

1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2 **Health Facilities and Emergency Medical Services Division**

3 **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

4 **CHAPTER VII - ASSISTED LIVING RESIDENCES**

5 **6 CCR 1011-1 Chap 07**

6  
7 Copies of these regulations may be obtained at cost by contacting:

8 Division Director  
9 Colorado Department of Public Health and Environment  
10 Health Facilities Division  
11 4300 Cherry Creek Drive South  
12 Denver, Colorado 80222-1530  
13 Main switchboard: (303) 692-2800

14 These chapters of regulation incorporate by reference (as indicated within) material originally published  
15 elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material.  
16 Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health  
17 And Environment maintains copies of the incorporated texts in their entirety which shall be available for public  
18 inspection during regular business hours at:

19 Division Director  
20 Colorado Department of Public Health and Environment  
21 Health Facilities Division  
22 4300 Cherry Creek Drive South  
23 Denver, Colorado 80222-1530  
24 Main switchboard: (303) 692-2800

25 Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material  
26 that has been incorporated by reference after July 1, 1994 may be examined in any state publications  
27 depository library. Copies of the incorporated materials have been sent to the state publications depository and  
28 distribution center, and are available for interlibrary loan.

29 **1.101 - STATUTORY AUTHORITY AND APPLICABILITY**

30 1.101(1) Authority to establish minimum standards through regulation and to administer and enforce such  
31 regulations is provided by sections 25-1.5-103, et seq., C.R.S., 25-27-101, and 25-27-104, C.R.S.

32 1.101(2) Assisted living residences, as defined herein, shall be in compliance with all applicable federal and  
33 state statutes and regulations, including but not limited to, the following:

34 1.101(2)(a) This Chapter VII.

35 1.101(2)(b) 6 CCR 1011-1, Chapter II, pertaining to general licensure requirements.

36 1.101(2)(c) 6 CCR 1011-1, Chapter XXIV and Section 25-1.5-301, et seq., C.R.S., pertaining to  
37 medication administration.

38 **1.102 - DEFINITIONS.**

1 For purposes of this chapter, the following definitions shall apply, unless the context requires otherwise:

2 1.102(1) ~~"Abuse" means emotional, verbal, physical and sexual abuse, as defined herein.~~

3 1.102(2) ~~"Administrator" means a person who is responsible for the overall operation, and daily administration,~~  
4 ~~management and maintenance of the facility. "Administrator" also refers to "operator" as that term is~~  
5 ~~used in Title 25, Section 27, Part 1.~~

6 1.102(3) ~~"Activities of daily living" include but are not limited to the following:~~

7 102(3)(a) ~~Assisting resident or providing reminders for the following:~~

8 (i) ~~bathing, shaving, dental hygiene, caring for hair;~~

9 (ii) ~~dressing;~~

10 (iii) ~~eating;~~

11 (iv) ~~getting in or out of bed.~~

12 102(3)(b) ~~Making available, either directly or indirectly through the resident agreement, at least the~~  
13 ~~following:~~

14 (i) ~~meals;~~

15 (ii) ~~laundry;~~

16 (iii) ~~cleaning of all common areas, bedrooms, and bathrooms;~~

17 (iv) ~~managing money, as necessary and by agreement;~~

18 (v) ~~making telephone calls;~~

19 (vi) ~~arranging appointments and schedules;~~

20 (vii) ~~shopping;~~

21 (viii) ~~writing letters;~~

22 (ix) ~~recreational and leisure activities.~~

23 1.102(4) ~~"Alternative care facility" means an assisted living residence certified by the Colorado Department of~~  
24 ~~Health Care Policy and Financing to receive Medicaid reimbursement for the services provided by the~~  
25 ~~facility.~~

26 1.102(5) ~~"Assess or assessment" as used herein means recognizing a significant change in the resident's~~  
27 ~~condition. It does not mean making clinical judgments unless the person conducting such assessment~~  
28 ~~is licensed to make such judgments.~~

29 1.102(6) ~~"Assisted living residence" means any of the following:~~

30 102(6)(a) ~~A residential facility that makes available to three or more adults not related to the owner of~~  
31 ~~such facility, either directly or indirectly through a resident agreement with the resident, room~~  
32 ~~and board and at least the following services: personal services; protective oversight; social~~  
33 ~~care due to impaired capacity to live independently; and regular supervision that shall be~~

1 available on a twenty-four-hour basis, but not to the extent that regular twenty-four hour medical  
2 or nursing care is required.

3 ~~402(6)(b) A residential treatment facility for the mentally ill which is an assisted living residence similar~~  
4 ~~to the definition under Section 1.102 (6)(a), except that the facility is operated and maintained~~  
5 ~~for no more than sixteen (16) mentally ill individuals who are not related to the licensee and are~~  
6 ~~provided treatment commensurate to the individuals' psychiatric needs which has received~~  
7 ~~program approval from the Department of Human Services.~~

8 ~~402(6)(c) A Supportive Living Program residence that, in addition to the criteria specified in paragraph~~  
9 ~~(a) above, is certified by the Colorado Department of Health Care Policy and Financing to also~~  
10 ~~provide health maintenance activities, behavioral management and education, independent~~  
11 ~~living skills training and other related services as set forth in the supportive living program~~  
12 ~~regulations at 10 CCR 2505-10, §8.515 (Oct. 1, 2014) which are hereby incorporated by~~  
13 ~~reference.~~

14 ~~1.102(7) "Auxiliary aid" means any device used by persons to overcome a physical disability and includes but is~~  
15 ~~not limited to a wheelchair, walker or orthopedic appliance.~~

16 ~~1.102(8) "Bedridden" means a resident who:~~

17 ~~\_\_\_\_\_ (a) \_\_\_\_\_ is unable to ambulate or move about, independently or with the assistance of an auxiliary aid,~~  
18 ~~or~~

19 ~~\_\_\_\_\_ (b) \_\_\_\_\_ requires assistance in turning and repositioning in bed.~~

20 ~~1.102(9) "Care plan" means a written description in lay terminology of the functional capabilities of an individual,~~  
21 ~~the individual's need for personal assistance, and the services to be provided by the facility in order to~~  
22 ~~meet the individual's needs and may also mean a service plan for those facilities which are licensed to~~  
23 ~~provide services specifically for the mentally ill.~~

24 ~~1.102(10) "Deficiency" means a violation of regulatory and/or statutory requirements governing assisted living~~  
25 ~~residences, as cited by the Department.~~

26 ~~1.102(11) "Deficiency list" means a listing of deficiency citations which contains:~~

27 ~~402(11)(a) a statement of the statute or regulation violated; and~~

28 ~~402(11)(b) a statement of the findings, with evidence to support the deficiency.~~

29 ~~1.102(12) "Department" means the Colorado Department of Public Health and Environment or its designee.~~

30 ~~1.102(13) "Discharge" means termination of the resident agreement and the resident's permanent departure~~  
31 ~~from the facility.~~

32 ~~1.102(14) "Emergency contact" means one of the individuals identified on the face sheet of the resident record~~  
33 ~~to be contacted in the case of an emergency.~~

34 ~~1.102(15) "Emotional abuse" means harassment; threats of punishment, harm, or deprivation directed toward~~  
35 ~~the resident.~~

36 ~~1.102(16) "External services" means personal services and protective oversight services provided to a resident~~  
37 ~~by family members or by professionals who are not employees, contractors, or volunteers of the facility.~~  
38 ~~External services providers include, but are not limited to, home health, hospice, private pay caregivers~~  
39 ~~and family members.~~

- 1 ~~1.102(17) "Facility" means an assisted living residence.~~
- 2 ~~1.102(18) "High Medicaid Utilization facility" means an assisted living residence that is certified as an alternative~~  
3 ~~care facility and is eligible for a modified fee schedule.~~
- 4 ~~1.102(19) "Individualized social supervision" means social care, as defined below.~~
- 5 ~~1.102(20) "Licensee" means the person or entity to whom a license is issued by the Department pursuant to~~  
6 ~~Section 25-1.5-103 (1) (a), C.R.S., to operate a facility within the definition herein provided. For the~~  
7 ~~purposes of this Chapter VII, the term "licensee" shall be the same as the term "owner."~~
- 8 ~~1.102(21) "Medical or nursing care" means care provided under the direction of a physician and maintained by~~  
9 ~~on-site nursing personnel.~~
- 10 ~~1.102(22) "Medication administration" means assisting a resident in the use of medication in accordance with~~  
11 ~~state law.~~
- 12 ~~1.102(23) "Monitoring" with respect to medications means involvement with a resident's use of medication in~~  
13 ~~accordance with state law.~~
- 14 ~~1.102(24) "Neglect" means failure to fulfill a caretaking responsibility that leads to physical harm.~~
- 15 ~~1.102(25) Reserved~~
- 16 ~~1.102(26) "Ombudsman" means, unless otherwise specified, long term care ombudsman.~~
- 17 ~~1.102(27) "Owner" means the entity in whose name the license is issued. The entity is responsible for the~~  
18 ~~financial and contractual obligations of the facility. Entity means any individual, corporation, limited~~  
19 ~~liability corporation, firm, partnership, or other legally formed body, however organized. For the~~  
20 ~~purposes of the background check required pursuant to Section 1.104 (3) of the owner, if the owner is~~  
21 ~~an entity other than an individual, one person with legal liability for the facility shall be designated to~~  
22 ~~undergo fingerprinting, in accordance with Department requirements.~~
- 23 ~~1.102(28) "Personal services" means those services which the administrator and employees of an assisted~~  
24 ~~living residence provide for each resident, including, but not limited to:~~
- 25 ~~102(28)(a) an environment that is sanitary and safe from physical harm;~~
- 26 ~~102(28)(b) individualized social supervision;~~
- 27 ~~102(28)(c) assistance with transportation whether by providing transportation or assisting in making~~  
28 ~~arrangements for the resident to obtain transportation; and~~
- 29 ~~102(28)(d) assistance with activities of daily living, as herein defined.~~
- 30 ~~1.102(29) "Physical abuse" means causing physical harm in a situation other than an accident. Physical abuse~~  
31 ~~means behavior, including but not limited to, hitting, slapping, kicking or pinching.~~
- 32 ~~1.102(30) "Plan of correction" means a written plan to be submitted by facilities to the Department for approval,~~  
33 ~~detailing the measures that shall be taken to correct all cited deficiencies.~~
- 34 ~~1.102(31) Reserved~~
- 35 ~~1.102(32) "Protective oversight" means guidance of a resident as required by the needs of the resident or as~~  
36 ~~reasonably requested by the resident including the following:~~

- 1           ~~102(32)(a) being aware of a resident's general whereabouts, although the resident may travel~~  
2           ~~independently in the community; and~~
- 3           ~~102(32)(b) monitoring the activities of the resident while on the premises to ensure the resident's~~  
4           ~~health, safety, and well-being, including monitoring the resident's needs and ensuring that the~~  
5           ~~resident receives the services and care necessary to protect the resident's health, safety, and~~  
6           ~~well-being.~~
- 7    ~~1.102(33) "Resident's legal representative" means one of the following:~~
- 8           ~~102(33)(a) the legal guardian of the resident, where proof is offered that such guardian has been duly~~  
9           ~~appointed by a court of law, acting within the scope of such guardianship;~~
- 10          ~~102(33)(b) an individual named as the agent in a power of attorney (POA) that authorizes the individual~~  
11          ~~to act on the resident's behalf, as enumerated in the POA;~~
- 12          ~~102(33)(c) an individual selected as a proxy decision maker pursuant to Section 15-18.5-101, C.R.S.,~~  
13          ~~et seq., to make medical treatment decisions. For the purposes of this regulation, the proxy~~  
14          ~~decision maker serves as the resident's legal representative for the purposes of medical~~  
15          ~~treatment decisions only; or~~
- 16          ~~102(33)(d) a conservator, where proof is offered that such conservator has been duly appointed by a~~  
17          ~~court of law, acting within the scope of such conservatorship.~~
- 18    ~~1.102(34) "Restraint" means any method or device used to involuntarily limit freedom of movement, including~~  
19    ~~but not limited to, bodily physical force, mechanical devices or chemicals. Restraint also includes~~  
20    ~~chemical restraint, mechanical restraint, physical restraint and seclusion as defined in 26-20-102, C.R.S.~~  
21    ~~For the purposes of this chapter, restraint also includes voluntary restraints. A secured environment that~~  
22    ~~meets the requirements in Section 1.108 of these regulations shall not be considered a restraint.~~
- 23    ~~1.102(35) "Restrictive egress alert device" means a device used to prevent the elopement of a resident who is~~  
24    ~~at risk if he or she leaves the facility unsupervised. This includes any device used with residents who~~  
25    ~~have confusion or dementia and is used to prohibit their egress or to immediately redirect them after~~  
26    ~~they exit the facility. Egress alert devices are not considered restrictive when used only to alert staff~~  
27    ~~regarding the ingress and egress of residents, visitors, and others. Restrictive egress alert devices shall~~  
28    ~~not lock any door in a means of egress, including access to a means of egress.~~
- 29    ~~1.102(36) "Secured environment" means, unless the context requires otherwise, any grounds, building or part~~  
30    ~~thereof, method or device, other than restrictive egress alert devices used consistent with Section 1.104~~  
31    ~~(5)(m), that prohibits free egress of residents. An environment is secured when the right of any resident~~  
32    ~~thereof to move outside the environment during any hours is limited.~~
- 33    ~~1.102(37) "Sexual abuse" means non-consensual sexual contact as defined in Section 18-3-401 (4), C.R.S and~~  
34    ~~sexual contact with any person incapable of giving consent. Sexual abuse includes, but is not limited to,~~  
35    ~~sexual harassment, sexual coercion, or sexual assault.~~
- 36    ~~1.102(38) "Social care" means the organization, planning, coordination, and conducting of a resident's activity~~  
37    ~~program in conjunction with the resident's care plan.~~
- 38    ~~1.102(39) "Staff" means employees; and contract staff intended to substitute for, or supplement staff who~~  
39    ~~provide resident care services. This does not include individuals providing external services, as defined~~  
40    ~~herein.~~

1 4.102(40) ~~"Therapeutic diet" means a diet ordered by a physician as part of a treatment of disease or clinical~~  
2 ~~condition, or to eliminate, decrease, or increase specific nutrients in the diet. Examples include, but are~~  
3 ~~not limited to: a calorie counted diet, a specific sodium gram diet, and a cardiac diet.~~

4 ~~1.103 DEPARTMENT OVERSIGHT~~

5 ~~4.103(1) General~~

6 ~~403(1)(a) Issuing Licenses~~

7 (i) ~~The Department shall issue or renew a license when it is satisfied that the applicant or~~  
8 ~~licensee is in compliance with the requirements set out in these regulations. An initial~~  
9 ~~license, other than a provisional, shall be valid for one year from the date of issuance~~  
10 ~~unless voluntarily relinquished by the facility, revoked, suspended or otherwise~~  
11 ~~sanctioned pursuant to these regulations. A renewal license shall be valid for one year~~  
12 ~~from the prior expiration date unless voluntarily relinquished by the facility, revoked,~~  
13 ~~suspended or otherwise sanctioned pursuant to these regulations.~~

14 (ii) ~~No license shall be issued or renewed by the Department if the owner, applicant, or~~  
15 ~~licensee of the assisted living residence has been convicted of a felony or of a~~  
16 ~~misdemeanor, which felony or misdemeanor involves moral turpitude, as defined by~~  
17 ~~law, or involves conduct that the Department determines could pose a risk to the health,~~  
18 ~~safety, and welfare of residents of the assisted living residence.~~

19 ~~403(1)(b) Provisional Licenses~~

20 (i) ~~The Department may issue a provisional license to an applicant for the purpose of~~  
21 ~~operating an assisted living residence for a period of ninety days if the applicant is~~  
22 ~~temporarily unable to conform to all the minimum standards required under these~~  
23 ~~regulations, except no license shall be issued to an applicant if the operation of the~~  
24 ~~applicant's facility will adversely affect the health, safety, and welfare of the residents of~~  
25 ~~such facility.~~

26 (ii) ~~As a condition of obtaining a provisional license, the applicant shall show proof to the~~  
27 ~~Department that attempts are being made to conform and comply with applicable~~  
28 ~~standards. No provisional license shall be granted prior to the submission of a criminal~~  
29 ~~background check in accordance with 25-27-105 (2.5), C.R.S.~~

30 (iii) ~~A provisional license shall not be renewed.~~

31 ~~403(1)(c) Action Against a License~~

32 (i) ~~General.~~ ~~The Department may suspend, revoke, or not renew the license of any~~  
33 ~~facility which is out of compliance with the requirements of these regulations in~~  
34 ~~conformance with the provisions and procedures specified in article 4 of title 24, C.R.S.~~

35 (ii) ~~Denials.~~ ~~When an application for an original license has been denied by the~~  
36 ~~Department, the Department shall notify the applicant in writing of the denial by mailing~~  
37 ~~a notice to the applicant at the address shown on the application. Any applicant~~  
38 ~~aggrieved by such a denial may pursue the remedy for review provided in article 4 of~~  
39 ~~title 24, C.R.S., by petitioning the Department, within thirty days after receiving such~~  
40 ~~notice.~~

41 ~~4.103(2) License~~

1 Unless otherwise specified in this chapter, all licensing and plan review fees paid to the Department shall be  
2 deemed non-refundable.

