies.</p>
11.192(b)	OB/RR	<p>Individual record An individual record shall be kept for each client.</p> <p>Entries in a client's record shall be legible, dated and signed by the person making the entry.</p> <p>Interpretive Guideline: Entries should be dated using the month/day/year format. If your center uses computerized notes, there should be some indication of who is making the entries.</p>
11.193	RR	<p>Contents of Records Each client's record shall include:</p> <p>(1) Personal information including:</p> <ul style="list-style-type: none"> (i) The name sex, admission date, birth date and social security number 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. <p>Interpretive Guideline: Photographs should be dated either on or near the photograph using the month/day/year format.</p> <ul style="list-style-type: none"> (2) Unusual incident reports related to the client. (3) Medical reports and progress note, if any. (4) Intake screening forms. (5) Individual care plans.

Regulation Number	Inspection Source	Regulation
		(6) Signed release of information form. (7) Signed enrollment agreement.
11.194(a)	OB/RR	Record Location Record information required in § 11.193(1), (6) and (7) (relating to content of records) shall be kept at the center.
11.194(b)	OB/RR	The most current copies of record information required in § 11.193(3) and (5) shall be kept at the center.
11.194(c)	OB/RR	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.
11.194(d)	OB/RR	Record information required in § 11.193(2), and (4) may be kept at the center or at the center's administrative office.
11.195(a)	OB/RR	Record Retention 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.
11.195(b)	OB/RR	Client records shall be kept for at least 4 years following a client's departure or until audits or litigation is resolved.
11.195(c)	OB/RR	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.
11.196	OB/RR	Record Policy

Regulation Number	Inspection Source	Regulation
11.197(a)	OB/RR	<p data-bbox="667 212 1395 310">There shall be a written policy governing confidentiality, access to, duplication of and dissemination of information from the records.</p> <hr/> <p data-bbox="667 394 1395 464">Access Client records shall be kept locked when unattended.</p>
11.197(b)	OB/RR	<p data-bbox="667 548 1395 653">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.</p>
11.197(c)	OB/RR	<p data-bbox="667 737 1395 947">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).</p>
11.197(d)	OB/RR	<p data-bbox="667 1031 1395 1136">A representative of the Long-Term Care Ombudsman Program shall be allowed immediate access to client records.</p>
11.198	RR	<p data-bbox="667 1220 1395 1396">Release of Information 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.</p>

Appendix A

DETAILS AND DESCRIPTION OF ABUSE: (ATTACH ADDITIONAL SHEETS IF NECESSARY)

ACTIONS TAKEN BY FACILITY, INCLUDING TAKING OF PHOTOGRAPHS AND X-RAYS, REMOVAL OF VICTIM AND NOTIFICATION OF APPROPRIATE AUTHORITIES. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

OTHER PERTINENT INFORMATION, COMMENTS OR OBSERVATIONS DIRECTLY RELATED TO ALLEGED ABUSE INCIDENT AND VICTIM:

NAME AND TITLE OF REPORTER:
(PLEASE TYPE OR PRINT)

NAME:

TITLE:

SIGNATURE OF REPORTER:

REPORTER CONTACT INFORMATION:

TELEPHONE NUMBER:

EMAIL ADDRESS:

DATE:

NAME AND TITLE OF PERSON PREPARING REPORT:
(PLEASE TYPE OR PRINT)

NAME:

TITLE:

SIGNATURE OF PERSON PREPARING REPORT:

PERSON PREPARING REPORT CONTACT INFORMATION:

TELEPHONE NUMBER:

EMAIL ADDRESS:

DATE:

ACT-13 OF 1997
Mandatory Abuse Report Form
Instruction Sheet

BACKGROUND AND PROCESS:

Act-13 of 1997 requires an employee or administrator of a facility who has reasonable cause to suspect that a recipient is a victim of abuse to immediately report the abuse. The effective date was December 10, 1997.

Employees and/or administrators who have reasonable cause to suspect that a recipient is a victim of any of the types of abuse described below shall immediately make an oral report to the Area Agency on Aging (AAA). In addition to reporting to the AAA, oral reports must be made to the Pennsylvania Department of Aging (PDA) and local law enforcement for suspected abuse involving sexual abuse, serious physical injury, serious bodily injury or if a death is suspicious.

Within 48 hours of making all oral reports, the employee or administrator shall make a written report (on forms prescribed by PDA as mandated by Act 13) to the AAA. Additionally, within 48 hours of making an oral report for an abuse involving sexual abuse, serious physical injury, serious bodily injury and suspicious death, the employee and an administrator shall make a written report (on forms prescribed by PDA as mandated by Act 13) to appropriate law enforcement officials. The AAA will forward a copy of the written report to the Department of Aging within 48 hours for all reports involving sexual abuse (not including sexual harassment), serious physical injury, serious bodily injury and suspicious death.

NOTE: Sexual harassment is an abuse that requires reporting to the AAA; however, it is not sexual abuse that requires reporting to PDA and local law enforcement.

DEFINITIONS:

Act-13 mandates the following facilities to report: domiciliary care homes; home health care agencies; long-term care nursing facilities; older adult daily living centers; personal care homes. In addition, the Pennsylvania Department of Health has defined home health care organization or agency to include: hospices and birth centers, and the Department of Public Welfare (DPW) has concluded that Act-13 reporting is applicable to all DPW-licensed and DPW-operated residential facilities for adults. The additional DPW facilities include: community residential rehabilitation services, 55 Pa. Code Ch. 5310; Long Term Structured Residences, 55 Pa. Code Ch. 5320; community homes for individuals with mental retardation, 55 Pa. Code 6400; family living homes, 55 Pa. Code Ch. 6500; ICFs/MR (private and state), 55 Pa. Code 6600; state mental hospitals and state nursing facilities.