3 ~~403(2)(a) High Medicaid Utilization Facilities~~

4 ~~(i) Fee. High Medicaid utilization facilities shall pay a modified license renewal fee as set~~  
5 ~~forth in section 1.103(2)(d) below.~~

6 ~~(ii) Eligible facilities. Facilities identified as high Medicaid utilization are those that have:~~

7 ~~(A) no less than 35 percent of the licensed beds occupied by Medicaid enrollees as~~  
8 ~~indicated by complete and accurate fiscal year claims data; and~~

9 ~~(B) served Medicaid clients and submitted claims data for a minimum of nine (9)~~  
10 ~~months of the relevant fiscal year.~~

11 ~~403(2)(b) Facilities Serving a Disproportionate Share of Low Income Residents~~

12 ~~(i) Fee. Facilities serving a disproportionate share of low income residents shall pay a~~  
13 ~~reduced initial license fee of \$3,000.~~

14 ~~(ii) Eligible facilities. Facilities eligible for the reduced initial license fee shall:~~

15 ~~(A) have qualified for federal or state low income housing assistance;~~

16 ~~(B) plan to serve low income residents with incomes at or below 80 percent of the~~  
17 ~~area median income; and~~

18 ~~(C) submit evidence of such qualification, as required by the Department.~~

19 ~~403(2)(c) Initial License~~

20 ~~(i) The appropriate fee, as set forth below, shall accompany a facility's application for initial~~  
21 ~~license.~~

22 ~~Three to eight licensed beds: \$6,000.~~

23 ~~Nine beds or more: \$7,200.~~

24 ~~403(2)(d) License Renewal~~

25 ~~(i) For licenses that expire prior to September 1, 2015, the appropriate fee, as set forth below,~~  
26 ~~shall accompany the renewal application:~~

27 ~~(A) \$150 per facility plus \$30 per bed.~~

28 ~~(B) \$150 per facility plus \$15 per bed for a high Medicaid utilization facility.~~

29 ~~(ii) For licenses that expire on or after September 1, 2015, the appropriate fee, as set forth~~  
30 ~~below, shall accompany the renewal application:~~

31 ~~(A) \$180 per facility plus \$47 per bed.~~

32 ~~(B) \$180 per facility plus \$19 per bed for a high Medicaid utilization facility.~~

1 ~~103(2)(e) Provisional Licensure~~

2 (i) ~~Any facility approved by the Department for a provisional license, shall submit a fee of~~  
3 ~~\$1,000 for the provisional licensure period.~~

4 ~~103(2)(f) Other License Fees~~

5 (i) ~~In addition to any other applicable fees, the following fees shall apply to the~~  
6 ~~circumstances described.~~

7 (A) ~~Any facility applying for a change of address, shall submit a fee of \$75 with the~~  
8 ~~application.~~

9 (I) ~~For purposes of this subsection, a corporate change of address for~~  
10 ~~multiple facilities shall be considered one change of address.~~

11 (B) ~~Any facility applying for a change of name shall submit a fee of \$75 with the~~  
12 ~~application.~~

13 (C) ~~Any facility applying for an increased number of licensed beds shall submit a~~  
14 ~~fee of \$360 with the application.~~

15 (D) ~~Any facility applying for a change of administrator shall submit a fee of \$500~~  
16 ~~with the application.~~

17 (E) ~~Any facility seeking to open a secured unit shall submit a fee of \$1,600 with the~~  
18 ~~first submission of the applicable building plans.~~

19 (F) ~~Any facility applying for a change of ownership shall submit a fee of \$5,000 with~~  
20 ~~the application.~~

21 (I) ~~If the same purchaser buys more than one facility from the same seller~~  
22 ~~in a single business transaction, the change of ownership fee shall be~~  
23 ~~\$5,000 for the first facility and \$2,800 for each additional facility~~  
24 ~~included in the transaction. The appropriate fee total shall be submitted~~  
25 ~~with the application.~~

26 ~~1.103(3) Reserved~~

27 ~~1.103(4) Citing Deficiencies~~

28 ~~103(4)(a) The level of the deficiency shall be based upon the number of sample residents affected and~~  
29 ~~the level of harm, as follows:~~

Deficiency level	Number of Sample <sup>3</sup>	Level of Harm
Level A	Isolated <sup>4</sup>	Potential harm to the resident(s)
Level B	Pattern <sup>5</sup>	Potential harm to the resident(s)
Level C	Isolated	Actual harm to the resident(s)
Level D	Pattern	Actual harm to the resident(s)
Level E	Isolated or Pattern	Life threatening to the resident(s)

30 <sup>3</sup> Sample may consist of residents, rooms, staff, etc.

31 <sup>4</sup> One or a limited number of the sample is affected.

32 <sup>5</sup> More than a limited number of the sample is affected.



1 403(4)(b) ~~When a Level E deficiency is cited, the facility shall immediately remove the cause of the life-~~  
2 ~~threatening risk and provide evidence, either verbal or written as required by the Department,~~  
3 ~~that the risk has been removed.~~

4 ~~1.103(5) **Plans of Correction (POCs)**~~

5 ~~The Department shall require a plan of correction by facilities pursuant to Section 25-27-105 (2), C.R.S.,~~

6 ~~403(5)(a) General~~

7 ~~(i) The facility shall develop a POC, in the format required by the Department, for every~~  
8 ~~deficiency cited by the Department in the deficiency list.~~

9 ~~(ii) The POC shall be typed or printed legibly in ink.~~

10 ~~(iii) The date of correction shall be no longer than 30 calendar days from the date of the~~  
11 ~~mailing of the deficiency to the facility, unless otherwise required or approved by the~~  
12 ~~Department.~~

13 ~~403(5)(b) Process for Submission and Approval of POC~~

14 ~~(i) A facility shall submit a POC to the Department no later than ten (10) working days of the~~  
15 ~~date of the deficiency list letter sent by the Department.~~

16 ~~(ii) If an extension of time is needed to complete the POC, the facility shall request an~~  
17 ~~extension in writing from the Department prior to the POC due date. An extension of~~  
18 ~~time may be granted by the Department not to exceed seven (7) calendar days.~~

19 ~~(iii) The POC is subject to Department approval.~~

20 ~~1.103(6) **Intermediate Restrictions or Conditions**~~

21 ~~The Department may impose intermediate restrictions or conditions on a licensee as provided in Section 25-27-~~  
22 ~~106, C.R.S.~~

23 ~~403(6)(a) General. The Department may impose intermediate restrictions or conditions on a licensee~~  
24 ~~that may include at least one of the following:~~

25 ~~(i) Retaining a consultant to address corrective measures. The consultant shall not be~~  
26 ~~affiliated with the corporation or the facility on which the intermediate~~  
27 ~~restriction/condition is required;<sup>6</sup>~~

28 ~~<sup>6</sup> facility may be required to retain a consultant in order to address deficient practice resulting from systemic failure. Systemic failure involves~~  
29 ~~violations regarding a facility system, where such violations resulted or could have resulted in physical or emotional harm to residents. It will~~  
30 ~~be the responsibility of the facility to select the consultant and the consultant's services. An example of a facility system is the facility's~~  
31 ~~medication administration program.~~

32 ~~(ii) Monitoring by the Department for a specific period;~~

33 ~~(iii) Providing additional training to employees, owners, or operators of the residence;~~

34 ~~(iv) Complying with a directed written plan, to correct the violation; or~~

35 ~~(v) Paying a civil fine not to exceed two thousand dollars (\$2,000) in a calendar year.~~

36 ~~403(6)(b) Imposition of Restrictions/Conditions~~

1 (i) ~~General.~~ Intermediate restrictions or conditions may be imposed when the Department  
2 finds the facility has violated statutory or regulatory requirements. The factors that may  
3 be considered include, but are not limited to, the following:

4 (A) ~~level of actual or potential harm to a resident(s);~~

5 (B) ~~the number of residents affected;~~

6 (C) ~~whether the behaviors leading to the imposition of the restriction are isolated or~~  
7 ~~a pattern;~~

8 (D) ~~the licensee's prior history of noncompliance in general, and specifically with~~  
9 ~~reference to the cited deficiencies.~~

10 (ii) ~~Optional.~~ Intermediate restrictions or conditions may be imposed for Levels A, B and C  
11 deficiencies.

12 (iii) ~~Mandatory Imposition~~

13 (A) ~~A minimum of one intermediate restriction or condition shall be imposed for all~~  
14 ~~cases where the deficiency list includes Levels D or E deficiencies.~~

15 (B) ~~For all Level E deficiencies, the Department shall impose a minimum civil fine~~  
16 ~~of \$500, not to exceed the cap established by statute; shall require the~~  
17 ~~immediate correction of the circumstances that give rise to the life threatening~~  
18 ~~situation; and may impose other restrictions or conditions as the Department~~  
19 ~~finds necessary.~~

20 ~~403(6)(c) Submission of the Written Plan~~

21 (i) ~~Non-life threatening situations other than fines and Department monitoring. No later~~  
22 ~~than ten (10) working days after the date the notice is received from the Department,~~  
23 ~~unless otherwise extended, the licensee shall submit a written plan, as part of the plan~~  
24 ~~of correction, regarding the implementation of the restriction or condition. This plan shall~~  
25 ~~be subject to Department approval. The plan shall include:~~

26 (A) ~~how the restriction or condition will be implemented; and~~

27 (B) ~~the timeframe for implementing the restriction or condition.~~

28 ~~403(6)(d) Appealing the Imposition of Intermediate Restrictions/Conditions.~~ A licensee may appeal the  
29 imposition of an intermediate restriction or condition pursuant to procedures established by the  
30 Department and as provided by Section 25-27106, C.R.S.

31 (i) ~~Informal review.~~ Informal review is an administrative review process ~~conducted by~~  
32 ~~the Department that does not include an evidentiary hearing.~~

33 (A) ~~A licensee may submit a written request for informal review of the imposition of~~  
34 ~~an intermediate restriction no later than ten (10) working days after the date~~  
35 ~~notice is received from the Department of the restriction or condition. If an~~  
36 ~~extension of time is needed, the facility shall request an extension in writing~~  
37 ~~from the Department prior to the submittal due date. An extension of time may~~  
38 ~~be granted by the Department not to exceed seven (7) calendar days. Informal~~  
39 ~~review may be conducted after the plan of correction has been approved.~~

1 ~~(B) Civil fines. For civil fines, the licensee may request in writing that the informal~~  
2 ~~review be conducted in person, which would allow the licensee to orally~~  
3 ~~address the informal reviewer(s).~~

4 ~~(ii) Administrative Procedures Act (APA). A licensee may appeal the imposition of an~~  
5 ~~intermediate restriction or condition in accordance with Section 24-4-105, C.R.S. of the~~  
6 ~~APA. A licensee is not required to submit to the Department's informal review before~~  
7 ~~appealing pursuant to the APA.~~

8 ~~(iii) Implementation of Restrictions/Conditions~~

9 ~~(A) Life-threatening situations. The licensee shall implement the restriction or~~  
10 ~~condition immediately upon receiving notice of the restriction or condition.~~

11 ~~(iv) Non life-threatening situations. The restriction or condition shall be implemented:~~

12 ~~(A) for restriction/conditions other than fines, immediately upon the expiration of the~~  
13 ~~opportunity for appeal or from the date that the Department's decision is upheld~~  
14 ~~after all administrative appeals have been exhausted.~~

15 ~~(B) for fines, within 30 calendar days from the date the Department's decision is~~  
16 ~~upheld after all administrative appeals have been exhausted.~~

17 ~~1.103(7) **Facility Reporting Requirements**~~

18 ~~103(7)(a) Occurrences~~

19 ~~(i) Reporting. The facility shall be in compliance with occurrence reporting requirements~~  
20 ~~pursuant to 6 CCR 1011, Chapter II, Section 3.2.~~

21 ~~(ii) Facility investigation of occurrences~~

22 ~~(A) Occurrences shall be investigated to determine the circumstances of the event~~  
23 ~~and institute appropriate measures to prevent similar future situations.~~

24 ~~(B) Documentation regarding investigation, including the appropriate measures to~~  
25 ~~be instituted, shall be made available to the Department, upon request.~~

26 ~~(C) A report with the investigation findings will be available for review by the~~  
27 ~~Department within five working days of the occurrence.~~

28 ~~(D) Nothing in this Section 1.103 (7)(a) shall be construed to limit or modify any~~  
29 ~~statutory or common law right, privilege, confidentiality or immunity.~~

30 ~~103(7)(b) Mistreatment of Residents/Mishandling of Resident Property. The declaration required in~~  
31 ~~Section 2.4.3(K), Chapter II of 6 CCR 1011-1, shall also include any action related to the~~  
32 ~~treatment of residents or the handling of their property.~~

33 ~~103(7)(c) Notification Regarding Relocations. The facility shall notify the Department within 48~~  
34 ~~hours of the relocation of one or more residents occurs due to any portion of the facility~~  
35 ~~becoming uninhabitable as a result of fire or other disaster.~~

36 ~~103(7)(d) Proof of Fire Suppression or Detection Equipment Testing. Written proof that such fire~~  
37 ~~suppression or detection equipment has been tested and approved as fully functional and~~

1 operational, shall be submitted with the application prior to the issuance of a new license or  
2 license renewal.

3 ~~4.103(8) **Certification of Administrator Training**~~

4 A program of certification shall be approved by the Department if all of the following requirements are met:

5 ~~403(8)(a) The program or program components are conducted by:~~

6 ~~(i) an accredited college, university, or vocational school, or~~

7 ~~(ii) an organization, association, corporation, group, or agency with specific expertise in that~~  
8 ~~area; and~~

9 ~~(iii) the curriculum includes at least thirty (30) actual hours.~~

10 ~~403(8)(b) At least fifteen (15) hours shall comprise a discussion of each the following topics:~~

11 ~~(i) resident rights;~~

12 ~~(ii) environment and fire safety, including emergency procedures and first-aid;~~

13 ~~(iii) assessment skills;~~

14 ~~(iv) identifying and dealing with difficult situations and behaviors; and~~

15 ~~(v) nutrition.~~

16 ~~403(8)(c) The remaining fifteen (15) hours shall provide emphasis on meeting the personal, social and~~  
17 ~~emotional care needs of the resident population served, for example, the elderly, Alzheimers, or~~  
18 ~~the severely and persistently mentally ill.~~

19 ~~**4.104 ORGANIZATION AND STAFFING**~~

20 ~~4.104(1) **Owner**~~

21 ~~404(1)(a) Regulatory Compliance. The owner shall be responsible for meeting the requirements in~~  
22 ~~these regulations.~~

23 ~~404(1)(b) Oversight of Staff. The owner is responsible for assuring that there is adequate training and~~  
24 ~~supervision for staff.~~

25 ~~4.104(2) **Administrator**~~

26 ~~404(2)(a) Minimum Age Requirement. The administrator shall be at least 21 years of age.~~

27 ~~404(2)(b) Minimum Education, Training and Experience Requirements~~

28 ~~(i) Any person commencing service as an administrator July 1, 1993, shall meet the minimum~~  
29 ~~education, training, and experience requirements in one of the following ways:~~

30 ~~(A) successful completion of a program approved by the Department pursuant to~~  
31 ~~Section 4.103 (6); or~~

1 ~~(B) documented previous job related experience or related education equivalent to~~  
2 ~~successful completion of such program. The Department may require additional~~  
3 ~~training to ensure that all the required components of the training curriculum are~~  
4 ~~met.~~

5 ~~(ii) Any person already serving as an administrator on July 1, 1993, shall either meet~~  
6 ~~subparagraph (i) above or meet the minimum education, training, and experience~~  
7 ~~requirements in one of the following ways:~~

8 ~~(A) successful completion of a program approved by the Department, pursuant to~~  
9 ~~Section 1.103 (4), if completed within a period of eighteen (18) months~~  
10 ~~following July 1, 1993;~~

11 ~~(B) submission of evidence of successful completion of such a program within the five~~  
12 ~~(5) years immediately prior to July 1, 1993; or~~

13 ~~(C) previous job related experience equivalent to successful completion of such a~~  
14 ~~program.~~

15 ~~(iii) The administrator shall be familiar with all applicable federal and state laws and regulations~~  
16 ~~concerning licensure and certification.~~

17 ~~1.104(3) Personnel~~

18 ~~104(3)(a) General~~

19 ~~(i) Communicable diseases~~

20 ~~(A) All staff and volunteers, shall be free of communicable disease that can be readily~~  
21 ~~transmitted in the workplace.~~

22 ~~(B) All staff shall be required to have a tuberculin skin test prior to direct contact with~~  
23 ~~the residents. In the event of a positive reaction to the skin test, evidence of a~~  
24 ~~chest x-ray and other appropriate follow-up shall be required in accordance with~~  
25 ~~community standards of practice.~~

26 ~~(ii) Physical/mental impairment . Any person who is physically or mentally unable to~~  
27 ~~adequately and safely perform duties that are essential functions, may not be approved~~  
28 ~~as a licensee, or employed as staff member, or used as a volunteer.~~

29 ~~(iii) Alcohol or substance abuse . The facility shall not employ any person or use a volunteer~~  
30 ~~who is under the influence of a controlled substance, as defined in C.R.S. Sections 18-~~  
31 ~~18-203, 18-18-204, 18-18-205, 18-18-206, and 18-18-207, or who is under the influence~~  
32 ~~of alcohol in the worksite. This does not apply to employees or volunteers using~~  
33 ~~controlled substances under the direction of a physician, and in accordance with their~~  
34 ~~health care provider's instructions.~~

35 ~~(iv) Access to policies and procedures . All staff and all volunteers shall have access to the~~  
36 ~~facility's policies, procedure manuals, and other information necessary to perform their~~  
37 ~~duties and to carry out their responsibilities.~~

38 ~~104(3)(b) Personnel Files. The facility shall maintain personnel files for staff members as well as for~~  
39 ~~volunteers performing personal services and protective oversight under the auspices of the~~  
40 ~~facility. Files of current employees and volunteers shall be available onsite for Department~~  
41 ~~review.~~

1 ~~(i) General~~. Files shall include documentation required in these Chapter VII regulations,  
2 evidencing:

3 ~~(A) training, including copies of current first aid certification, if applicable;~~

4 ~~(B) TB testing, if applicable;~~

5 ~~(C) background checks;~~

6 ~~(D) date of hire;~~

7 ~~(E) If a Qualified Medication Administration Person (QMAP), also:~~

8 ~~(I) a copy of the certificate of completion of the medication training course~~  
9 ~~required by these regulations for QMAPs, and~~

10 ~~(II) for those QMAPs filling medication reminder boxes, a signed disclosure~~  
11 ~~that they have not had a professional medical, nursing, or pharmacy~~  
12 ~~license revoked.~~

13 ~~104(3)(c) Background Checks – Owner and Administrator~~

14 ~~(i) The owner and administrator of a facility shall be of good, moral, and responsible character.~~  
15 ~~As part of this determination, the owner and the administrator shall undergo a state~~  
16 ~~fingerprint check with notification of future arrests from a criminal justice agency~~  
17 ~~designated by the Department. The information, upon such request and subject to any~~  
18 ~~restrictions imposed by such agency, shall be forwarded by the criminal justice agency~~  
19 ~~directly to the Department.~~

20 ~~(ii) Background checks shall be conducted for all of the following:~~

21 ~~(A) owners and administrators for initial licensure, as part of the application process.~~

22 ~~(B) existing owners and administrators who have not undergone a state fingerprint~~  
23 ~~check with notification of future arrests.~~

24 ~~(C) new owners in a change a ownership, as part of the application process.~~

25 ~~(D) new administrators in a change of administrators.~~

26 ~~(iii) No license shall be issued or renewed by the Department if the owner of the assisted living~~  
27 ~~facility has been convicted of a felony or of a misdemeanor, which felony or~~  
28 ~~misdemeanor involves moral turpitude, as defined by law, or involves conduct that the~~  
29 ~~Department determines could pose a risk to the health, safety, and welfare of residents~~  
30 ~~of the assisted living residence.~~

31 ~~(iv) The owner shall ascertain whether the administrator has been convicted of a felony or a~~  
32 ~~misdemeanor that could pose a risk to the health, safety, and welfare of the residents,~~  
33 ~~when making employment decisions.~~

34 ~~(v) Cost of background checks~~ All costs of obtaining a criminal history record pursuant to this  
35 requirement shall be borne by the facility, the contract staff agency, or the individual  
36 who is the subject of the criminal history record, as appropriate.

37 ~~104(3)(d) Background Checks – Other Staff and Volunteers~~

1 ~~(i) When a background check shall be conducted . The staff who has direct personal contact~~  
2 ~~with the residents of a facility and any volunteer performing personal services or~~  
3 ~~protective oversight, under the auspices of the facility for residents of such facility, shall~~  
4 ~~be of good, moral, and responsible character. In making such a determination, the~~  
5 ~~owner or licensee of a facility shall obtain, prior to such staff or volunteer performing~~  
6 ~~duties, any criminal history record information from a criminal agency, subject to any~~  
7 ~~restrictions imposed by such agency, for any person responsible for the care and~~  
8 ~~welfare or residents of such facility. If the individual is contract staff, the facility shall~~  
9 ~~ensure that a background check has been conducted on such individual within 12~~  
10 ~~months prior to the date of hire by the facility. The facility shall have documentation of~~  
11 ~~such background checks.~~

12 ~~(ii) Use of information by the facility . The facility shall ascertain whether prospective staff or~~  
13 ~~volunteers have been convicted of a felony or a misdemeanor that could pose a risk to~~  
14 ~~the health, safety, and welfare of the residents, when making employment decisions.~~

15 ~~(iii) Costs of background checks . All costs of obtaining a criminal history record from a~~  
16 ~~criminal justice agency shall be borne by the facility, the contract staff agency, or the~~  
17 ~~individual who is the subject of the criminal history record, as appropriate.~~

18 ~~404(3)(e) Qualifications~~

19 ~~(i) General . All staff and all volunteers shall have sufficient skill and ability to perform their~~  
20 ~~respective duties, services, and functions.~~

21 ~~(ii) Licensed and certified staff . Licensed or certified staff shall perform duties in accordance~~  
22 ~~with applicable statutes and regulations. Staff and volunteers shall not perform duties~~  
23 ~~that they are not licensed or certified to provide.~~

24 ~~(iii) Qualified Medication Administration Persons~~

25 ~~(A) To be a qualified medication administration person, an individual shall have~~  
26 ~~completed a medication training course given by a licensed nurse, physician,~~  
27 ~~physician's assistant, or pharmacist, and approved by the Department and/or~~  
28 ~~shall have passed an approved Department competency test for assisting with~~  
29 ~~medications in accordance with 25-1.5-301, et seq. and the regulations~~  
30 ~~promulgated thereto.~~

31 ~~(B) Every qualified medication administration staff member who administers~~  
32 ~~medications, whether prescribed or non-prescribed, shall be able to read and~~  
33 ~~understand the information and directions printed or written on the label.~~

34 ~~(iv) Current First Aid Certification~~

35 ~~(A) There shall be one staff member onsite at all times who has current certification in~~  
36 ~~first aid specific to adults.~~

37 ~~(B) The first aid certification shall show that it meets the standards of either the~~  
38 ~~American Red Cross or the American Heart Association.~~

39 ~~404(3)(f) Training. The facility shall document the evaluation of previous related experience for~~  
40 ~~volunteers, as applicable, and for staff and that these personnel have all of the training,~~  
41 ~~including on-the-job training, required in this section.~~

1 ~~(i) On the job training/Evaluation of experience~~. All staff and all volunteers shall be given on-  
2 the job training or have related experience in the job assigned to them and shall be  
3 supervised until they have completed on the job training appropriate to their duties and  
4 responsibilities or had previous related experience evaluated.

5 ~~(ii) Training requirements~~. Staff shall receive the following training, as appropriate. Volunteers  
6 providing direct care shall receive training appropriate to their duties and  
7 responsibilities.

8 ~~(A) Prior to providing direct care, the facility shall provide an orientation of the physical~~  
9 ~~plant and adequate training on each of the following topics:~~

10 ~~(I) training specific to the particular needs of the populations served (e.g.,~~  
11 ~~residents in secured environments, mentally ill, frail elderly, AIDS,~~  
12 ~~Alzheimer's, diabetics, dietary restrictions and bedfast);~~

13 ~~(II) resident rights;~~

14 ~~(III) first aid and injury response including the procedures for lift assistance;~~

15 ~~(IV) the care and services for the current residents;~~

16 ~~(V) certified first aid training as necessary to ensure compliance with section~~  
17 ~~1.104(3)(e)(iv) of this chapter.~~

18 ~~(VI) the facility's medication administration program.~~

19 ~~(B) Emergency Plan and Evacuation Procedures~~

20 ~~(I) Within three (3) days of date of hire or commencement of volunteer service,~~  
21 ~~the facility shall provide adequate training in the emergency plan and~~  
22 ~~evacuation procedures.~~

23 ~~(II) Every two (2) months, there shall be a review of all components of the~~  
24 ~~emergency plan, including each individual employee's responsibilities~~  
25 ~~under the plan, with the staff of each shift.~~

26 ~~(C) Within one month of the date of hire, the facility shall provide adequate training for~~  
27 ~~staff on each of the following topics:~~

28 ~~(I) assessment skills;~~

29 ~~(II) infection control;~~

30 ~~(III) identifying and dealing with difficult situations and behaviors;~~

31 ~~(IV) residents rights, unless previously covered through other training; and~~

32 ~~(V) health emergency response, unless previously covered through other~~  
33 ~~training.~~

34 ~~1.104(4) Staffing Requirements~~

35 ~~104(4)(a) Staffing~~



- 1                   (i) ~~General~~. The owner shall employ sufficient staff to ensure the provision of services  
2                   necessary to meet the needs of the residents.
- 3                   (ii) ~~Staffing levels~~. In determining staffing, the facility shall give consideration to factors  
4                   including but not limited to:
- 5                   (A) ~~services to meet the residents' needs,~~
- 6                   (B) ~~services to be provided under the care plan, and~~
- 7                   (C) ~~services to be provided under the resident agreement.~~
- 8                   (iii) ~~Minimum Staffing~~. Each facility shall ensure that at least one staff member who has the  
9                   qualifications and training listed under Sections 1.104 (3)(e) and (f), and who shall be at  
10                  least 18 years of age, is present in the facility when one or more residents is present.
- 11                104(4)(b) ~~Use of Residents~~. Residents may participate voluntarily in performing housekeeping duties  
12                and other tasks suited to the resident's needs and abilities. However, residents who provide  
13                services for the facility on a regular basis, or on an exchange or fee-for-service basis may not  
14                be included in the facility's staffing plan in lieu of facility employees except for trained, tested,  
15                and supervised residents in those facilities which are licensed to provide services specifically for  
16                the mentally ill.
- 17                104(4)(c) ~~Use of Volunteers~~. Volunteers may be utilized in the facility but may not be included in the  
18                facility's staffing plan in lieu of facility employees.
- 19                1.104(5) ~~Policies and Procedures~~. Unless otherwise indicated in this Section 1.104 (5), all facilities shall  
20                develop, adopt, and follow written policies and procedures that include the requirements listed below  
21                and shall comply with all applicable state and federal statutes and regulations. Required disclosures to  
22                residents or their legal representatives, as appropriate, regarding the policies and procedures shall be  
23                documented in the resident record.
- 24                104(5)(a) ~~Admissions~~. The facility's criteria for admission shall be based upon its ability to meet all the  
25                identified care needs of residents. The facility shall consider at least all of the following in  
26                making its admission decision: the facility's physical plant, financial resources, and availability of  
27                adequately trained staff.
- 28                104(5)(b) ~~Emergency Plan and Evacuation Procedures~~
- 29                   (i) ~~Emergency plan~~. The emergency plan shall include planned responses to fire, gas  
30                   explosion, bomb threat, power outages, and tornado. Such plan shall include provisions  
31                   for alternate housing in the event evacuation is necessary.
- 32                   (ii) ~~Disclosure to residents~~. Within three (3) days of admission, the plan shall be explained to  
33                   each resident or legal representative, as appropriate.
- 34                104(5)(c) ~~Serious Illness, Serious Injury, or Death of the Resident~~
- 35                   (i) ~~The policy shall describe the procedures to be followed by the facility in the event of serious~~  
36                   illness, serious injury, or death of a resident.
- 37                   (ii) ~~The policy shall include a requirement that the facility notify an emergency contact when the~~  
38                   resident's injury or illness warrants medical treatment or face-to-face medical  
39                   evaluation. In the case of an emergency room visit or unscheduled hospitalization, a  
40                   facility must notify an emergency contact immediately, or as soon as practicable.

1 ~~104(5)(d) CPR Directive~~

2 ~~(i) At the time of admission, the facility shall inform residents or their legal representatives~~  
3 ~~regarding the resident's right to receive CPR or have a written CPR directive refusing~~  
4 ~~CPR. At least annually or upon a significant change in health condition, the facility shall~~  
5 ~~review the CPR options with each resident or that resident's legal representative~~

6 ~~(ii) Upon admission and at each subsequent review, the facility and the resident or the~~  
7 ~~resident's legal representative shall sign and date documentation acknowledging that~~  
8 ~~the resident's CPR options were reviewed and understood. Such documentation shall~~  
9 ~~be maintained in each resident's record.~~

10 ~~(iii) The facility shall ensure that staff are aware of or know where to immediately locate each~~  
11 ~~resident's CPR directive.~~

12 ~~104(5)(e) Lift Assistance~~

13 ~~(i) The facility shall describe in writing the procedure for determining when it is appropriate for~~  
14 ~~staff to assist a resident who has fallen and when the local emergency medical~~  
15 ~~responder should be contacted.~~

16 ~~(ii) The facility's lift assistance procedure shall be made available to its local emergency~~  
17 ~~medical responder.~~

18 ~~104(5)(f) Physician Assessment. The facility shall identify when a physician's assessment will be~~  
19 ~~required, based upon at least the following indicators:~~

20 ~~(i) a significant change in the resident's condition;~~

21 ~~(ii) evidence of possible infection (open sores, etc.);~~

22 ~~(iii) injury or accident sustained by the resident which might cause a change in the resident's~~  
23 ~~condition;~~

24 ~~(iv) known exposure of the resident to a communicable disease;~~

25 ~~(v) development of any condition which would have initially precluded admission to the facility.~~

26 ~~104(5)(g) Resident Rights~~

27 ~~(i) General . The policy shall incorporate the provisions under Section 1.106 (1). This policy~~  
28 ~~shall not exclude, take precedence over, or in any way abrogate legal and constitutional~~  
29 ~~rights enjoyed by all adult citizens.~~

30 ~~(ii) Posting . The policy on resident's rights shall be posted in a conspicuous place.~~

31 ~~(iii) Disclosure to residents . Upon admission, the facility shall document the resident or legal~~  
32 ~~representative, as appropriate, has read or had explained the policy on residents' rights.~~

33 ~~104(5)(h) Smoking~~

34 ~~(i) General . The policy shall address residents, staff, volunteers and visitors.~~

35 ~~(ii) Disclosure to residents/staff . Prior to admission or employment, residents and staff shall~~  
36 ~~be informed of any prohibitions.~~

1 ~~104(5)(i) Discharge~~

2 ~~(i) General . The policy shall include all of the following:~~

3 ~~(A) circumstances and conditions under which the facility may require the resident to~~  
4 ~~be involuntarily transferred, discharged or evicted;~~

5 ~~(B) an explanation of the notice requirements;~~

6 ~~(C) a description of the relocation assistance offered by the facility; and~~

7 ~~(D) the right to call advocates, such as the state ombudsman or the designated local~~  
8 ~~ombudsman and the adult protection services of the appropriate county~~  
9 ~~Department of Social Services, for assistance.~~

10 ~~(ii) Disclosure to residents . Upon admission, the facility shall document that the resident or~~  
11 ~~legal representative, as appropriate, has read or had explained the policy on discharge.~~

12 ~~104(5)(j) Management of Resident Funds/Property. The policy shall address the procedures for~~  
13 ~~managing resident funds or property, if the facility provides this service to residents.~~

14 ~~104(5)(k) Internal Grievance Process~~

15 ~~(i) General . The policy shall establish a process for routine and prompt handling of~~  
16 ~~grievances brought by residents and their families. Such policy shall also indicate that~~  
17 ~~residents and their families may contact any of the following agencies and shall provide~~  
18 ~~the telephone number and address of each of the following:~~

19 ~~(A) The state and local Long Term Care Ombudsman;~~

20 ~~(B) The Adult Protection Services of the appropriate county Departments of Social~~  
21 ~~Services;~~

22 ~~(C) The Advocacy Services of the Area's Agency on Aging;~~

23 ~~(D) The Colorado Department of Public Health and Environment; and~~

24 ~~(E) The Colorado Department of Human Services in those cases where the facility is~~  
25 ~~licensed to provide services specifically for the mentally ill.~~

26 ~~(ii) Posting . The internal grievance policy and procedure shall be posted in a conspicuous~~  
27 ~~place.~~