Recipient: An individual who receives care, services or treatment in or from a facility. (regardless of age)

Abuse: The occurrence of one or more of the following acts: (1) the infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish; (2) the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health; (3) sexual harassment; and/or (4) sexual abuse which is intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest.

Serious Bodily Injury: An injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ.

Serious Physical Injury: An injury that causes a person severe pain or significantly impairs a person's physical functioning, either permanently or temporarily.

Sexual Harassment: Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

Sexual Abuse: Intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, indecent assault or incest.

Rape: A person commits rape when he or she engages in sexual intercourse with a complainant: (1)by forcible compulsion; (2)by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution; (3)who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring; (4)where the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance; (5)who suffers from a mental disability which renders the complainant incapable of consent; (6)who is less than 13 years of age.

Statutory Sexual Assault: Except as provided under the definition of Rape, a person commits statutory sexual assault when that person engages in sexual intercourse with a complainant under the age of 16 years and that person is four or more years older than the complainant and the complainant and the person are not married to each other.

Involuntary Deviate Sexual Intercourse: A person commits involuntary deviate sexual intercourse when he or she engages in deviate sexual intercourse with a complainant: (1)by forcible compulsion [forcible compulsion includes but is not limited to compulsion resulting in another person's death, whether the death occurred before, during or after sexual intercourse]; (2)by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution; (3)who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring; (4)where the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance; (5)who suffers from a mental disability which renders him or her incapable of consent; (6)who is less than 13 years or age, or (7)who is less than 16 years of age and the person is four or more years older than the complainant and the complainant and person are not married to each other.

Sexual Assault: Except as provided under the definitions relating to Rape and Involuntary Deviate Sexual Intercourse, a person commits sexual assault when that person engages in sexual intercourse or deviate sexual intercourse with a complainant without the complainant's consent.

Aggravated Indecent Assault: Except as provided under the definitions relating to Rape, Statutory Sexual Assault, Involuntary Deviate Sexual Intercourse, and Sexual Assault, a person who engages in penetration, however slight, of the genitals or anus of a complainant with a part of the person's body for any purpose other than good faith medical hygienic or law enforcement procedures commits aggravated indecent assault if: (1)the person does so without the complainant's consent; (2)the person does so by forcible compulsion; (3)the person does so by threat of forcible compulsion that would prevent resistance by a person or reasonable resolution; (4)the complainant is unconscious or the person knows that the complainant is unaware that the penetration is occurring; (5)the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing without the knowledge of the complainant, drugs, intoxicants or other means for the purposes of preventing resistance; (6)the complainant suffers from a mental disability which renders him or her incapable of consent; (7)the complainant is less than 13 years of age; or (8)the complainant is less than 16 years of age and the person is four or more years older than the complainant and the complainant and the person are not married to each other.

Indecent Assault: A person who has indecent contact with the complainant or causes the complainant to have indecent contact with the person commits indecent assault if: (1)the person does so without the complainant's consent; (2)the person does so by forcible compulsion; (3)the person does so by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution; (4)the complainant is unconscious or the person knows that the complainant is unaware that the indecent contact is occurring; (5)the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance; (6)the complainant suffers from a mental disability which renders him or her incapable of consent; (7)the complainant is less than 13 years of age; or (8)the complainant is less than 16 years of age and the person is four or more years older than the complainant and the complainant and the person are not married to each other.

Incest: A person commits incest if he or she knowingly marries or cohabits or has sexual intercourse with an ancestor or descendant, brother or sister of the whole or half blood or an uncle, aunt, nephew or niece of the whole blood. The relationships referred to include blood relationships without regard to legitimacy, and relationship of parent and child by adoption.

INSTRUCTIONS FOR COMPLETING ACT-13 OF 1997 MANDATORY ABUSE REPORT FORM:

DATE OF REPORT/TIME: Place the date and the time the written report is being prepared.

NAME OF VICTIM (Last, First MI): Complete with the last name, first name and middle initial of the recipient of care (i.e. victim) who is suspected to have been abused.

ADDRESS: Provide the address of the victim at the time of abuse.

CITY: Provide the city of the victim at the time of abuse.

STATE: Provide the state of residence of the victim at the time of abuse.

PHONE: Provide the telephone number, with area code, of the victim at the time of abuse.

DATE OF BIRTH: Provide the date of birth of the victim.

SEX: Provide the sex of the victim – male or female.

ABUSE TYPE: Place an “x” in the box that identifies the type of suspected abuse of the recipient. NOTE: If the abuse does not specifically involve sexual abuse (not including sexual harassment), serious physical injury, serious bodily injury or suspicious death, place an “x” in the “abuse including sexual harassment but not involving sexual abuse, serious bodily injury, serious physical injury, or suspicious death” box for all other types of abuse as defined by the Older Adults Protective Services Act.

DATE AND TIME OF INCIDENT: Provide the date and time the suspected abuse occurred.

FACILITY NAME: Provide the name of the facility that employs the person making the suspected abuse report.

ADDRESS: Provide the address of the facility.

CITY: Provide the city of the facility.

STATE: Provide the state of residence of the facility.

PHONE: Provide the telephone number, with area code, of the facility.

FACILITY TYPE: Provide the licensed type of facility as defined by the Act. (i.e. NH, PCH, etc.)

LICENSING AGENCY: Provide the state agency responsible for the licensure of the facility.

LICENSE NUMBER: Provide the state license number assigned to the facility type making the report.

DATE AND TIME OF REPORT TO LICENSING AGENCY: Provide the date and time the facility reported the abuse to its licensing agency.

LICENSING AGENCY CONTACT AND TELEPHONE NUMBER: Provide the name of the office and telephone number the facility notified of the suspected abuse.

DATE/TIME ORAL REPORT TO AAA: Provide the date and time the suspected abuse was reported to the AAA.