28 ~~(iii) Disclosure to residents . Upon admission, the facility shall document that the resident or~~  
29 ~~the resident's representative, as appropriate, has read or had the policy for the internal~~  
30 ~~grievance process explained.~~

31 ~~104(5)(l) Investigation of Abuse and Neglect Allegations. The facility shall investigate all allegations of~~  
32 ~~abuse and neglect involving residents in accordance with its written policy, which shall include~~  
33 ~~but not be limited to:~~

34 ~~(i) reporting requirements to the appropriate agencies such as the adult protection services of~~  
35 ~~the appropriate county Department of Social Services and to the facility administrator;~~

- 1                   (ii) ~~a requirement that the facility notify an emergency contact about the allegation within 24~~  
2                         ~~hours of the facility becoming aware of the allegation;~~
- 3                   (iii) ~~the process for investigating such allegations;~~
- 4                   (iv) ~~how the facility will document the investigation process to evidence the required reporting~~  
5                         ~~and that a thorough investigation was conducted;~~
- 6                   (v) ~~a requirement that the resident shall be protected from potential future abuse and neglect~~  
7                         ~~while the investigation is being conducted;~~
- 8                   (vi) ~~a requirement that if the alleged neglect or abuse is verified, the facility shall take~~  
9                         ~~appropriate corrective action; and~~
- 10                  (vii) ~~a requirement that a report with the investigation findings will be available for review by the~~  
11                         ~~Department not later than five working days of the allegation being lodged with a staff~~  
12                         ~~member of the facility.~~
- 13                  ~~104(5)(m) Restrictive Egress Alert Devices Facilities that use restrictive egress alert devices, shall have~~  
14                         ~~policy addressing at minimum, the following:~~
- 15                  (i) ~~How the device will be used to protect the resident from elopement, including but not limited~~  
16                         ~~to, which door alarms will be triggered by the device.~~
- 17                  (ii) ~~Evidence in the resident's record that the facility has:~~
- 18                         (A) ~~established the legal authority by guardianship, court order, medical durable power~~  
19                                 ~~of attorney, health care proxy, or other means allowed by Colorado law, for the~~  
20                                 ~~use of such device;~~
- 21                         (B) ~~conducted an assessment, prior to use, that evaluates the appropriateness of the~~  
22                                 ~~device and reassessment(s) within 3 calendar days of a significant change in~~  
23                                 ~~the resident's condition that warrants intervention or different care needs. The~~  
24                                 ~~assessment and reassessment shall include written findings and their basis.~~  
25                                 ~~The assessment and reassessment(s) shall be completed by a qualified~~  
26                                 ~~professional, such as the resident's physician, a social worker, physician's~~  
27                                 ~~assistant or nurse practitioner. If the qualified professional is a member of the~~  
28                                 ~~facility staff or has been hired by the facility to conduct the evaluation, the~~  
29                                 ~~qualified professional shall consult with the resident's physician or other~~  
30                                 ~~independent person qualified to review the care needs of the resident.~~
- 31                  (iii) ~~How the facility will respond to prevent elopement when an alarm is triggered, including but~~  
32                         ~~not limited to:~~
- 33                         (A) ~~the system that will be used to alert staff regarding which door(s) have been~~  
34                                 ~~breached;~~
- 35                         (B) ~~the staff member(s) responsible for responding to the alarm and for conducting the~~  
36                                 ~~behavior management intervention; and~~
- 37                         (C) ~~how staff will continue providing protective oversight for other residents while the~~  
38                                 ~~behavior management intervention, such as redirection, is taking place.~~
- 39                  (iv) ~~How the facility will provide access to a secure outdoor area, consistent with Section 108~~  
40                         ~~(9)(c) (i) and (ii).~~

1 (v) Monthly testing to ensure that the devices are functioning properly and written evidence of  
2 such testing.

3 **1.105 ADMINISTRATIVE FUNCTIONS**

4 ~~1.105(1) Admissions [Eff. 11/01/2008]~~

5 ~~105(1)(a) Who May be Admitted to the Facility. Only residents whose needs can be met by the facility  
6 within its licensure category shall be admitted. The facility's ability to meet resident needs shall  
7 be based upon a comprehensive pre-admission assessment of the resident's physical, health  
8 and social needs; preferences; and capacity for self care.~~

9 ~~105(1)(b) Who May Not be Admitted to the Facility. A facility shall not admit or keep any resident  
10 requiring a level of care or type of service which the facility does not provide or is unable to  
11 provide, and in no event shall a facility admit or keep a resident who:~~

12 ~~(i) Is consistently, uncontrollably incontinent unless the resident or staff is capable of preventing  
13 such incontinence from becoming a health hazard.~~

14 ~~(ii) Is totally bedridden with limited potential for improvement. A facility may keep a resident  
15 who becomes bedridden after admission if there is documented evidence of each of the  
16 following:~~

17 ~~(A) an order by a physician describing the services required to meet the health needs  
18 of the resident, including but not limited to, the frequency of assessment and  
19 monitoring by the physician or by other licensed medical professionals.~~

20 ~~(B) ongoing assessment and monitoring by a licensed or Medicare/Medicaid certified  
21 home health agency or hospice service. The assessment and monitoring shall  
22 ensure that resident's physical, mental, and psychosocial needs are being met.  
23 The frequency of the assessment and monitoring shall be in accordance with  
24 resident needs, but shall be conducted no less frequently than weekly.~~

25 ~~(C) adequate staffing, with staff who are trained in the provision of caring for bedridden  
26 residents, and provision of services to meet the needs of the resident.~~

27 ~~(iii) Needs medical or nursing services, as defined herein, on a twenty-four hour basis, except  
28 for care provided by a Supportive Living Program residence or by a psychiatric nurse in  
29 those facilities which are licensed to provide services specifically for the mentally ill.~~

30 ~~(iv) Needs restraints, as defined herein, of any kind except as otherwise provided in 27-65-101,  
31 et seq. C.R.S. for those facilities which are licensed to provide services specifically for  
32 the mentally ill. The placement of residents in his or her room for the night and the use  
33 of time-out, as defined by the facility's written policies and procedures, shall be  
34 conducted only as part of a treatment plan developed in consultation with a physician  
35 board certified in psychiatry or an advance practice nurse with a specialty in psychiatry.  
36 The appropriateness of these provisions in the treatment plan shall be reassessed by  
37 either one of these psychiatric clinicians every three months.~~

38 ~~(v) Has a communicable disease or infection that is: 1) reportable under 6 CCR 1009  
39 Regulation 1 and 2) potentially transmissible in a facility, unless the resident is receiving  
40 medical or drug treatment for the condition and the admission is approved by a  
41 physician; or~~

1 ~~(vi) Has a substance abuse problem, unless the substance abuse is no longer acute and a~~  
2 ~~physician determines it to be manageable.~~

3 ~~1.105(2) **Resident Agreement.** A written agreement shall be executed between the facility and the resident~~  
4 ~~or the resident's legal representative at the time of admission. The parties may amend the agreement~~  
5 ~~provided such amendment is evidenced by the written consent of both parties. No agreement shall be~~  
6 ~~construed to relieve the facility of any requirement or obligation imposed by law or regulation. [Eff.~~  
7 ~~11/01/2008]~~

8 ~~105(2)(a) Content. The written agreement shall specify the understanding between the parties~~  
9 ~~regarding, at a minimum the following:~~

10 ~~(i) charges, refunds and deposit policies;~~

11 ~~(ii) services included in the rates and charges, including optional services for which there will be~~  
12 ~~an additional, specified charge;~~

13 ~~(iii) types of services provided by the facility, those services which are not provided, and those~~  
14 ~~which the facility will assist the resident in obtaining;~~

15 ~~(iv) the amount of any fee to hold a place for the resident in the facility while the resident is~~  
16 ~~absent from the facility and the circumstances under which it will be charged;~~

17 ~~(v) transportation services;~~

18 ~~(vi) therapeutic diets;~~

19 ~~(vii) whether the facility or the resident will be responsible for providing bed and bath linens, as~~  
20 ~~outlined in Section 110 (3)(a) or furnishings and supplies, as outlined in Section~~  
21 ~~112(3)(f); and~~

22 ~~(viii) a provision that if the facility closes without giving residents thirty days notice of such~~  
23 ~~closure, that security deposits shall be reimbursed.~~

24 ~~105(2)(b) Addenda. The written agreement shall have as addenda:~~

25 ~~(i) the care plan outlining functional capability and needs; and~~

26 ~~(ii) house rules, established pursuant to Section 1.105(4).~~

27 ~~105(2)(c) Disclosures. There shall be written evidence that the following have been disclosed, upon~~  
28 ~~admission unless otherwise specified, to the resident or the resident's legal representative, as~~  
29 ~~appropriate:~~

30 ~~(i) the facility policies and procedures listed under Section 1.104(5).~~

31 ~~(ii) the method for determining staffing levels based on resident needs, including whether or not~~  
32 ~~the facility has awake staff 24 hours a day, the on-site availability of first aid certified~~  
33 ~~staff, and the extent to which certified or licensed health care professionals are~~  
34 ~~available on-site.~~

35 ~~(iii) types of daily activities, including examples of such activities, that will be provided for the~~  
36 ~~residents.~~

37 ~~(iv) whether or not the facility has automatic fire sprinkler systems.~~

1 (v) if the facility uses restrictive egress alert devices, the types of individuals exhibited by  
2 persons that need such devices.

3 ~~4.105(3) — **Management of Resident Funds/Property.** A facility may enter into a written agreement with the~~  
4 ~~resident or resident's legal representative for the management of a resident's funds or property.~~  
5 ~~However, there shall be no requirement for the facility to handle resident funds or property.~~

6 ~~405(3)(a) — **Written Agreement.** A resident or the resident's legal representative may authorize the~~  
7 ~~owner to handle the resident's personal funds or property. Such authorization shall be in writing~~  
8 ~~and witnessed and shall specify the financial management services to be performed.~~

9 ~~405(3)(b) — **Fiduciary Responsibility.** In the event that a written agreement for financial management~~  
10 ~~services is entered into, the facility shall exercise fiduciary responsibility for these funds and~~  
11 ~~property, including, but not limited to, maintaining any funds over the amount of five hundred~~  
12 ~~dollars (\$500) in an interest bearing account, separate from the general operating fund of the~~  
13 ~~facility, which interest shall accrue to the resident.~~

14 ~~405(3)(c) — **Surety Bond.** Facilities which accept responsibility for residents' personal funds shall post a~~  
15 ~~surety bond in an amount sufficient to protect the residents' personal funds.~~

16 ~~405(3)(d) — **Accounting**~~

17 ~~(i) A running account, dated and in ink, shall be maintained of all financial transactions. There~~  
18 ~~shall be at least a quarterly accounting provided to the resident or legal representative~~  
19 ~~itemizing in writing all transactions including at least the following: the date on which~~  
20 ~~any money was received from or disbursed to the resident; any and all deductions for~~  
21 ~~room and board and other expenses; any advancements to the resident; and the~~  
22 ~~balance.~~

23 ~~(ii) An account shall begin with the date of the first handling of the personal funds of the~~  
24 ~~resident and shall be kept on file for at least three years following termination of the~~  
25 ~~resident's stay in the facility. Such record shall be available for inspection by the~~  
26 ~~Department.~~

27 ~~405(3)(e) — **Receipts.** Residents shall receive a receipt for and sign to acknowledge disbursed funds.~~

28 ~~4.105(4) — **House Rules** . The facility shall establish written house rules.~~

29 ~~405(4)(a) — **Content.** House rules shall list all possible actions which may be taken by the facility if any~~  
30 ~~rule is knowingly violated by a resident. House rules may not violate or contravene any~~  
31 ~~regulation herein, or in any way discourage or hinder a resident's exercise of those rights~~  
32 ~~guaranteed herein. Such rules shall address at least the following:~~

33 ~~(i) smoking.~~

34 ~~(ii) cooking.~~

35 ~~(iii) protection of valuables on premises.~~

36 ~~(iv) visitors.~~

37 ~~(v) telephone usage including frequency and duration of calls.~~

38 ~~(vi) use of common areas, including the use of television, radio, etc.~~

- 1                   ~~(vii) consumption of alcohol.~~
- 2                   ~~(viii) dress.~~
- 3                   ~~(ix) pets. A facility may keep household pets including dogs, cats, birds, fish, and other animals~~  
4                   ~~as permitted by local ordinance, with evidence of compliance with state and local~~  
5                   ~~vaccination and inoculation requirements and in accordance with house rules. In no~~  
6                   ~~event shall such rules prohibit service or guide animals.~~
- 7                   ~~405(4)(b) *Posting.* The facility shall prominently post written house rules which shall be available at all~~  
8                   ~~times to residents.~~
- 9                   ~~405(4)(c) *Disclosure to Residents.* There shall be documentation in the resident's record that a copy~~  
10                   ~~of the rules was provided to the resident or the legal representative, as appropriate, prior to~~  
11                   ~~admission.~~
- 12                   ~~4.105(5) **Resident Record** A confidential record shall be maintained for each resident. Records shall be~~  
13                   ~~dated and legibly recorded in ink or in electronic format.~~
- 14                   ~~405(5)(a) *Content of Resident Record.* Resident records shall contain at least, but not be limited to,~~  
15                   ~~the following:~~
- 16                   ~~(i) Demographic and medical information~~
- 17                   ~~(A) Face sheet . The face sheet shall contain the following information:~~
- 18                   ~~(I) resident's full name, including maiden name if applicable;~~
- 19                   ~~(II) resident's sex, date of birth, marital status and social security number,~~  
20                   ~~where needed for medicaid or employment purposes;~~
- 21                   ~~(III) date of admission;~~
- 22                   ~~(IV) name, address and telephone number of relatives or legal~~  
23                   ~~representative(s), or other person to be notified in an emergency;~~
- 24                   ~~(V) name, address and telephone number of resident's primary physician, and~~  
25                   ~~case manager if applicable, and an indication of religious preference, if~~  
26                   ~~any, for use in emergency;~~
- 27                   ~~(VI) resident's diagnoses, at the time of admission;~~
- 28                   ~~(VII) current record of the resident's allergies.~~
- 29                   ~~(B) Progress notes of any significant change in physical, behavioral, cognitive and~~  
30                   ~~functional condition and action taken by staff to address the resident's changing~~  
31                   ~~needs;~~
- 32                   ~~(C) Medication administration record;~~
- 33                   ~~(D) Documentation of on-going services provided by external services providers, such~~  
34                   ~~as physical therapy and home health services;~~
- 35                   ~~(E) Advance directives, if applicable;~~



1                   ~~(F) Physician's orders;~~

2                   ~~(ii) The resident agreement;~~

3                   ~~(iii) The care plan, as that term is defined herein;~~

4                   ~~(iv) Resident's most recent former address of residence.~~

5                   ~~105(5)(b) Who May Access Resident Records. Records shall be available for inspection by and~~  
6                   ~~release to:~~

7                   ~~(i) the resident or the resident's legal representative, if so authorized,~~

8                   ~~(ii) the resident's attorney of record;~~

9                   ~~(iii) the state or local Long Term Care ombudsman with the permission of the resident and in~~  
10                   ~~accordance with Section 25-1-801, C.R.S.;~~

11                   ~~(iv) the Department; and~~

12                   ~~(v) those otherwise authorized by law.~~

13                   ~~105(5)(c) Resident Record Storage and Retention~~

14                   ~~(i) Records shall be maintained and stored in such a manner as to be protected from loss,~~  
15                   ~~damage or unauthorized use.~~

16                   ~~(ii) Records shall be maintained in the facility or in a central administrative location readily~~  
17                   ~~available to facility staff and the department. Records necessary to respond to the~~  
18                   ~~current care needs of the resident shall be maintained onsite at the facility.~~

19                   ~~(iii) Records for discharged residents shall be complete and maintained for a period of three~~  
20                   ~~years following the termination of the resident's stay in the facility.~~

21                   ~~105(5)(d) Confidentiality. The confidentiality of the resident record including all medical, psychological~~  
22                   ~~and sociological information shall be protected at all times, in accordance with all applicable~~  
23                   ~~state and federal laws and regulations.~~

24                   ~~1.105(6) Discharge~~

25                   ~~105(6)(a) A resident shall be discharged only for one or more of the following reasons:~~

26                   ~~(i) When the facility cannot protect the resident from harming him or herself or others.~~

27                   ~~(ii) When the facility is no longer able to meet the resident's identified needs, based on the~~  
28                   ~~facility's discharge policy.~~

29                   ~~(iii) When a Supportive Living Program resident has met his or her transitional planning~~  
30                   ~~goals.~~

31                   ~~105(6)(b) A resident may be discharged for one or more of the following reasons:~~

32                   ~~(i) Nonpayment for basic services, including rent, in accordance with the resident agreement; or~~

1 (ii) Failure of the resident to comply with the resident agreement which contains notice that  
2 discharge may result from violation of the agreement.

3 405(6)(c) Written notice of discharge shall be provided to the resident or resident's legal representative  
4 as follows:

5 (i) thirty (30) days in advance of discharge for discharge in accordance with Sections 1.105  
6 (6)(a)(ii), 1.105 (6)(b)(i) and 1.105 (6)(b)(ii);

7 (ii) in cases of medical emergency, or in accordance with Section 1.105 (6)(a)(i), the  
8 responsible party shall be notified as soon as possible.

9 405(6)(d) A copy of the 30 day written notice shall be sent to the state or local ombudsman, within 5  
10 calendar days of the date that it is provided to the resident or the resident's legal representative.

11 405(6)(e) Discharge shall be coordinated with the resident, the resident's family or resident's legal  
12 representative, or the appropriate agency.

### 13 ~~1.106 RESIDENT RIGHTS~~

14 ~~1.106(1) General.~~ Residents shall have the following rights:

15 406(1)(a) The right to be treated with respect and dignity.

16 406(1)(b) The right to privacy.

17 406(1)(c) The right not to be isolated or kept apart from other residents.

18 406(1)(d) The right not to be sexually, verbally, physically or emotionally abused, humiliated,  
19 intimidated, or punished.

20 406(1)(e) The right to be free from neglect.

21 406(1)(f) The right to live free from involuntary confinement, or financial exploitation and to be free from  
22 physical or chemical restraints as defined within these regulations except as otherwise provided  
23 in Section 27-10-101, et seq. C.R.S. for those facilities which are licensed to provide services  
24 specifically for the mentally ill.

25 406(1)(g) The right to full use of the facility common areas, in compliance with the documented house  
26 rules.

27 406(1)(h) The right to voice grievances and recommend changes in policies and services.

28 406(1)(i) The right to communicate privately including but not limited to communicating by mail or  
29 telephone with anyone.

30 406(1)(j) The right to reasonable use of the telephone, in accordance with house rules, which includes  
31 access to operator assistance for placing collect telephone calls. At least one telephone  
32 accessible to residents utilizing an auxiliary aid shall be available if the facility is occupied by  
33 one or more residents utilizing such an aid.

34 406(1)(k) The right to have visitors, in accordance with house rules, including the right to privacy during  
35 such visits.

- 1 406(1)(l) ~~The right to make visits outside the facility in which case the administrator and the resident~~  
2 ~~shall share responsibility for communicating with respect to scheduling.~~
- 3 406(1)(m) ~~The right to make decisions and choices regarding their care and treatment, in the~~  
4 ~~management of personal affairs, funds, and property in accordance with their abilities.~~
- 5 406(1)(n) ~~The right to expect the cooperation of the facility in achieving the maximum degree of benefit~~  
6 ~~from those services which are made available by the facility.~~
- 7 406(1)(o) ~~The right to exercise choice in attending and participating in religious activities.~~
- 8 406(1)(p) ~~The right to be reimbursed at an appropriate rate for work performed on the premises for the~~  
9 ~~benefit of the administrator, staff, or other residents, in accordance with the resident's care plan.~~
- 10 406(1)(q) ~~The right to 30 days written notice of changes in services provided by the facility, including~~  
11 ~~but not limited to changes in charges for any or all services. Exceptions to this notice are:~~
- 12 ~~(i) changes in the resident's medical acuity that result in a documented decline in condition and~~  
13 ~~that constitute an increase in care necessary to protect the health and safety of the~~  
14 ~~resident; and~~
- 15 ~~(ii) requests by the resident or the family for additional services to be added to the care plan.~~
- 16 406(1)(r) ~~The right to have advocates, including members of community organizations whose purposes~~  
17 ~~include rendering assistance to the residents.~~
- 18 406(1)(s) ~~The right to wear clothing of choice unless otherwise indicated in the resident's care plan and~~  
19 ~~in accordance with reasonable house rules.~~
- 20 406(1)(t) ~~The right to choose to participate in social activities, in accordance with the care plan.~~
- 21 406(1)(u) ~~The right to receive services in accordance with the resident agreement and the care plan.~~
- 22 4.106(2) ~~**Ombudsman Access.** A facility shall permit access during reasonable hours to the premises and~~  
23 ~~residents by the State Ombudsman and the designated local long-term care ombudsman in accordance~~  
24 ~~with the federal "Older Americans Act of 1965", pursuant to Section 25-27-104 (2) (d), C.R.S.~~
- 25 4.106(3) ~~**Restraints.** Restraints as defined within these regulations are prohibited except as otherwise~~  
26 ~~provided in 27-65-101, et seq. C.R.S. for those facilities which are licensed to provide services~~  
27 ~~specifically for the mentally ill. The placement of a resident in his or her room for the night or the use of~~  
28 ~~a time-out as defined by the facility's written policies and procedures may only be used in accordance~~  
29 ~~with a treatment plan developed in consultation with and based on a written order by a physician board~~  
30 ~~certified in psychiatry or a psychiatric clinical nurse specialist listed on the advance practice registry.~~  
31 ~~The treatment plan, which shall document that less restrictive measures were unsuccessful, shall be~~  
32 ~~evaluated by a clinician with such credentials every three months.~~
- 33 4.106(4) ~~**Mechanisms to Address Resident/Resident Family Concerns**~~
- 34 406(4)(a) ~~**Internal Grievance Process.** The facility shall implement an internal process for the routine~~  
35 ~~and prompt handling of grievances brought by residents and their families.~~
- 36 406(4)(b) ~~**Facilities with Less than 17 Beds - House Meetings**~~
- 37 ~~(i) House meetings shall be held in addition to implementing the internal grievance process~~  
38 ~~pursuant to Subsection (4)(a), above.~~

1 (ii) ~~In facilities with less than seventeen (17) beds, house meetings shall be held at least~~  
2 ~~quarterly with residents, the appropriate staff, family and friends of residents in order~~  
3 ~~that residents have the opportunity to voice concerns and make recommendations~~  
4 ~~concerning facility policies.~~

5 (iii) ~~Written minutes of such meetings shall be maintained for review by residents at any time.~~

6 ~~406(4)(c) — *Facilities with 17 Beds or More — Residents' Council*~~

7 (i) ~~Resident council meetings shall be held in addition to implementing the internal grievance~~  
8 ~~process pursuant to Subsection (4)(a), above.~~

9 (ii) ~~In facilities with seventeen (17) or more beds, a residents' council shall be established.~~

10 (iii) ~~The residents' council shall have full opportunity to meet without the presence of staff.~~

11 (iv) ~~The council shall meet at least monthly with the administrator and a staff representative to~~  
12 ~~voice concerns and make recommendations concerning facility policies. Staff shall~~  
13 ~~respond to these suggestions in writing prior to the next regularly scheduled meeting.~~

14 (v) ~~Written minutes of council meetings shall be maintained for review by residents.~~

15 **~~4.107 — RESIDENT CARE SERVICES~~**

16 ~~4.107(1) — **General**~~

17 ~~407(1)(a) — *Facility Census*. The facility shall maintain a current list of residents and their assigned~~  
18 ~~room or apartment.~~

19 ~~407(1)(b) — *Minimum Services*. The facility shall make available, either directly or indirectly through a~~  
20 ~~resident agreement, the following services, sufficient to meet the needs of the residents:~~

21 (i) ~~a physically safe and sanitary environment;~~

22 (ii) ~~room and board;~~

23 (iii) ~~personal services;~~

24 (iv) ~~protective oversight; and~~

25 (v) ~~social care.~~

26 ~~4.107(2) — **Social and Recreational Activities**~~

27 ~~407(2)(a) The facility, in consultation with the residents, shall provide opportunities for social and~~  
28 ~~recreational activities both within and outside the facility and shall coordinate community~~  
29 ~~resources and promote resident participation in activities both in and away from the residence.~~

30 ~~407(2)(b) The facility shall encourage resident participation in planning, organizing, and conducting the~~  
31 ~~residents' activity program, taking into consideration the individual interests and wishes of the~~  
32 ~~residents.~~

33 ~~407(2)(c) In determining the types of activities offered, the facility shall take into account the physical,~~  
34 ~~social and mental stimulation needs of the residents as well as their personal and religious~~  
35 ~~preferences.~~

1 ~~1.107(3) **Care Planning** he facility shall develop and implement a written care plan for each resident to~~  
2 ~~monitor and oversee the resident's care needs.~~

3 ~~107(3)(a) *Care Plan.* A written care plan for each resident shall be completed at the time of admission~~  
4 ~~and shall include at least the following:~~

5 ~~(i) a comprehensive assessment of the resident's physical health, behavioral, and social needs;~~  
6 ~~preferences; and capacity for self care. The assessment shall include, but not be limited~~  
7 ~~to:~~

8 ~~(A) whether medication is self-administered or whether assistance is required from~~  
9 ~~staff;~~

10 ~~(B) special dietary instructions, if any; and;~~

11 ~~(C) any physical or mental limitations.~~

12 ~~(ii) a description of the services which the facility will provide to meet the needs identified in the~~  
13 ~~comprehensive assessment.~~

14 ~~107(3)(b) *Care Plan Modifications.* The resident may request a modification of the services identified~~  
15 ~~in the care plan at any time.~~

16 ~~107(3)(c) *Reassessments.* The resident shall be reassessed yearly or more frequently, if necessary,~~  
17 ~~to address significant changes in the resident's physical, behavioral, cognitive and functional~~  
18 ~~condition and identify the services that the facility shall provide to address the resident's~~  
19 ~~changing needs. The care plan shall be updated to reflect the results of the reassessment.~~

20 ~~107(3)(d) *External Services.* If the resident is receiving personal care and/or protective oversight~~  
21 ~~services from external services provider(s), the facility shall coordinate and document in the~~  
22 ~~care plan the services that are to be provided by the external services provider(s) as well as the~~  
23 ~~services to be provided by the facility to ensure that the resident needs are met.~~

24 ~~1.107(4) **Medication**~~

25 ~~107(4)(a) *Personal Medication*~~

26 ~~(i) All personal medication is the property of the resident and no resident shall be required to~~  
27 ~~surrender the right to possess or self-administer any personal medication, except as~~  
28 ~~otherwise specified in the care plan of a resident of a facility which is licensed to provide~~  
29 ~~services specifically for the mentally ill or if a physician or other authorized medical~~  
30 ~~practitioner has determined that the resident lacks the decisional capacity to possess or~~  
31 ~~administer such medication safely.~~

32 ~~(ii) Personal medication shall be returned to the resident or resident's legal representative,~~  
33 ~~upon discharge or death, except that return of medication to the resident may be~~  
34 ~~withheld if specified in the care plan of a resident of a facility which is licensed to~~  
35 ~~provide services specifically for the mentally ill or if a physician or other authorized~~  
36 ~~medical practitioner has determined that the resident lacks the decisional capacity to~~  
37 ~~possess or administer such medication safely. The return of medication shall be~~  
38 ~~documented by the facility.~~

39 ~~(iii) Notwithstanding the provisions of Section 107 (4)(a)(ii), if donated by the resident or the~~  
40 ~~resident's next of kin, the facility may return to a pharmacist unused medications in~~  
41 ~~accordance with state laws, including Section 12-22-133, C.R.S (2005). For purposes of~~

1 this paragraph, unused medications means prescription medications that are not  
2 controlled substances. ~~[Eff. 01/30/2007]~~

3 ~~407(4)(b) — Misuse of Medication~~

4 ~~(i) Misuse or inappropriate use of known medications for persons who are self-administering~~  
5 ~~shall be reported to the resident's physician or other authorized practitioner.~~

6 ~~(ii) No resident shall be allowed to take another's medication nor shall staff be allowed to give~~  
7 ~~one resident's medication to another resident.~~

8 ~~(iii) Medication which has a specific expiration date shall not be administered after that date~~  
9 ~~and shall be disposed of appropriately.~~

10 ~~407(4)(c) — Labeling~~

11 ~~(i) Medications shall be labeled with the resident's full name and pursuant to Article 22 of Title~~  
12 ~~12. This does not apply to medications that are self-administered by and in the~~  
13 ~~possession of the resident.~~

14 ~~(ii) Any medication container which has a detached, excessively soiled or damaged label, shall~~  
15 ~~be returned to the issuing pharmacy for relabeling or disposed of appropriately.~~

16 ~~407(4)(d) — Storage. All medication shall be stored in a manner that ensures the safety of the residents.~~

17 ~~(i) Central location~~

18 ~~(A) Medication which is kept in a central location, including refrigerators, shall be kept~~  
19 ~~under lock and shall be stored in separate or compartmentalized packages,~~  
20 ~~containers, or shelves, for each resident in order to prevent intermingling of~~  
21 ~~medication.~~

22 ~~(B) Residents shall not have access to medication which is kept in a central location.~~

23 ~~(ii) Refrigeration. Medications which require refrigeration shall be stored separately in locked~~  
24 ~~containers in the refrigerator. If medication is stored in a refrigerator dedicated to that~~  
25 ~~purpose, and the refrigerator is in a locked room, then the medications do not need to~~  
26 ~~be stored in locked containers.~~

27 ~~(iii) Bulk Quantities. Prescription and over-the-counter medication shall not be kept in stock or~~  
28 ~~bulk quantities, unless such medication is administered by a licensed medical~~  
29 ~~practitioner.~~

30 ~~4.107(5) — **Administration of Medication and Treatment**~~

31 ~~407(5)(a) — Qualified Medication Administration Staff. Qualified medication administration staff~~  
32 ~~members may administer or assist the resident in administration of medication.~~

33 ~~407(5)(b) — Medication Administration Record~~

34 ~~(i) For residents whose medications are monitored or administered by the facility staff, a current~~  
35 ~~record shall be maintained of the resident's medications including name of drug,~~  
36 ~~dosage, route of administration of medication and directions for administration of~~  
37 ~~medication.~~

1                   (ii) ~~The administration of medication shall be documented at the time of administration.~~

2                   ~~107(5)(c) — Written Orders~~

3                   ~~(i) The facility shall only administer medications upon the written order of a licensed physician~~  
4                   ~~or other authorized practitioner.~~

5                   ~~(ii) If the facility assists the resident with the administration of one or more medications and the~~  
6                   ~~resident also self-administers the same or other medication, the written order shall~~  
7                   ~~specify that such self-administration is authorized.~~

8                   ~~107(5)(d) — Telephone Orders~~

9                   ~~(i) Only a licensed nurse may accept telephone orders for medication from a physician or other~~  
10                   ~~authorized practitioner.~~

11                   ~~(ii) All telephone orders shall be evidenced by a written and signed order within fourteen (14)~~  
12                   ~~days and documented in resident's record and the facility's medical administration~~  
13                   ~~record.~~

14                   ~~107(5)(e) — Compliance with Physician Orders~~

15                   ~~(i) This applies to medications and treatment which do not conflict with state law and~~  
16                   ~~regulations pertaining to assisted living residences and which are within the scope of~~  
17                   ~~services provided by the facility, as outlined in the resident agreement or the house~~  
18                   ~~rules.~~

19                   ~~(ii) The facility shall be responsible for complying with physician orders, associated with the~~  
20                   ~~administration of medication or treatment, unless the resident self-administers such~~  
21                   ~~medication or treatment. The facility shall implement a system that:~~

22                   ~~(A) Obtains clarification from the physician, as necessary and documents that the~~  
23                   ~~physician:~~

24                   ~~(I) has been asked whether refusal of the medication or treatment should result~~  
25                   ~~in physician notification.~~

26                   ~~(II) has been notified, where such notification is appropriate. Documentation of~~  
27                   ~~such notification shall be made in the medication administration record~~  
28                   ~~or in the progress notes.~~

29                   ~~(B) Coordinates care with external providers or accepts responsibility to perform the~~  
30                   ~~care using facility staff.~~

31                   ~~(C) Trains staff regarding the parameters of the ordered care as appropriate.~~

32                   ~~(D) documents delivery of the care, including refusal by the resident of the medication~~  
33                   ~~or treatment.~~

34                   ~~107(5)(f) — Drugs Used to Affect or Modify Behavior~~

35                   ~~(i) Any drugs used to affect or modify behavior, including psychotropic drugs may not be~~  
36                   ~~administered by unlicensed persons as a "PRN" or "as needed" medication, except:~~

1 ~~(A) in those residential treatment facilities which are licensed to provide services for the~~  
2 ~~mentally ill, or~~

3 ~~(B) where a resident understands the purpose of the medication, is capable of~~  
4 ~~requesting the drug of his or her own volition and the facility has documentation~~  
5 ~~from a licensed medical professional that the use of such drug in this manner is~~  
6 ~~appropriate.~~

7 ~~407(5)(g) Oxygen . Residents may administer oxygen, and staff shall assist with the administration as~~  
8 ~~needed, when prescribed by a physician and if the facility follows appropriate safety~~  
9 ~~requirements regarding oxygen herein.~~

10 ~~(i) General~~

11 ~~(A) Oxygen tanks shall be secured upright at all times to prevent falling over and~~  
12 ~~secured in a manner to prevent tanks from being dropped or from striking~~  
13 ~~violently against each other.~~

14 ~~(B) Tank valves shall be closed except when in use.~~

15 ~~(C) Transferring oxygen from one container to another shall be conducted in a well-~~  
16 ~~ventilated room with the door shut. Transfer shall be conducted by a trained~~  
17 ~~staff member or by the resident for whom the oxygen is being transferred, if the~~  
18 ~~resident is capable of performing this task safely. When the transfer is being~~  
19 ~~conducted, no resident, except for a resident conducting such transfer, shall be~~  
20 ~~present in the room. Tanks and other oxygen containers shall not be exposed~~  
21 ~~to electrical sparks, cigarettes or open flames.~~

22 ~~(D) Tanks shall not be placed against electrical panels or live electrical cords where the~~  
23 ~~cylinder can become part of an electric circuit.~~

24 ~~(ii) Handling~~

25 ~~(A) Tanks shall not be rolled on their side or dragged.~~

26 ~~(B) Smoking shall be prohibited in rooms where oxygen is used. Rooms in which~~  
27 ~~oxygen is used shall be posted with a conspicuous "No Smoking" sign.~~

28 ~~(iii) Storage~~

29 ~~(A) Smoking shall be prohibited in rooms where oxygen is stored and such rooms shall~~  
30 ~~be posted with a conspicuous "No Smoking" sign.~~

31 ~~(B) Tanks shall not be stored near radiators or other heat sources. If stored outdoors,~~  
32 ~~tanks shall be protected from weather extremes and damp ground to prevent~~  
33 ~~corrosion.~~

34 ~~**1.108 SECURED ENVIRONMENT**~~

35 ~~Facilities choosing to operate a secured environment must comply with the regulations contained in this section~~  
36 ~~as well as the other provisions within these regulations.~~

37 ~~1.108(1) **Disclosure to Residents.** A facility that operates a secured environment shall disclose to the~~  
38 ~~resident and the resident's legal representative, if applicable, prior to the resident's admission to the~~  
39 ~~facility, that the facility operates a secured environment. The disclosure shall include information about~~



1 the types of resident diagnoses or behaviors that the facility serves and for which staff of the secured  
2 environment is trained to provide services.