DATE/TIME ORAL REPORT TO LOCAL LAW ENFORCEMENT: Provide the date and time local law enforcement was notified of suspected abuse involving sexual abuse (not including sexual harassment – Note: Sexual harassment is defined as an abuse that requires reporting to the AAA; however, it is not a type of sexual abuse that requires reporting to PDA and local law enforcement), serious bodily injury, serious physical injury, or suspicious death.

DATE/TIME ORAL REPORT TO PDA: Provide the date and time the Pennsylvania Department of Aging was notified of suspected abuse involving sexual abuse (not including sexual harassment – Note: Sexual harassment is an abuse that requires reporting to the AAA; however, it is not sexual abuse that requires reporting to PDA and local law enforcement), serious bodily injury, serious physical injury, or suspicious death.

DATE/TIME ORAL REPORT TO COUNTY CORONER: Provide the date and time the county coroner was notified by the AAA of the suspected abuse involving a suspicious death. NOTE: This field is for AAA use only.

NAME OF AAA CONTACTED: Provide the name of the AAA the facility notified of the suspected abuse.

NAME OF LAW ENFORCEMENT AGENCY: Provide the name of the law enforcement agency the facility notified of the suspected abuse involving sexual abuse, serious bodily injury, or physical injury, or suspicious death.

NAME OF CORONER: *This field is for AAA use only.* Provide the name of the coroner the AAA notified of the suspected abuse involving a suspicious death.

CONTACT INFORMATION: This section is to gather information on the victim's guardian or next of kin. Indicate if the victim had a guardian or next of kin by placing an "x" in the appropriate block.

NAME: Provide the name of the individual notified of the suspected abuse.

ADDRESS: Provide the address of the individual notified of the suspected abuse.

CITY: Provide the city of the individual notified of the suspected abuse.

STATE: Provide the state of residence of the individual notified of the suspected abuse.

PHONE: Provide the telephone number, with area code, of the individual notified of the suspected abuse.

RELATIONSHIP: Provide the relationship to the victim of the individual notified of the suspected abuse.

ALLEGED PERPETRATOR NAME: Provide the last name, first name and middle initial of the individual who allegedly abused the victim.

RELATIONSHIP TO VICTIM: Provide what relationship the alleged perpetrator is/was to the victim.

ADDRESS: Provide the address of the individual identified as the alleged perpetrator.

CITY: Provide the city of the individual identified as the alleged perpetrator.

STATE: Provide the state of residence of the individual identified as the alleged perpetrator.

PHONE NUMBER: Provide the telephone number, with area code, of the individual identified as the alleged perpetrator.

AGE: Provide the age of the individual identified as the alleged perpetrator.

SEX: Provide the sex of the individual identified as the alleged perpetrator.

TYPE OF POSITION: If the individual identified as the alleged perpetrator is/was an employee of the facility, provide the title of the position held by that employee.

WORK SHIFT: If the individual identified as the alleged perpetrator is/was an employee of the facility, provide the work shift of the employee.

DATE OF HIRE: If the individual identified as the alleged perpetrator is/was an employee of the facility, provide the date of hire of the employee.

DETAILS AND DESCRIPTION OF ABUSE: Provide information, specific comments, place of incident, observations, allegations, etc. pertaining to the alleged abuse.

ACTIONS TAKEN BY THE FACILITY, INCLUDING TAKING OF PHOTOGRAPHS AND X-RAYS, REMOVAL OF THE VICTIM AND NOTIFICATION OF APPROPRIATE AUTHORITIES: Describe all actions taken by the facility regarding the alleged abuse.

OTHER PERTINENT INFORMATION, COMMENTS OR OBSERVATIONS DIRECTLY RELATED TO ALLEGED ABUSE INCIDENT AND VICTIM: Provide any additional information regarding the victim and alleged perpetrator not previously requested including evidence of prior abuse of the victim and any evidence of prior abuse by the alleged perpetrator.

NAME AND TITLE OF REPORTER: Provide the name(s) and position title(s) of the individual(s) making the report of suspected abuse.

SIGNATURE OF REPORTER: Signature of individual(s) making the report of suspected abuse.

REPORTER CONTACT INFORMATION: Provide a telephone number and, if available, an e-mail address where the individual(s) making the report of suspected abuse can be contacted for additional information, if needed.