3 ~~1.108(2) **Resident Rights.** The resident who believes that he or she has been inappropriately admitted to the~~  
4 ~~secured environment may request the assistance of the facility in contacting the state and local~~  
5 ~~ombudsman and the resident's legal representative. Upon such request the facility shall assist the~~  
6 ~~resident in making such contact.~~

7 ~~1.108(3) **Who May be Admitted to the Secured Environment**~~

8 ~~108(3)(a) **Needs Can be Met.** Only those residents who need a secured environment placement and~~  
9 ~~whose needs can be met by the facility, as determined by an assessment, may be admitted.~~  
10 ~~Upon completion of the assessment, a resident who has been determined to be a danger to self~~  
11 ~~or others shall not be admitted to the secured environment.~~

12 ~~108(3)(b) **Legal Authority/Voluntary Admission.** A resident shall not be admitted to a secured~~  
13 ~~environment unless legal authority for admitting the resident has been established by~~  
14 ~~guardianship, court order, medical durable power of attorney, health care proxy or other means~~  
15 ~~allowed by Colorado law. However, a resident may voluntarily be admitted or may remain in a~~  
16 ~~secured environment if his or her egress is not restricted.~~

17 ~~108(3)(c) **Mentally Ill.** Facilities that serve residents who are mentally ill shall not admit such residents~~  
18 ~~into a secured environment unless there is no less restrictive alternative and unless they are~~  
19 ~~otherwise in compliance with the requirements of Article 10 of Title 27, Colorado Revised~~  
20 ~~Statutes.~~

21 ~~108(3)(d) **Developmentally Disabled.** Facilities that serve residents with developmental disabilities as~~  
22 ~~defined in Article 10.5 of Title 27, Colorado Revised Statutes shall not admit such residents into~~  
23 ~~a secured environment, unless the facility is in compliance with the requirements of such article.~~

24 ~~1.108(4) **Secured Environment Assessments and Reassessments**~~

25 ~~108(4)(a) Prior to admission, there shall be an assessment of the resident that evaluates the~~  
26 ~~appropriateness of placement in a secured environment. The assessment shall include written~~  
27 ~~findings and their basis regarding admission to the secured environment and an evaluation of~~  
28 ~~less restrictive alternatives.~~

29 ~~108(4)(b) Reassessments must be completed within 10 days of a significant change in the medical or~~  
30 ~~physical condition of the resident that warrants intervention or different care needs, or when the~~  
31 ~~resident becomes a danger to self or others, to determine whether the resident's stay in the~~  
32 ~~secured environment is still appropriate.~~

33 ~~108(4)(c) The assessment and reassessment shall be completed by a qualified professional such as~~  
34 ~~the resident's physician, a social worker, physician's assistant or nurse practitioner. If the~~  
35 ~~qualified professional is a member of the facility staff or has been hired by the facility to conduct~~  
36 ~~the evaluation, the qualified professional shall consult with the resident's physician or other~~  
37 ~~independent person qualified to review the care needs of resident.~~

38 ~~1.108(5) **Documentation in the Resident Record.** The following shall be documented in the resident's~~  
39 ~~record:~~

40 ~~108(5)(a) The legal authority for admission.~~

41 ~~108(5)(b) The assessment.~~

1           ~~108(5)(c) The reassessment(s).~~

2   ~~1.108(6) **Staffing**~~

3           ~~108(6)(a) The facility shall provide a sufficient number of trained staff members to meet the needs of~~  
4           ~~the residents in the secured environment. In addition to the requirements set forth in Section~~  
5           ~~1.104 (4)(a) (iii) there shall always be at least one trained staff member in attendance in the~~  
6           ~~secured environment at all times.~~

7   ~~1.108(7) **Family Council**~~

8           ~~108(7)(a) Facilities with secured environments shall establish a forum for family members of residents~~  
9           ~~in secured environments to voice suggestions, concerns and grievances.~~

10          ~~108(7)(b) The forum shall allow families to meet with the administrator and a staff representative to~~  
11          ~~make recommendations concerning facility policies, grievances, incidents, and other matters of~~  
12          ~~concern to the residents. Staff shall respond to these suggestions in writing prior to the next~~  
13          ~~regularly scheduled meeting.~~

14          ~~108(7)(c) The forum shall be offered at least quarterly and may be held in conjunction with resident~~  
15          ~~house or council meetings. Families shall be given the opportunity to meet with facility staff~~  
16          ~~without residents present, upon request. The forum shall be scheduled at a time that reasonably~~  
17          ~~accommodates family participation and schedules.~~

18   ~~1.108(8) **Discharge**~~

19          ~~108(8)(a) A facility must give at least 30 days written notice to the resident and the resident's legal~~  
20          ~~representative when moving a resident out of a secured environment, unless the move is made~~  
21          ~~at the request of, or voluntarily by, the person who is legally responsible for the resident or in~~  
22          ~~accordance with the requirements of Section 1.105(6)(b) of these regulations.~~

23   ~~1.108(9) **Physical Plant Requirements**~~

24          ~~108(9)(a) Reserved~~

25          ~~108(9)(b) **Egress Alert Systems and Devices.** Egress alert systems and devices (such as~~  
26          ~~Wanderguard) shall be arranged to sound a proximity alarm only, and shall not lock any door~~  
27          ~~within a means of egress.~~

28          ~~108(9)(c) **Secure Outdoor Area**~~

29                  ~~(i) In addition to the interior common areas required by this regulation, the facility shall provide~~  
30                  ~~a safe and secure outdoor area for the use of residents year round.~~

31                  ~~(ii) Fencing or other enclosures~~

32                          ~~(A) Fencing or other enclosures that prevent elopement and protect the safety and~~  
33                          ~~security of the residents shall be installed around secure outdoor areas.~~

34                          ~~(B) Where a locked outdoor fence gate restricts access to the public way, all staff must~~  
35                          ~~carry gate lock keys on their person at all times while on duty.~~

36                  ~~(iii) In facilities establishing a secured environment on or after June 1, 2004, the facility shall~~  
37                  ~~ensure that residents are able to access the secure outdoor area independently.~~

1 ~~1.109 DIETARY AND DINING SERVICES~~

2 ~~1.109(1) **General.** Reserved.~~

3 ~~1.109(2) Food Service Sanitation~~

4 ~~109(2)(a) *Facilities with Less than 20 Beds*~~

5 ~~(i) Food shall be prepared, handled and stored in a sanitary manner, so that it is free from~~  
6 ~~spoilage, filth, or other contamination, and shall be safe for human consumption.~~

7 ~~(ii) Hazardous materials shall not be stored with food supplies.~~

8 ~~109(2)(b) *Facilities with 20 Beds or More.* Facilities licensed for 20 beds or more shall comply with the~~  
9 ~~Department's March 1, 2013 regulations on Colorado Retail Food Establishments at 6 CCR~~  
10 ~~1010-2.~~

11 ~~1.109(3) **Meals and Snacks**~~

12 ~~109(3)(a) *Meals*~~

13 ~~(i) At least three nutritionally balanced meals in adequate portions, using a variety of foods shall~~  
14 ~~be made available, either directly or indirectly through the resident agreement, at~~  
15 ~~regular times daily.~~

16 ~~(ii) In the event the meal provided is unpalatable, a substitute shall be provided.~~

17 ~~109(3)(b) *Snacks*~~

18 ~~(i) Between meal snacks of nourishing quality shall be available.~~

19 ~~1.109(4) **Menus**~~

20 ~~109(4)(a) Menus shall vary daily and shall be adjusted for seasonal changes and holidays.~~

21 ~~109(4)(b) Weekly menus shall be available for review by residents in advance of the day of preparation.~~

22 ~~109(4)(c) Residents shall be encouraged to participate in planning and in making suggestions as to~~  
23 ~~menus and the facility shall make reasonable efforts to accommodate such suggestions.~~

24 ~~1.109(5) **Food Supply**~~

25 ~~109(5)(a) There shall be enough food on hand to prepare three nutritionally balanced meals for three~~  
26 ~~days.~~

27 ~~1.109(6) **Therapeutic Diets.** A facility may provide therapeutic diets to residents. However, there shall be no~~  
28 ~~requirement that facilities provide this service. If the facility provides therapeutic diets, the following~~  
29 ~~requirements shall apply.~~

30 ~~109(6)(a) Therapeutic diets shall be prescribed by a physician.~~

31 ~~109(6)(b) If the facility provides therapeutic diets, the facility shall implement a system in order to~~  
32 ~~ensure that the proper diet is provided.~~

33 ~~1.109(7) **Dining Area/Services**~~

1 ~~109(7)(a) *Dining Area.* A designated dining area accessible by all residents shall be provided in a~~  
2 ~~separate area or areas capable of comfortably seating all residents.~~

3 ~~109(7)(b) *Exclusion from Dining Area*~~

4 ~~(i) No resident or group of residents shall be excluded from the designated dining area during~~  
5 ~~meal time unless otherwise indicated in the resident's care plan.~~

6 ~~(ii) Meals shall not be routinely served in resident rooms unless otherwise indicated in the~~  
7 ~~resident's care plan.~~

8 ~~1.109(8) **Dishwashing** Dishwashing shall be conducted in a safe and sanitary manner. A two-compartment~~  
9 ~~sink or a single-compartment sink used in conjunction with a domestic dishwashing machine shall be~~  
10 ~~required. Dish-washing machines shall be used in accordance with manufacturer's instructions.~~

### 11 ~~1.110 LAUNDRY SERVICES~~

12 ~~1.110(1) **Provision of Laundry Services.** The facility shall make laundry services available in one of the~~  
13 ~~following ways, and in accordance with these regulations:~~

14 ~~110(1)(a) providing laundry service for the residents;~~

15 ~~110(1)(b) providing access to laundry equipment so that the residents may do their own laundry; or~~

16 ~~110(1)(c) by making arrangements with a commercial laundry.~~

17 ~~1.110(2) **Separation of Clean/Soiled Laundry.** Separate storage for soiled linen and clothing shall be~~  
18 ~~provided.~~

19 ~~1.110(3) **Supply of Clean Bed and Bath Linens**~~

20 ~~110(3)(a) Facilities which provide bed and bath linens, shall provide such linens at least weekly or more~~  
21 ~~frequently in accordance with residents' needs. Clean blankets shall also be provided as~~  
22 ~~necessary.~~

### 23 ~~1.111 INTERIOR AND EXTERIOR ENVIRONMENT.~~

24 ~~The facility shall provide a clean, sanitary environment, free of hazards to health and safety.~~

25 ~~1.111(1) **Interior Environment** All interior areas including attics, basements, and garages shall be safely~~  
26 ~~maintained.~~

27 ~~111(1)(a) Potential Safety Hazards~~

28 ~~(i) Cooking. Cooking shall not be allowed in bedrooms. Residents may have access to an~~  
29 ~~alternative area where minimal food preparation such as heating or reheating food or~~  
30 ~~making hot beverages is allowed. In those facilities which make housing available to~~  
31 ~~residents through apartments rather than resident bedrooms, cooking may be allowed~~  
32 ~~in accordance with house rules. Only residents who are capable of cooking safely shall~~  
33 ~~be allowed to do so. The facility shall document such assessment.~~

34 ~~(ii) Electrical Equipment~~

35 ~~(A) Extension cords. Extension cords and multiple use electrical sockets in resident~~  
36 ~~rooms shall be limited to one per resident.~~

1 ~~(B) Power strips. Power strips are permitted throughout the facility with the following~~  
2 ~~limitations:~~

3 ~~(I) The power strip must be provided with overcurrent protection in the form of~~  
4 ~~a circuit breaker or fuse.~~

5 ~~(II) The power strip must have a UL (underwriters laboratories) label.~~

6 ~~(III) The power strips cannot be linked together when used.~~

7 ~~(IV) Extension cords cannot be plugged into the power strip.~~

8 ~~(V) Power strips can have no more than six receptacles.~~

9 ~~(VI) The use will be restricted to one power strip per resident per bedroom.~~

10 ~~(C) Personal appliances. Personal appliances shall be allowed in resident bedrooms~~  
11 ~~only under the following circumstances:~~

12 ~~(I) such appliances are not used for cooking;~~

13 ~~(II) such appliances do not require use of an extension cord or multiple use~~  
14 ~~electrical sockets;~~

15 ~~(III) such appliance is in good repair as evaluated by the administrator; and~~

16 ~~(IV) such appliance is used by a resident who the administrator believes to be~~  
17 ~~capable of appropriate and safe use. The facility shall document such~~  
18 ~~assessment.~~

19 ~~(D) Electric blanket/Heating pad. In no event shall a heating pad or electric blanket be~~  
20 ~~used in a resident room without either staff supervision or documentation that~~  
21 ~~the administrator believes the resident to be capable of appropriate and safe~~  
22 ~~use.~~

23 ~~(iii) Accumulation of refuse. All interior areas including attics, basements, and garages shall~~  
24 ~~be free from accumulations of extraneous materials such as refuse, discarded furniture,~~  
25 ~~and old newspapers.~~

26 ~~(iv) Combustibles. Combustibles such as cleaning rags and compounds shall be kept in~~  
27 ~~closed metal containers.~~

28 ~~(v) Portable Heaters. Kerosene (fuel fired) heaters shall not be permitted within the facility.~~  
29 ~~Electric or space heaters shall not be permitted within resident bedrooms and may only~~  
30 ~~be used in common areas of the facility if owned, provided, and maintained by the~~  
31 ~~facility.~~

32 ~~(vi) Fire resistant wastebaskets. Enclosed areas on the premises where smoking is allowed~~  
33 ~~shall be equipped with fire resistant wastebaskets. In addition, resident rooms occupied~~  
34 ~~by smokers, even when house rules prohibit smoking in resident rooms, shall have fire~~  
35 ~~resistant wastebaskets.~~

36 ~~411(1)(b) Potential Infection/Injury Hazards~~

1 (i) ~~Insect/rodent infestations.~~ The facility shall be maintained free of infestations of insects  
2 and rodents and all openings to the outside shall be screened.

3 (ii) ~~Storage of hazardous substances.~~ Solutions, cleaning compounds and hazardous  
4 substances shall be labeled and stored in a safe manner.

5 ~~411(1)(c) Heating, Lighting, Ventilation~~

6 (i) ~~Each room in the facility shall be installed with heat, lighting and ventilation sufficient to~~  
7 ~~accommodate its use and the needs of the residents.~~

8 (ii) ~~All interior and exterior steps and interior hallways and corridors shall be adequately~~  
9 ~~illuminated.~~

10 ~~411(1)(d) Water~~

11 (i) ~~Potable water.~~ There shall be an adequate supply of safe, potable water available for  
12 domestic purposes.