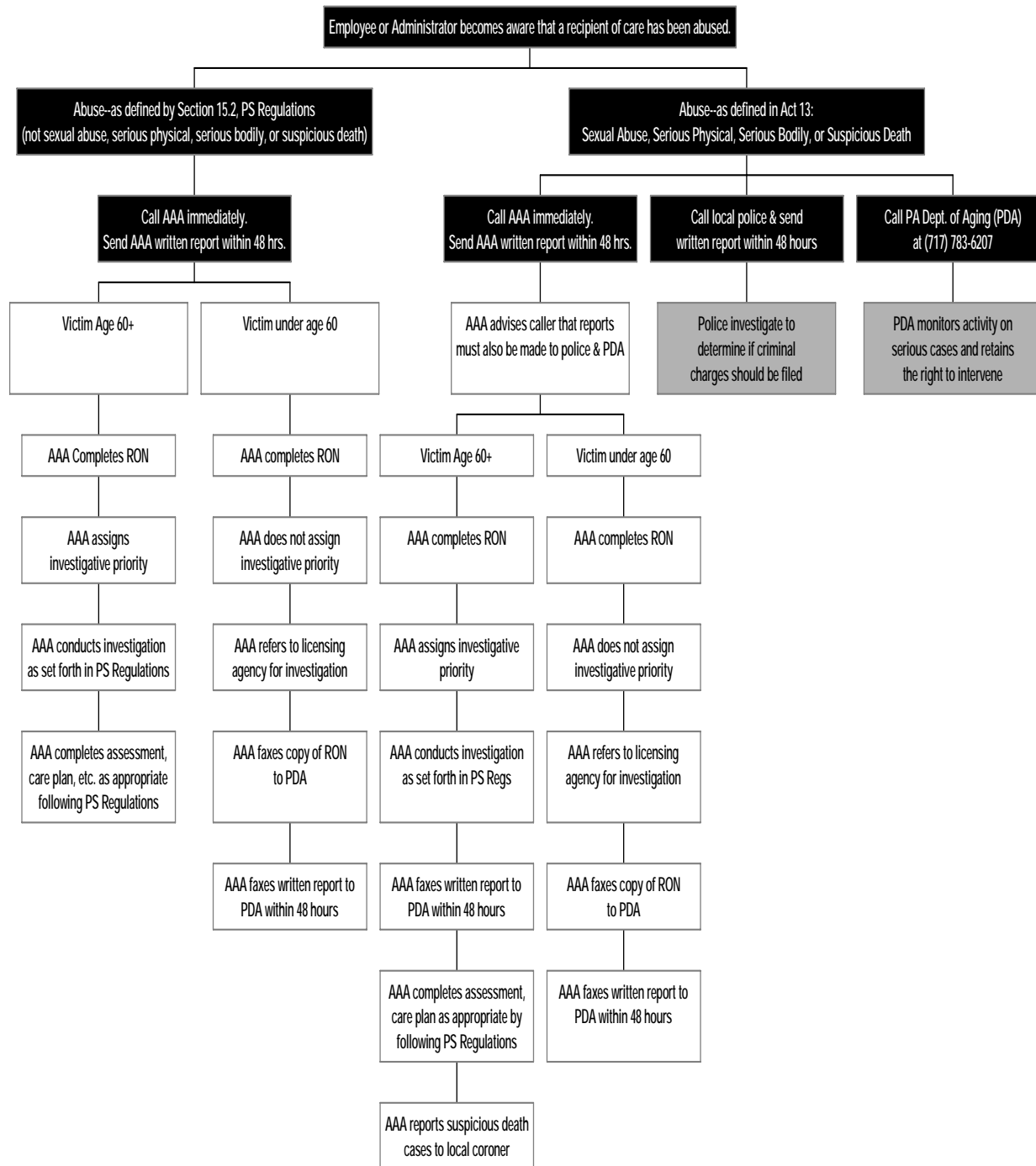
NAME AND TITLE OF PERSON PREPARING REPORT: Provide the name and position title of the individual who prepared the report form.

SIGNATURE OF PERSON PREPARING REPORT: Signature of the individual who prepared the report form.

PERSON PREPARING REPORT CONTACT INFORMATION: Provide a telephone number and, if available, an e-mail address where the individual who prepared the report form can be contacted for additional information, if needed.

A complete self study training program on abuse reporting and criminal background requirements as well as the Act-13 Mandatory Abuse Report Form and Instructions are available for download from the Pennsylvania Department of Aging's website at www.aging.state.pa.us.

ACT 13-1997: Mandatory Abuse Reporting by Employees/Administrators



Appendix B

§ 27.21a. Reporting of cases by health care practitioners and health care facilities.

(a) Except as set forth in this section or as otherwise set forth in this chapter, a health care practitioner or health care facility is required to report a case of a disease, infection or condition in subsection (b) as specified in § 27.4 (relating to reporting cases), if the health care practitioner or health care facility treats or examines a person who is suffering from, or who the health care practitioner or health care facility suspects, because of symptoms or the appearance of the individual, of having a reportable disease, infection or condition:

(1) A health care practitioner or health care facility is not required to report a case if that health care practitioner or health care facility has reported the case previously.

(2) A health care practitioner or health care facility is not required to report a case of influenza unless the disease is confirmed by laboratory evidence of the causative agent.

(3) A health care practitioner or health care facility is not required to report a case of chlamydia trachomatis infection unless the disease is confirmed by laboratory evidence of the infectious agent.

(4) A health care practitioner or health care facility is not required to report a case of cancer unless the health care practitioner or health care facility provides screening, therapy or diagnostic services to cancer patients.

(5) Only physicians and hospitals are required to report cases of AIDS.

(b) The following diseases, infections and conditions in humans are reportable by health care practitioners and health care facilities within the specified time periods and as otherwise required by this chapter:

(1) The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:

Animal bite.
Anthrax.
Arboviruses.
Botulism.
Cholera.
Diphtheria.
Enterohemorrhagic E. coli.
Food poisoning outbreak.
Haemophilus influenzae invasive disease.
Hantavirus pulmonary syndrome.
Hemorrhagic fever.
Lead poisoning.
Legionellosis.
Measles (rubeola).
Meningococcal invasive disease.
Plague.
Poliomyelitis.
Rabies.

Smallpox.
Typhoid fever.

(2) The following diseases, infections and conditions are reportable within 5 work days after being identified by symptoms, appearance or diagnosis:

AIDS.
Amebiasis.
Brucellosis.
CD4 T-lymphocyte test result with a count of less than 200 cells/ μ L or a CD4 T-lymphocyte percentage of less than 14% of total lymphocytes (effective October 18, 2002).
Campylobacteriosis.
Cancer.
Chancroid.
Chickenpox (varicella) (effective January 26, 2005).
Chlamydia trachomatis infections.
Congenital adrenal hyperplasia (CAH) in children under 5 years of age.
Creutzfeldt-Jakob Disease.
Cryptosporidiosis.
Encephalitis.
Galactosemia in children under 5 years of age.
Giardiasis.
Gonococcal infections.
Granuloma inguinale.
Guillain-Barre syndrome.
HIV (Human Immunodeficiency Virus) (effective October 18, 2002).
Hepatitis, viral, acute and chronic cases.
Histoplasmosis.
Influenza.
Leprosy (Hansen's disease).
Leptospirosis.
Listeriosis.
Lyme disease.
Lymphogranuloma venereum.
Malaria.
Maple syrup urine disease (MSUD) in children under 5 years of age.
Meningitis (All types not caused by invasive Haemophilus influenza or Neisseria meningitis).
Mumps.
Perinatal exposure of a newborn to HIV (effective October 18, 2002).
Pertussis (whooping cough).
Phenylketonuria (PKU) in children under 5 years of age.
Primary congenital hypothyroidism in children under 5 years of age.
Psittacosis (ornithosis).
Rickettsial diseases.
Rubella (German measles) and congenital rubella syndrome.
Salmonellosis.
Shigellosis.
Sickle cell disease in children under 5 years of age.
Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease.
Streptococcal invasive disease (group A).