13 (ii) ~~Hot water.~~

14 (A) ~~Hot water shall not measure more than 120 degrees Fahrenheit at taps which are~~  
15 ~~accessible by residents.~~

16 (B) ~~There shall be a sufficient supply of hot water during peak usage demands.~~

17 ~~411(1)(e) Telephone~~

18 (i) ~~There shall be a telephone available for regular telephone usage by residents and staff.~~

19 ~~1.111(2) Exterior Environment~~

20 ~~411(2)(a) Potential Safety Hazards~~

21 (i) ~~Maintenance of the grounds.~~ Exterior premises shall be kept free of high weeds and grass,  
22 garbage and rubbish. Grounds shall be maintained to prevent hazardous slopes, holes,  
23 or other potential hazards.

24 (ii) ~~Staircases.~~ Exterior staircases of three (3) or more steps and porches shall have  
25 handrails. Staircases and porches shall be kept in good repair.

26 ~~1.112 PHYSICAL PLANT, FURNISHINGS, EQUIPMENT AND SUPPLIES~~

27 ~~1.112(1) Compliance with State and Local Laws/Codes.~~ Facilities shall be in compliance with all  
28 applicable:

29 ~~412(1)(a) Local zoning, housing, fire and sanitary codes and ordinances of the city, city and county, or~~  
30 ~~county where the facility is situated to the extent that such codes are consistent with the federal~~  
31 ~~"Fair Housing Amendment Act of 1988", as amended, 42 U.S.C., sec. 3601, et seq.~~

32 ~~412(1)(b) State and local plumbing laws and regulations.~~ Plumbing shall be maintained in good repair,  
33 free of the possibility of backflow and backsiphonage, through the use of vacuum breakers and  
34 fixed air gaps, in accordance with state and local codes.

1 412(1)(c) ~~Sewage disposal requirements. Sewage shall be discharged into a public sewer system or~~  
2 ~~disposed of in a manner approved by the local health department, or local laws if no local health~~  
3 ~~department exists, and the Colorado Water Quality Control Commission.~~

4 ~~1.112(2) **Common Areas**~~

5 412(2)(a) ~~Common areas sufficient to reasonably accommodate all residents shall be provided.~~

6 412(2)(b) ~~All common areas and dining areas shall be accessible to residents utilizing an auxiliary aid~~  
7 ~~without requiring transfer from a wheelchair to walker or from a wheelchair to a regular chair for~~  
8 ~~use in dining area. All doors to these rooms requiring access be at least 32 inches wide.~~

9 412(2)(c) ~~A minimum of two entryways shall be provided for access and egress from the building by~~  
10 ~~residents utilizing a wheelchair if the facility is occupied by one or more residents utilizing a~~  
11 ~~wheelchair.~~

12 ~~1.112(3) **Bedrooms and Occupancy Ratios**~~

13 412(3)(a) ~~Bedroom Assignment. No resident shall be assigned to any room other than a regularly~~  
14 ~~designated bedroom.~~

15 412(3)(b) ~~Occupancy Ratios. No more than two (2) residents shall occupy a bedroom. However,~~  
16 ~~facilities licensed prior to July 1, 1986 may have up to four (4) residents per room until either a~~  
17 ~~substantial remodeling or a change of ownership occurs.~~

18 412(3)(c) ~~Square Footage Requirements~~

19 (i) ~~On or after June 1, 2004, facilities applying for initial licensure, when such initial license is~~  
20 ~~not a change of ownership, shall have at least 100 square feet for single occupancy~~  
21 ~~bedrooms and 60 square feet per person for double occupancy bedrooms. Bathroom~~  
22 ~~areas and closets shall not be included in the determination of square footage.~~

23 (ii) ~~Single occupancy bedrooms shall have at least 100 square feet; double occupancy~~  
24 ~~bedrooms shall have at least 60 square feet per person. However, any facility licensed~~  
25 ~~prior to January 1, 1992 may have bedrooms of not less than 80 square feet for one~~  
26 ~~occupant until either substantial remodeling or a change of ownership occurs. Bathroom~~  
27 ~~areas shall not be included in the determination of square footage.~~

28 412(3)(d) ~~Storage Space. Each resident shall have storage facilities adequate for clothing and~~  
29 ~~personal articles such as a closet.~~

30 412(3)(e) ~~Windows. Each bedroom shall have at least one window of eight (8) square feet which shall~~  
31 ~~have opening capability. Any facility licensed prior to January 1, 1992 may have a window of~~  
32 ~~smaller dimensions until either a substantial remodeling or a change of ownership occurs.~~

33 412(3)(f) ~~Furnishings and Supplies~~

34 (i) ~~In facilities which provide furnishings for resident bedrooms pursuant to a resident~~  
35 ~~agreement, each resident bedroom shall be equipped as follows for each resident:~~

36 (A) ~~a comfortable, standard-sized bed equipped with a comfortable, clean mattress,~~  
37 ~~mattress protector and pad, and pillow. Rollaway type beds, cots, folding beds~~  
38 ~~or bunk beds shall not be permitted.~~

39 (B) ~~a standard-sized chair in good condition.~~

1                   ~~(C) a towel rack.~~

2   ~~1.112(4) **Bathrooms**~~

3           ~~112(4)(a) *Number of Bathrooms Per Resident.* There shall be at least one full bathroom for every six~~  
4           ~~(6) residents. A full bathroom shall consist of at least the following fixtures: toilet, handwashing~~  
5           ~~sink, toilet paper dispenser, mirror, tub or shower, and towel rack. However, any facility licensed~~  
6           ~~to provide services specifically for the mentally ill prior to January 1, 1992 may have one~~  
7           ~~bathroom for every eight (8) residents until either a substantial remodeling or a change of~~  
8           ~~ownership occurs.~~

9           ~~112(4)(b) *Bathroom Accessibility*~~

10           ~~(i) General. There shall be a bathroom on each floor having resident bedrooms which is~~  
11           ~~accessible without requiring access through an adjacent bedroom.~~

12           ~~(ii) Residents using auxiliary aids. In any facility which is occupied by one or more residents~~  
13           ~~utilizing an auxiliary aid, the facility shall provide at least one full bathroom as defined~~  
14           ~~herein with fixtures positioned so as to be fully accessible to any resident utilizing an~~  
15           ~~auxiliary aid.~~

16           ~~112(4)(c) *Fixtures*~~

17           ~~(i) Non-skid surfaces. Bathtubs and shower floors shall have non-skid surfaces.~~

18           ~~(ii) Grab bars. Grab bars shall be properly installed at each tub and shower, and adjacent to~~  
19           ~~each toilet in any facility which is occupied by one or more residents utilizing an~~  
20           ~~auxiliary aid or as otherwise indicated by the needs of the resident population.~~

21           ~~(iii) Toilet seats. Toilet seats shall be constructed of non-absorbent material and free of~~  
22           ~~cracks.~~

23           ~~112(4)(d) *Supplies*~~

24           ~~(i) Individualized supplies. The use of common personal care articles, including soap and~~  
25           ~~towels, is prohibited.~~

26           ~~(ii) Toilet paper. Toilet paper in a dispenser shall be available at all times in each bathroom of~~  
27           ~~the facility.~~

28           ~~(iii) Liquid soap and paper towels. Liquid soap and paper towels shall be available at all times~~  
29           ~~in the common bathrooms of the facility.~~

30   ~~**1.113 EMERGENCY EQUIPMENT**~~

31   ~~113(1) *First Aid.* First aid equipment shall be maintained on the premises in a readily available location and~~  
32   ~~staff shall be instructed in its use.~~

33   ~~113(2) *Telephone.* There shall be at least one telephone, not powered by household electrical current, in the~~  
34   ~~facility which may be used by staff, residents, and visitors at all times for use in emergencies. The~~  
35   ~~telephone numbers of police, fire, ambulance [9-1-1, if applicable] and poison control center telephone~~  
36   ~~numbers shall be readily accessible to staff.~~



1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**  
2 **Health Facilities and Emergency Medical Services Division**  
3 **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**  
4 **CHAPTER 7 - ASSISTED LIVING RESIDENCES**

5 **6 CCR 1011-1 Chap 07**

6 **Adopted by the Board of Health on \_\_\_\_\_, 2018. Effective \_\_\_\_\_, 2018.**  
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35 **SECTION 25 – SECURE ENVIRONMENT**

36

1 **SECTION 1 - STATUTORY AUTHORITY AND APPLICABILITY**

2 1.1 AUTHORITY TO ESTABLISH MINIMUM STANDARDS THROUGH REGULATION AND TO ADMINISTER AND ENFORCE  
3 SUCH REGULATIONS IS PROVIDED BY §§ 25-1.5-103, 25-27-101, AND 25-27-104, C.R.S.

4 1.2 ASSISTED LIVING RESIDENCES, AS DEFINED HEREIN, SHALL COMPLY WITH ALL APPLICABLE FEDERAL AND STATE  
5 STATUTES AND REGULATIONS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

6 (A) THIS CHAPTER 7.

7 (B) 6 CCR 1011-1, CHAPTER 2, PERTAINING TO GENERAL LICENSURE STANDARDS.

8 (C) 6 CCR 1011-1, CHAPTER 24 AND §§ 25-1.5-301 THROUGH 25-1.5-303 C.R.S, PERTAINING TO  
9 MEDICATION ADMINISTRATION.

10 (D) 6 CCR 1007-2, PART 1, REGULATIONS PERTAINING TO SOLID WASTE DISPOSAL SITES AND  
11 FACILITIES, SECTION 13, MEDICAL WASTE.

12 1.3 THIS REGULATION INCORPORATES BY REFERENCE (AS INDICATED WITHIN) MATERIAL ORIGINALLY PUBLISHED  
13 ELSEWHERE. SUCH INCORPORATION, HOWEVER, EXCLUDES LATER AMENDMENTS TO OR EDITIONS OF THE  
14 REFERENCED MATERIAL. PURSUANT TO §24-4-103 (12.5), C.R.S., THE HEALTH FACILITIES AND EMERGENCY  
15 MEDICAL SERVICES DIVISION OF THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
16 MAINTAINS COPIES OF THE INCORPORATED TEXTS IN THEIR ENTIRETY WHICH SHALL BE AVAILABLE FOR PUBLIC  
17 INSPECTION DURING REGULAR BUSINESS HOURS AT:

18 DIVISION DIRECTOR  
19 COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
20 HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION  
21 4300 CHERRY CREEK DRIVE SOUTH  
22 DENVER, COLORADO 80246-1530  
23 PHONE: (303) 692-2836

24 CERTIFIED COPIES OF MATERIAL WILL BE PROVIDED BY THE DIVISION, AT COST, UPON REQUEST. ADDITIONALLY,  
25 ANY MATERIAL THAT HAS BEEN INCORPORATED BY REFERENCE MAY BE EXAMINED IN ANY STATE PUBLICATIONS  
26 DEPOSITORY LIBRARY. COPIES OF THE INCORPORATED MATERIALS HAVE BEEN SENT TO THE STATE  
27 PUBLICATIONS DEPOSITORY AND DISTRIBUTION CENTER, AND ARE AVAILABLE FOR INTERLIBRARY LOAN.

28 **SECTION 2 – DEFINITIONS**

29 FOR PURPOSES OF THIS CHAPTER, THE FOLLOWING DEFINITIONS SHALL APPLY, UNLESS THE CONTEXT REQUIRES  
30 OTHERWISE:

31 "ABUSE" MEANS ANY OF THE FOLLOWING ACTS OR OMISSIONS:

32 THE NON-ACCIDENTAL INFLICTION OF BODILY INJURY, SERIOUS BODILY INJURY OR DEATH,

33 CONFINEMENT OR RESTRAINT THAT IS UNREASONABLE UNDER GENERALLY ACCEPTED CARETAKING STANDARDS,  
34 OR

35 SUBJECTION TO SEXUAL CONDUCT OR CONTACT THAT IS CLASSIFIED AS A CRIME.

36 "ADMINISTRATOR" MEANS A PERSON WHO IS RESPONSIBLE FOR THE OVERALL OPERATION, DAILY ADMINISTRATION,  
37 MANAGEMENT AND MAINTENANCE OF THE ASSISTED LIVING RESIDENCE. THE TERM "ADMINISTRATOR" IS SYNONYMOUS  
38 WITH "OPERATOR" AS THAT TERM IS USED IN TITLE 25, ARTICLE 27, PART 1.

1 "ACTIVITIES OF DAILY LIVING (ADLs)" MEANS THOSE PERSONAL FUNCTIONAL ACTIVITIES REQUIRED BY AN INDIVIDUAL FOR  
2 CONTINUED WELL-BEING, HEALTH AND SAFETY. AS USED IN THIS CHAPTER 7, ACTIVITIES OF DAILY LIVING INCLUDE, BUT  
3 ARE NOT LIMITED TO, ACCOMPANIMENT, EATING, DRESSING, GROOMING, BATHING, PERSONAL HYGIENE (HAIR CARE, NAIL  
4 CARE, MOUTH CARE, POSITIONING, SHAVING, SKIN CARE), MOBILITY (AMBULATION, POSITIONING, TRANSFER), ELIMINATION  
5 (TOILETING, BOWEL, BLADDER MANAGEMENT) AND RESPIRATORY CARE.

6 "ALTERNATIVE CARE FACILITY" MEANS AN ASSISTED LIVING RESIDENCE CERTIFIED BY THE COLORADO DEPARTMENT OF  
7 HEALTH CARE POLICY AND FINANCING TO RECEIVE MEDICAID REIMBURSEMENT FOR THE SERVICES PROVIDED PURSUANT  
8 TO 10 CCR 2505-10, SECTION 8.495.

9 "APPROPRIATELY SKILLED PROFESSIONAL" MEANS AN INDIVIDUAL THAT HAS THE NECESSARY QUALIFICATIONS AND/OR  
10 TRAINING TO PERFORM THE MEDICAL PROCEDURES PRESCRIBED BY A PRACTITIONER. THIS INCLUDES, BUT IS NOT  
11 LIMITED TO, REGISTERED NURSE, LICENSED PRACTICAL NURSE, PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST,  
12 RESPIRATORY THERAPIST, AND DIETITIAN.

13 "ASSISTED LIVING RESIDENCE" OR "ALR" MEANS:

14 A RESIDENTIAL FACILITY THAT MAKES AVAILABLE TO THREE OR MORE ADULTS NOT RELATED TO THE OWNER OF  
15 SUCH FACILITY, EITHER DIRECTLY OR INDIRECTLY THROUGH A RESIDENT AGREEMENT WITH THE RESIDENT, ROOM  
16 AND BOARD AND AT LEAST THE FOLLOWING SERVICES: PERSONAL SERVICES; PROTECTIVE OVERSIGHT; SOCIAL  
17 CARE DUE TO IMPAIRED CAPACITY TO LIVE INDEPENDENTLY; AND REGULAR SUPERVISION THAT SHALL BE  
18 AVAILABLE ON A TWENTY-FOUR-HOUR BASIS, BUT NOT TO THE EXTENT THAT REGULAR TWENTY-FOUR HOUR  
19 MEDICAL OR NURSING CARE IS REQUIRED, OR

20 A SUPPORTIVE LIVING PROGRAM RESIDENCE THAT, IN ADDITION TO THE CRITERIA SPECIFIED IN PARAGRAPH (A)  
21 ABOVE, IS CERTIFIED BY THE COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO ALSO  
22 PROVIDE HEALTH MAINTENANCE ACTIVITIES, BEHAVIORAL MANAGEMENT AND EDUCATION, INDEPENDENT LIVING  
23 SKILLS TRAINING AND OTHER RELATED SERVICES AS SET FORTH IN THE SUPPORTIVE LIVING PROGRAM  
24 REGULATIONS AT 10 CCR 2505-10, SECTION 8.515.