Streptococcus pneumoniae, drug-resistant invasive disease.
Syphilis (all stages).
Tetanus.
Toxic shock syndrome.
Toxoplasmosis.
Trichinosis.
Tuberculosis, suspected or confirmed active disease (all sites).
Tularemia.

(c) A school nurse shall report to the LMRO any unusual increase in the number of absentees among school children. A caregiver at a child care group setting shall report to the LMRO any unusual increase in the number of absentees among children attending the child care group setting.

(d) A health care facility or health care practitioner providing screening, diagnostic or therapeutic services to patients with respect to cancer shall also report cases of cancer as specified in § 27.31 (relating to reporting cases of cancer).

Authority

The provisions of this 27.21a amended under section 16(a) and (b) of the Disease Control and Prevention Act of 1955 (35 P. S. § 521.16(a) and (b)); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P. S. § § 532(g), 536(a) and 541(b)); section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and sections 3 and 5 of the Newborn Child Testing Act (35 P. S. § § 623 and 625).

Source

The provisions of this § 27.21a adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491; amended May 17, 2002, effective May 18, 2002, 32 Pa.B. 2435; amended July 19, 2002, effective July 20, 2002, 32 Pa.B. 3597. Immediately preceding text appears at serial pages (288385) to (288388).

Cross References

This section cited in 28 Pa. Code § 27.23 (relating to reporting of cases by persons other than health care practitioners, health care facilities, veterinarians or laboratories); and 28 Pa. Code § 211.1 (relating to reportable diseases).

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This material has been drawn directly from the official Pennsylvania Code full text database. Due to the limitations of HTML or differences in display capabilities of different browsers, this version may differ slightly from the official printed version.

Appendix C

Health Services Locator

Adams County

424 East Middle Street
Gettysburg, PA 17325-1926
Phone: (717)334-2112
Fax: (717)334-5011

Allegheny County

(Health Department)
3333 Forbes Avenue
Pittsburgh, PA 15213
Phone: (412)578-8026
Fax: (412)578-8325

Armstrong County

239-245 Butler Road
Kittanning, PA 16201-1336
Phone: (724)543-2700
Fax: (724)548-1477

Beaver County

300 South Walnut Lane
Beaver, PA 15009
Phone: (724)774-1385
Fax: (724)773-7416

Bedford County

130 Vondersmith Avenue
Suite A
Bedford, PA 15522-1727
Phone: (814)623-2001
Fax: (814)624-0998

Berks County

Community Health Project
Berks Visiting Nurse Association
1170 Berkshire Blvd.
Wyomissing, PA 19610
Phone: (610)378-0481 Ext.168
Fax: (610)378-9762

Blair County

Cricket Field Plaza
615 Howard Avenue
Altoona, PA 16601-4803
Phone: (814)946-7300
Fax: (814)941-6838

Bradford County

R.R. 1, Box 4B
Colonial Drive
Towanda, Pennsylvania 18848
Phone: (570)265-2194

Fax: (570)265-3274

Bucks County

Department of Health
Neshaminy Manor Center
Doylestown, PA 18901
Phone: (215)345-3318
Fax: (215)345-3833

Butler County

Please contact 1-877-PA-HEALTH to find a location closest to you

Cambria County

Cambria County State Health Center
184 Donald Lane, Suite 1
Johnstown, PA 15904
Phone: (814)248-3120
Fax: (814)248-3124

Cameron County

Please contact 1-877-PA-HEALTH to find a location closest to you

Carbon County

616 North Street
Jim Thorpe, PA 18229-2125
Phone: (570)325-6106
Fax: (570)325-6109

Centre County

280 W. Hamilton Avenue
State College, PA 16801-5218
Phone: (814)865-0932
Fax: (814)863-6504

Chester County

(Health Department)
Administrative Department
601 Westtown Road, Suite 290
West Chester, Pa 19382-4542
Phone: (610)344-6225
Fax: (610)344-6727
Web: <http://www.chesco.org/health/>

Clarion County

Applewood Center, Suite D
162 S. 2nd Street
Clarion, PA 16214
Phone: (814)226-2170
Fax: (814)226-1726

Clearfield County

1123 Linden Street
Clearfield, PA 16830
Phone: (814)765-0542
Fax: (814)765-0648

Clinton County

215 East Church Street
Lock Haven, PA 17745-2009
Phone: (570)893-2437
Fax: (570)893-2733

Columbia County

1123 - C Old Berwick Rd
Post Office Box 6
Bloomsburg, PA 17815-0006
Phone: (570)387-4257
Fax: (570)387-4281

Crawford County

900 Water Street
Downtown Mall
Meadville, PA 16335
Phone: (814)332-6947
Fax: (814)724-6883

Cumberland County

425 East North Street
Carlisle, PA 17013-2693
Phone: (717)243-5151
Fax: (717)243-3171

Dauphin County

Community Health Project Partner:
Visiting Nurse Association of Harrisburg, Inc.
3315 Derry Street
Harrisburg, PA 17111-1811
Phone: (717)233-1035
Fax: (717)233-2759

Delaware County

Suite 1
151 West Fifth Street
Chester, PA 19013-4415
Phone: (610)447-3250
Fax: (610)447-3008

Elk County

778 Washington Road
St. Marys, PA 15857
Phone: (814)834-5351
Fax: (814)834-5354

Erie County

(Department of Health)
606 West Second Street
Erie, PA 16507
Phone: (814)451-6700
Fax: (814)451-6767

Fayette County

100 New Salem Road
Uniontown, PA 15401-8936
Phone: (724)439-7400
Fax: (724)439-2262

Forest County

South Elm Street
Post Office Box 405
Tionesta, PA 16353-0405
Phone: (814)755-3564
Fax: (814)755-3542

Franklin County

518 Cleveland Avenue
Chambersburg, PA 17201-3494
Phone: (717)263-4143
Fax: (717)263-5991

Fulton County

Penn's Village Shopping Center
Post Office Box 248
McConnellsburg, PA 17233-0248
Phone: (717)485-5137
Fax: (717)485-4364

Greene County

432 E. Oakville Drive
Waynesburg, PA 15370-2035
Phone: (724)627-3168
Fax: (724)852-4448

Huntingdon County

909 Moore Street
Huntingdon, PA 16652-1836
Phone: (814)643-3700
Fax: (814)641-9502

Indiana County

75 North 2nd Street
Indiana, PA 15701-2047
Phone: (724)357-2995
Fax: (724)357-1949

Jefferson County

203 N. Main Street
Punxsutawney, PA 15767
Phone: (814)938-6630
Fax: (814)938-4278

Juniata County

809 Market Street Extended
Port Royal, PA 17082-9630
Phone: (717)527-4185
Fax: (717)527-4278

Lackawanna County

State Office Building
100 Lackawanna Avenue
Scranton, PA 18503-1973
Phone: (570)963-4567
Fax: (570)963-4109

Lancaster County

1661 Old Philadelphia Pike
Lancaster, PA 17601
Phone: (717)299-7597
Fax: (717)396-7197

Lawrence County

106 Margaret Street Park Ctr
New Castle, PA 16101
Phone: (724)656-3088
Fax: (724)656-3008

Lebanon County

9-11 N. 9th Street
Lebanon, PA 17042
Phone: (717)272-2044
Fax: (717)279-7558

Lehigh County

Suite 206
3730 Lehigh Street
Whitehall, PA 18052-3403
Phone: (610)821-6770
Fax: (610)821-6564

Allentown City Residents
Allentown Bureau of Health
Alliance Hall
245 North 6th Street
Allentown, PA 18102-4128
Phone: (610)437-7760, 7778
Fax: (610)437-7760

Bethlehem City Residents
Bethlehem Bureau of Health
City Hall
10 East Church Street
Bethlehem, PA 18018-6069
Phone: (610)865-7087
Fax: (610)865-7326

Luzerne County

665 Carey Avenue
Wilkes-Barre, PA 18702-1466
Phone: (570)826-2071
Fax: (570)820-4947

Lycoming County

State Health Center
1000 Commerce Park Drive
Suite 106
Williamsport, PA 17701
Phone: (570)327-3440
Fax: (570)327-3547

McKean County

84-90 Boylston Street
Gleason Building
P.O. Box 160
Bradford, PA 16701-2011
Phone: (814)368-0426
Fax: (814)368-0429

Mercer County

25 McQuiston Drive
Jackson Center, PA 16133
Phone: (724)662-4000
Fax: (724)662-4005

Mifflin County

21 South Brown Street
Lewistown, PA 17044-8126
Phone: (717)242-1452
Fax: (717)242-2976

Monroe County

RR2 Box 2003, 1st Floor
Bus Rt 209 and Tranite Rd
Stroudsburg, PA 18360
Phone: (570)424-3020
Fax: (570)424-3977

Montgomery County

Department of Health
430 DeKalb Street
P.O. Box 3111
Norristown, PA 19404
Phone: (610)278-5117
Fax: (610)278-5167

Montour County

329 Church Street
Post Office Box 275
Danville, PA 17821-0275
Phone: (570)275-7092
Fax: (717)275-7006

Northampton County

1600 Northampton Street
Easton, PA 18042-3132
Phone: (610)250-1825
Fax: (610)250-1812

Bethlehem City Residents
Bethlehem Bureau of Health
City Hall
10 East Church Street
Bethlehem, PA 18018-6069
Phone: (610)865-7087
Fax: (610)865-7019

Northumberland County

247 Pennsylvania Avenue
Sunbury, PA 17801-2248
Phone: (570)988-5513
Fax: (570)988-5573

Perry County

State Health Center
153 Red Hill Road
Newport, PA 17074
Phone: (717)567-2011
Fax: (717)567-6920

Philadelphia

(Department of Public Health)
1101 Market Street, 8th floor
Philadelphia, PA 19107
Phone: (215)686-5000
Fax: (215)685-5398

Pike County

Suite 401, County Commerce Center
10 Buist Road
Milford, PA 18337
Phone: (570)296-6512
Fax: (570)296-5552

Potter County

Potter County State Health Center
269 Rt. 6 West, Room 2
Coudersport, PA 16915
Phone: 814-274-3626
Fax: 814-274-3629

Schuylkill County

Suite 103
One Norwegian Plaza
Pottsville, PA 17901
Phone: (570)621-3112
Fax: (570)621-3188

Snyder County

207 West Willow Avenue
Middleburg, PA 17842-1039
Phone: (570)837-5915
Fax: (570)837-2266

Somerset County

651 South Center Street
Somerset, PA 15501-2811
Phone: (814)445-7981
Fax: (814)445-5184

Sullivan County

Please contact 1-877-PA-HEALTH to find a location closest to you

Susquehanna County

Suite 2
35 Spruce Street
Montrose, PA 18801-1225
Phone: (570)278-3889
Fax: (570)278-4007

Tioga County

144C East Avenue
Wellsboro, PA 16901
Phone: (570)724-2911
Fax: (570)724-5307

Union County

260 Reitz Blvd., Suite 3
Lewisburg, PA 17837-9220
Phone: (570)523-1124
Fax: (570)523-1129

Venango County

State Health Center
P.O. Box 191 (letter mail)
R.D. #2, Route 257 (packages)
Seneca, PA 16346
Phone: (814)677-0672
Fax: (814)677-8492

Warren County

223 N. State Street
North Warren, PA 16365-5005
Phone: (814)728-3566/67/68
Fax: (814)728-3570

Washington County

167 North Main Street, Suite 100
Washington, PA 15301-4354
Phone: (724)223-4540
Fax: (724)223-4677

Wayne County

615 Erie Heights
Honesdale, PA 18431-1017
Phone: (570)253-7141
Fax: (570)253-7146

Westmoreland County

245 N. Tremont Ave., Suite 2
Greensburg, PA 15601-3444
Phone: (724)832-5315
Fax: (724)832-5327

Monessen Health Center
Mon-Valley Health Center
Room 140 Eastgate 8
Monessen, PA 15062
Phone: (724)684-2945
Fax: (724)684-2933

Wyoming County

2 Skyline Complex
Tunkhannock, PA 18657-9803
Phone: (570)836-2981
Fax: (570)836-4261

York County

1750 North George Street
York, PA 17404-1807
Phone: (717)771-4505
Fax: (717)854-0784

York City Residents
York City Bureau of Health
One Market Way West
Third Floor
York, PA 17401-1231
Phone: (717)849-2252
Fax: (717)849-2329

** If you have further questions, contact the PA Department of Health: 1-877-PA-HEALTH (1-877-724-3258)

Appendix D

UNUSUAL INCIDENT REPORT

DATE OF REPORT:	TIME:
-----------------	-------

NAME OF CLIENT (Last, First, M.I.)			PROVIDER NAME:		
ADDRESS:			ADDRESS:		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PHONE:			PHONE:		
COUNTY OF RESIDENCE:			COUNTY WHERE CENTER LOCATED:		
DATE OF BIRTH:	SEX:	DATE OF ADMISSION:			
	M: _____ F: _____				
DATE OF INCIDENT:	TIME OF INCIDENT:	CENTER LICENSE NUMBER:	NAME OF PERSON COMPLETING FORM AND TITLE:		
LOCATION OF INCIDENT (Bathroom, Hall, Program Area, Outside center, etc.)					
DESCRIBE IN DETAIL EXACTLY WHAT HAPPENED AND ANY CIRCUMSTANCES WHICH MAY HAVE PRECIPITATED THE UNUSUAL INCIDENT: (ATTACH ADDITIONAL SHEETS IF NECESSARY)					
DESCRIPTION OF ANY INJURY:					
PHYSICIAN'S NAME & STATEMENT (if applicable):					
ACTION TAKEN:					
OTHER PERTINENT INFORMATION (Seizures, Visual Impairment, Safety Conditions, etc.)					
RELATIVE OR GUARDIAN NOTIFIED:	RELATIONSHIP:	ADDRESS:	PHONE:		
REPORTER'S TYPED NAME:	REPORTER'S SIGNATURE:			TITLE:	
DATE MAILED TO:					
_____ Department of Aging					
_____ County MH/MR Office					
_____ Funding Agency (Specify) _____					
DATE AND TIME NOTIFIED IF ABUSE OR SUSPECTED ABUSE OF A CLIENT; AN INCIDENT REQUIRING THE SERVICES OF A FIRE DEPARTMENT OR A LAW ENFORCEMENT AGENCY; OR CONDITION RESULTING IN CLOSURE FOR MORE THAN ONE DAY OF OPERATION:					
_____ Department of Aging					
_____ County MH/MR Office					
_____ Funding Agency)Specify) _____					

Unusual Incident Reports

The responsibilities of a licensed Older Adult Daily Living Center (OADLC) relating to the reporting of Unusual Incidents are addressed in regulation 11.16. The licensed OADLC must have written policies and procedures on the prevention, recording, reporting, investigation and management of unusual incidents that occur at the center.

An unusual incident is an occurrence that seriously threatens the health and safety of a client. The term includes:

- Criminal infractions.
- Injury, trauma or illness of a client requiring treatment at a medical facility.
- Abuse or suspected abuse of a client.
- Violation or suspected violation of a client's rights.
- A client who is missing and presumed to be at risk.
- Misuse or suspected misuse of a client's funds or property.
- Outbreak of a communicable disease, as defined in 28 PA Code 27.2 (relating to reportable diseases) to the extent that confidentiality laws permit reporting.
- An incident involving a fire department or circumstances involving police action.
- A condition, except for snow or ice conditions, that results in closure of the facility for more than 1 scheduled day of operation.
- Neglect or suspected neglect of a client.

When an unusual incident occurs, the following actions are to be taken:

Immediate action:

- 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 the client.

Within 24 hours

- 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 of Aging
 - 2) The funding agency when the services of the client involved in the unusual incident are being publicly funded.
 - 3) The MH/MR program of the county in which the center is located if the client is involved in the unusual incident has mental illness or mental retardation.

Within 3 working days

- 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 of Aging to the following:
 - 1) The Department of Aging/Office of Long Term Living (fax # 717-346-1483)
 - 2) The funding agency when the services of the client involved in the unusual incident are being publicly funded.
 - 3) The MH/MR program of the county in which the center is located if the client is involved in the unusual incident has mental illness or mental retardation.

A copy of the unusual incident report relating to an individual client shall be kept in the client's record. A copy of an unusual incident report related to the center itself, such as one involving a fire department, shall be kept in the center's records for a least 4 years or until any audit or litigation is resolved.

Appendix E

COMMONWEALTH OF PENNSYLVANIA
Department of Aging

DATE: September 6, 2006

TO: Older Adult Daily Living Center Directors

FROM: Kevin Longenecker, Chief
Adult Day Services Licensure & Quality Monitoring Division

SUBJECT: Nurse Oversight Requirements per Regulation 11.35

The purpose of this memorandum is to provide direction to Older Adult Daily Living Centers that do not directly employ either a registered nurse or licensed physician. Regulation 11.35 states:

“the Older Adult Daily Living Center is to obtain the services of either a register nurse (RN), currently licensed in the Commonwealth, or a practical nurse (LPN), currently licensed in the Commonwealth, who is under the direction of a licensed professional nurse or a licensed physician.”

A licensed professional nurse is another name for an RN.

Over the past several months, the Department of Aging Licensing Representatives have observed a variety of scenarios whereby centers that do not have a staff registered nurse or physician directly on staff are not consistently applying the required provisions per regulation 11.35. Specifically, licensed centers that employ or contract with an LPN to provide the nursing services required per regulation 11.123, are not consistently assuring that the LPN is “under the direction of a licensed professional nurse or a licensed physician.” Moreover, their policies and procedures do not clearly delineate the nature and scope of this relationship.

Accordingly, by the next annual licensing survey, those centers that do not directly employ an RN or licensed physician must demonstrate in their Policies & Procedures manual how the center fulfills the elements of the nursing services requirements consistent with regulation 11.35. Center policies and procedures must specify how these services are provided and by whom. If the center uses an LPN to provide the requisite nursing services, the written policy must clearly address how it ensures that the LPN is under the direction of a PA-licensed RN or physician.

In addition to the written policy and procedures, the center must be able to demonstrate either through client file documentation or practical application, that it has been consistently applying the above-described policy and procedures. Your Licensing Representatives will be available to provide additional technical assistance as needed.

Further information on the roles of the RN and LPN can be found in Pennsylvania Code Title 49, Chapter 21, State Board of Nursing and the RN and LPN Laws from the State Board of Nursing. These regulations and laws can be found online here:

<http://www.pacode.com/secure/data/049/chapter21/chap21toc.html>

<http://www.dos.state.pa.us/bpoa/cwp/view.asp?a=1104&q=432883>

Thank you for continuing to provide this valuable service to older Pennsylvanians. Please contact me at (717) 265-7568 or Klongeneck@state.pa.us if you have any questions.

cc: Pennsylvania Adult Day Services Association (PADSA)

Appendix F

COMMONWEALTH OF PENNSYLVANIA
Department of Aging

DATE: May 15, 2007

TO: Older Adult Daily Living Center Directors

FROM: William Johnston-Walsh
Deputy Secretary

SUBJECT: Adult Day Services Waiver

The purpose of this memorandum is to issue a revision of the Adult Day Services Waiver letter previously issued on September 2, 2004. Below is the original waiver letter with the revised section bolded. This revision replaces the original waiver letter and is effective upon receipt.

A major goal of the Rendell Administration is to facilitate access to care and services that enable individuals to stay in their home and community. The requirement that consumers receive physical examinations, tuberculin skin tests and medical reports prior to admission to Adult Day Services has been identified as an access barrier.

Effective immediately, Older Adult Daily Living Center (OADLC) regulation §11.102 (client physicals & medical report) has been waived **as specified below**. Previously, the act of requiring documentation before admission into OADLC of the client's physical and tuberculin skin test conducted within three months of admission, presented a barrier to entry into adult day services. Accordingly, the following admission protocol is designed to overcome this barrier while reasonably safeguarding the health and wellbeing of other Adult Day Living Center participants.

- Consumers who have been discharged from supervised health settings (i.e. nursing facilities and hospitals) must submit within one month of being admitted to Adult Day Services, a complete medical report **for a physical** conducted no earlier than three (3) months prior to admission to the center. The center's nurse, nurse consultant, or **client physician** must complete a tuberculin skin test within one month of admission, unless the consumer has received a negative tuberculin skin test within **two years** of admission to Adult Day Services.
- Consumers referred from community settings must submit within two weeks of being admitted to Adult Day Services, a complete medical report **for a physical** conducted no earlier than three (3) months prior to admission to the center. The center's nurse, nurse consultant, or **client physician** must

complete a tuberculin skin test within one month of admission, unless the consumer has received a negative tuberculin skin test within **two years** of admission to Adult Day Services.

This waiver, (OADLC: §11.102 client physical examinations and medical report) will be in effect until a revision of current regulations is completed.

Please contact Kevin Longenecker, Cognitive & Behavioral Supports Division Chief at (717) 265-7568 or Klongeneck@state.pa.us if you have any questions about this waiver. Thank you for your continued service to older Pennsylvanian.

cc: Pennsylvania Adult Day Services Association (PADSA)

Appendix G

DEATH REPORT

DATE OF REPORT:	TIME:
-----------------	-------

NAME OF CLIENT (Last, First, M.I.)			PROVIDER NAME:		
ADDRESS:			ADDRESS:		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PHONE:			PHONE:		
COUNTY OF RESIDENCE:			COUNTY WHERE CENTER LOCATED:		
DATE OF BIRTH:	SEX: M: _____ F: _____		DATE OF ADMISSION:		
DATE OF DEATH:	TIME OF DEATH:	CENTER LICENSE NUMBER:	CORONER NOTIFIED (Yes or No)		
PRIMARY CAUSE OF DEATH				AUTOPSY (Yes or No)	
DESCRIBE DETAILS SURROUNDING THE DEATH (Mention Cause, Any Treatments, and General Circumstances): (ATTACH ADDITIONAL SHEETS IF NECESSARY)					
PREVIOUS RELATED ILLNESS OR CONDITION:					
OTHER PERTINENT INFORMATION (Seizures, Visual Impairment, Safety Conditions, etc.)					
LOCATION OF DEATH (Bathroom, Program Area, Hallway, etc.):					
PHYSICIAN'S NAME & STATEMENT (if applicable):					
RELATIVE OR GUARDIAN NOTIFIED:	RELATIONSHIP:	ADDRESS:	PHONE:		
REPORTER'S TYPED NAME:	REPORTER'S SIGNATURE:	TITLE:			
DATE MAILED TO:					
_____ Department of Aging/Office of Long Term Living					
_____ County MH/MR Office					
_____ Funding Agency (Specify) (i.e. AAA, CAO, etc.) _____					