25 UNLESS OTHERWISE INDICATED, THE TERM "ASSISTED LIVING RESIDENCE" IS SYNONYMOUS WITH THE TERMS  
26 "HEALTH CARE ENTITY," "HEALTH FACILITY," OR "FACILITY" AS USED ELSEWHERE IN 6 CCR 1011-1, STANDARDS  
27 FOR HOSPITALS AND HEALTH FACILITIES.  
28

29 "AT-RISK PERSON" MEANS ANY PERSON WHO IS 70 YEARS OF AGE OR OLDER OR ANY PERSON WHO IS 18 YEARS OF AGE  
30 OR OLDER AND MEETS ONE OR MORE OF THE FOLLOWING CRITERIA:

31 IS IMPAIRED BY THE LOSS (OR PERMANENT LOSS OF USE) OF A HAND OR FOOT, BLINDNESS OR PERMANENT  
32 IMPAIRMENT OF VISION SUFFICIENT TO CONSTITUTE VIRTUAL BLINDNESS,

33 IS UNABLE TO WALK, SEE, HEAR OR SPEAK,

34 IS UNABLE TO BREATHE WITHOUT MECHANICAL ASSISTANCE,

35 IS A PERSON WITH AN INTELLECTUAL AND DEVELOPMENTAL DISABILITY AS DEFINED IN §25.5-10-202, `  
36 C.R.S.,

37 IS A PERSON WITH A MENTAL ILLNESS AS DEFINED IN §27-65-102(14), C.R.S.,

38 IS MENTALLY IMPAIRED AS DEFINED IN §24-34-501(1.3)(B)(II), C.R.S.,

39 IS BLIND AS DEFINED IN §26-2-103(3), C.R.S, OR

40 IS RECEIVING CARE AND TREATMENT FOR A DEVELOPMENTAL DISABILITY UNDER ARTICLE 10.5 OF TITLE 27,  
41 C.R.S.

1 AUXILIARY AID" MEANS ANY DEVICE USED BY PERSONS TO OVERCOME A PHYSICAL DISABILITY AND INCLUDES BUT IS NOT  
2 LIMITED TO A WHEELCHAIR, WALKER OR ORTHOPEDIC APPLIANCE.

3 "CARE PLAN" MEANS A WRITTEN DESCRIPTION IN LAY TERMINOLOGY OF THE FUNCTIONAL CAPABILITIES OF AN INDIVIDUAL,  
4 THE INDIVIDUAL'S NEED FOR PERSONAL ASSISTANCE, AND THE SERVICES TO BE PROVIDED BY THE FACILITY IN ORDER TO  
5 MEET THE INDIVIDUAL'S NEEDS . IN ORDER TO DELIVER PERSON-CENTERED CARE, THE CARE PLAN SHALL TAKE INTO  
6 ACCOUNT THE RESIDENT'S PREFERENCES AND DESIRED OUTCOMES. "CARE PLAN" MAY ALSO MEAN A SERVICE PLAN FOR  
7 THOSE FACILITIES WHICH ARE LICENSED TO PROVIDE SERVICES SPECIFICALLY FOR THE MENTALLY ILL.

8 "CARETAKER NEGLECT" MEANS NEGLECT THAT OCCURS WHEN ADEQUATE FOOD, CLOTHING, SHELTER, PSYCHOLOGICAL  
9 CARE, PHYSICAL CARE, MEDICAL CARE, HABILITATION, SUPERVISION OR ANY OTHER SERVICE NECESSARY FOR THE  
10 HEALTH OR SAFETY OF AN AT-RISK PERSON IS NOT SECURED FOR THAT PERSON OR IS NOT PROVIDED BY A CARETAKER IN  
11 A TIMELY MANNER AND WITH THE DEGREE OF CARE THAT A REASONABLE PERSON IN THE SAME SITUATION WOULD  
12 EXERCISE, OR A CARETAKER KNOWINGLY USES HARASSMENT, UNDUE INFLUENCE OR INTIMIDATION TO CREATE A HOSTILE  
13 OR FEARFUL ENVIRONMENT FOR AN AT-RISK PERSON.

14 "CERTIFIED NURSE MEDICATION AIDE (CNA-MED)" MEANS A CERTIFIED NURSE AIDE WHO MEETS THE QUALIFICATIONS  
15 SPECIFIED IN 3 CCR 716-1, CHAPTER 19 AND WHO IS CURRENTLY CERTIFIED AS A NURSE AIDE WITH MEDICATION AIDE  
16 AUTHORITY BY THE STATE BOARD OF NURSING.

17 "CONTROLLED SUBSTANCE" MEANS ANY MEDICATION THAT IS REGULATED AND CLASSIFIED BY THE CONTROLLED  
18 SUBSTANCES ACT AT 21 U.S.C., §812 AS BEING SCHEDULE II THROUGH V.

19 "DEFICIENCY" MEANS A FAILURE TO FULLY COMPLY WITH ANY STATUTORY AND/OR REGULATORY REQUIREMENTS  
20 APPLICABLE TO A LICENSED ASSISTED LIVING RESIDENCE.

21 "DEFICIENCY LIST" MEANS A LISTING OF DEFICIENCY CITATIONS WHICH CONTAINS A STATEMENT OF THE STATUTE OR  
22 REGULATION VIOLATED; AND A STATEMENT OF THE FINDINGS, WITH EVIDENCE TO SUPPORT THE DEFICIENCY.

23 "DEPARTMENT" MEANS THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT OR ITS DESIGNEE.

24 "DISPROPORTIONATE SHARE FACILITIES" MEANS FACILITIES THAT SERVE A DISPROPORTIONATE SHARE OF LOW INCOME  
25 RESIDENTS AS EVIDENCED BY HAVING QUALIFIED FOR FEDERAL OR STATE LOW INCOME HOUSING ASSISTANCE; PLANNING  
26 TO SERVE LOW INCOME RESIDENTS WITH INCOMES AT OR BELOW 80 PERCENT OF THE AREA MEDIAN INCOME; AND  
27 SUBMITTING EVIDENCE OF SUCH QUALIFICATION, AS REQUIRED BY THE DEPARTMENT.

28 "DISCHARGE" MEANS TERMINATION OF THE RESIDENT AGREEMENT AND THE RESIDENT'S PERMANENT DEPARTURE FROM  
29 THE FACILITY.

30 "EGRESS ALERT DEVICE" MEANS A DEVICE THAT IS AFFIXED TO A STRUCTURE OR WORN BY A RESIDENT THAT TRIGGERS A  
31 VISUAL OR AUDITORY ALARM WHEN A RESIDENT LEAVES THE BUILDING OR GROUNDS. SUCH DEVICES SHALL ONLY BE  
32 USED TO ASSIST STAFF IN REDIRECTING RESIDENTS WHEN ALERTED AS OPPOSED TO RESTRICTING THE FREE MOVEMENT  
33 OF RESIDENTS.

34 "EMERGENCY CONTACT" MEANS ONE OF THE INDIVIDUALS IDENTIFIED ON THE FACE SHEET OF THE RESIDENT RECORD TO  
35 BE CONTACTED IN THE CASE OF AN EMERGENCY.

36 "EXPLOITATION" MEANS AN ACT OR OMISSION COMMITTED BY A PERSON WHO:

37 USES DECEPTION, HARASSMENT, INTIMIDATION OR UNDUE INFLUENCE TO PERMANENTLY OR TEMPORARILY  
38 DEPRIVE AN AT-RISK PERSON OF THE USE, BENEFIT OR POSSESSION OF ANYTHING OF VALUE;

39 EMPLOYS THE SERVICES OF A THIRD PARTY FOR THE PROFIT OR ADVANTAGE OF THE PERSON OR ANOTHER  
40 PERSON TO THE DETRIMENT OF THE AT-RISK PERSON;

1 FORCES, COMPELS, COERCES OR ENTICES AN AT-RISK PERSON TO PERFORM SERVICES FOR THE PROFIT OR  
2 ADVANTAGE OF THE PERSON OR ANOTHER PERSON AGAINST THE WILL OF THE AT-RISK PERSON; OR

3 MISUSES THE PROPERTY OF AN AT-RISK PERSON IN A MANNER THAT ADVERSELY AFFECTS THE AT-RISK  
4 PERSON'S ABILITY TO RECEIVE HEALTH CARE, HEALTH CARE BENEFITS, OR TO PAY BILLS FOR BASIC NEEDS OR  
5 OBLIGATIONS.

6 "EXTERNAL SERVICES" MEANS PERSONAL SERVICES AND PROTECTIVE OVERSIGHT SERVICES PROVIDED TO A RESIDENT  
7 BY FAMILY MEMBERS OR HEALTHCARE PROFESSIONALS WHO ARE NOT EMPLOYEES, CONTRACTORS, OR VOLUNTEERS OF  
8 THE FACILITY. EXTERNAL SERVICE PROVIDERS INCLUDE, BUT ARE NOT LIMITED TO, HOME HEALTH, HOSPICE, PRIVATE PAY  
9 CAREGIVERS AND FAMILY MEMBERS.

10 "HIGH MEDICAID UTILIZATION FACILITY" MEANS A FACILITY THAT HAS NO LESS THAN 35 PERCENT OF ITS LICENSED BEDS  
11 OCCUPIED BY MEDICAID ENROLLEES AS INDICATED BY COMPLETE AND ACCURATE FISCAL YEAR CLAIMS DATA; AND  
12 SERVED MEDICAID CLIENTS AND SUBMITTED CLAIMS DATA FOR A MINIMUM OF NINE (9) MONTHS OF THE RELEVANT FISCAL  
13 YEAR.

14 "HOSPICE CARE" MEANS A COMPREHENSIVE SET OF SERVICES IDENTIFIED AND COORDINATED BY AN EXTERNAL SERVICE  
15 PROVIDER IN COLLABORATION WITH THE RESIDENT, FAMILY AND ASSISTED LIVING RESIDENCE TO PROVIDE FOR THE  
16 PHYSICAL, PSYCHOSOCIAL, SPIRITUAL AND EMOTIONAL NEEDS OF A TERMINALLY ILL RESIDENT AS DELINEATED IN A CARE  
17 PLAN. HOSPICE CARE SERVICES SHALL BE AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK."

18 "LICENSEE" MEANS THE PERSON OR ENTITY TO WHOM A LICENSE IS ISSUED BY THE DEPARTMENT PURSUANT TO §25-1.5-  
19 103 (1) (A), C.R.S., TO OPERATE AN ASSISTED LIVING RESIDENCE WITHIN THE DEFINITION HEREIN PROVIDED. FOR THE  
20 PURPOSES OF THIS CHAPTER 7, THE TERM "LICENSEE" IS SYNONYMOUS WITH THE TERM "OWNER."  
21

22 "MEDICAL WASTE" MEANS WASTE THAT MAY CONTAIN DISEASE CAUSING ORGANISMS OR CHEMICAL THAT PRESENT  
23 POTENTIAL HEALTH HAZARDS SUCH AS DISCARDED SURGICAL GLOVES, SHARPS, BLOOD, HUMAN TISSUE,  
24 PHARMACEUTICAL WASTE AND LABORATORY WASTE.  
25

26 "MEDICATION ADMINISTRATION" MEANS ASSISTING A PERSON IN THE INGESTION, APPLICATION, INHALATION, OR, USING  
27 UNIVERSAL PRECAUTIONS, RECTAL OR VAGINAL INSERTION OF MEDICATION, INCLUDING PRESCRIPTION DRUGS,  
28 ACCORDING TO THE LEGIBLY WRITTEN OR PRINTED DIRECTIONS OF THE ATTENDING PHYSICIAN OR OTHER AUTHORIZED  
29 PRACTITIONER OR AS WRITTEN ON THE PRESCRIPTION LABEL AND MAKING A WRITTEN RECORD THEREOF WITH REGARD TO  
30 EACH MEDICATION ADMINISTERED, INCLUDING THE TIME AND THE AMOUNT TAKEN.

31 "MEDICATION ADMINISTRATION" DOES NOT INCLUDE JUDGMENT, EVALUATION, OR ASSESSMENTS OR THE INJECTIONS OF  
32 MEDICATION, THE MONITORING OF MEDICATION, OR THE SELF-ADMINISTRATION OF MEDICATION, INCLUDING  
33 PRESCRIPTION DRUGS AND INCLUDING THE SELF-INJECTION OF MEDICATION BY THE RESIDENT.

34 "MEDICATION MONITORING" MEANS:

35 (A) REMINDING THE RESIDENT TO TAKE MEDICATION(S) AT THE TIME ORDERED BY THE AUTHORIZED  
36 PRACTITIONER;

37 (B) HANDING A RESIDENT A CONTAINER OR PACKAGE OF MEDICATION THAT WAS LAWFULLY LABELED  
38 PREVIOUSLY BY AN AUTHORIZED PRACTITIONER FOR THE INDIVIDUAL RESIDENT;

39 (C) VISUAL OBSERVATION OF THE RESIDENT TO ENSURE COMPLIANCE;

40 (D) MAKING A WRITTEN RECORD OF THE RESIDENT'S COMPLIANCE WITH REGARD TO EACH MEDICATION,  
41 INCLUDING THE TIME TAKEN; AND

42 (E) NOTIFYING THE AUTHORIZED PRACTITIONER IF THE RESIDENT REFUSES OR IS UNABLE TO  
43 COMPLY WITH THE PRACTITIONER'S INSTRUCTIONS REGARDING THE MEDICATION.

1 "MISTREATMENT" MEANS ABUSE, CARETAKER NEGLECT OR EXPLOITATION.

2 "NURSE" MEANS AN INDIVIDUAL WHO HOLDS A CURRENT UNRESTRICTED LICENSE TO PRACTICE PURSUANT TO ARTICLE 38  
3 OF TITLE 12, C.R.S., AND IS ACTING WITHIN THE SCOPE OF SUCH AUTHORITY.

4 "NURSING SERVICES" MEANS SUPPORT FOR ACTIVITIES OF DAILY LIVING, THE ADMINISTRATION OF MEDICATIONS AND THE  
5 PROVISION OF TREATMENT BY A NURSE IN ACCORDANCE WITH ORDERS FROM THE RESIDENT'S PRACTITIONER.

6 "OWNER" MEANS THE PERSON OR BUSINESS ENTITY THAT APPLIES FOR LICENSURE AND/OR IN WHOSE NAME THE LICENSE  
7 IS ISSUED.

8 "PALLIATIVE CARE" MEANS SPECIALIZED MEDICAL CARE FOR PEOPLE WITH SERIOUS ILLNESSES. THIS TYPE OF CARE IS  
9 FOCUSED ON PROVIDING RESIDENTS WITH RELIEF FROM THE SYMPTOMS, PAIN AND STRESS OF SERIOUS ILLNESS,  
10 WHATEVER THE DIAGNOSIS. THE GOAL IS TO IMPROVE QUALITY OF LIFE FOR BOTH THE RESIDENT AND THE FAMILY.  
11 PALLIATIVE CARE IS PROVIDED BY A TEAM OF PHYSICIANS, NURSES AND OTHER SPECIALISTS WHO WORK WITH A  
12 RESIDENT'S OTHER HEALTH CARE PROVIDERS TO PROVIDE AN EXTRA LAYER OF SUPPORT. PALLIATIVE CARE IS  
13 APPROPRIATE AT ANY AGE AND AT ANY STAGE IN A SERIOUS ILLNESS AND CAN BE PROVIDED TOGETHER WITH CURATIVE  
14 TREATMENT. UNLESS OTHERWISE INDICATED, THE TERM "PALLIATIVE CARE" IS SYNONYMOUS WITH THE TERMS "COMFORT  
15 CARE," "SUPPORTIVE CARE," AND SIMILAR DESIGNATIONS.

16 "PERSONAL CARE WORKER" MEANS AN INDIVIDUAL WHO:

17 PROVIDES PERSONAL SERVICES FOR ANY RESIDENT, AND

18 IS NOT ACTING IN HIS OR HER CAPACITY AS A HEALTH CARE PROFESSIONAL UNDER ARTICLES 36, 38, 40.5 OR 41  
19 OF TITLE 12 OF THE COLORADO REVISED STATUTES.

20 "PERSONAL SERVICES" MEANS THOSE SERVICES THAT AN ASSISTED LIVING RESIDENCE AND ITS STAFF PROVIDE FOR EACH  
21 RESIDENT INCLUDING, BUT NOT LIMITED TO:

22 AN ENVIRONMENT THAT IS SANITARY AND SAFE FROM PHYSICAL HARM;

23 INDIVIDUALIZED SOCIAL SUPERVISION;

24 ASSISTANCE WITH TRANSPORTATION; AND

25 ASSISTANCE WITH ACTIVITIES OF DAILY LIVING.

26 "PLAN OF CORRECTION" MEANS A WRITTEN PLAN TO BE SUBMITTED BY FACILITIES TO THE DEPARTMENT FOR APPROVAL,  
27 DETAILING THE MEASURES THAT SHALL BE TAKEN TO CORRECT ALL CITED DEFICIENCIES.

28 "PRACTITIONER" MEANS A PHYSICIAN, PHYSICIAN ASSISTANT OR ADVANCE PRACTICE NURSE (i.e., NURSE PRACTITIONER  
29 OR CLINICAL NURSE SPECIALIST) WHO HAS A CURRENT, UNRESTRICTED LICENSE TO PRACTICE AND IS ACTING WITHIN THE  
30 SCOPE OF SUCH AUTHORITY.

31 "PRESSURE SORE" (ALSO CALLED PRESSURE ULCER, DECUBITUS ULCER, BED-SORE OR SKIN BREAKDOWN) MEANS AN  
32 AREA OF THE SKIN OR UNDERLYING TISSUE (MUSCLE, BONE) THAT IS DAMAGED DUE TO LOSS OF BLOOD FLOW TO THE  
33 AREA. SYMPTOMS AND MEDICAL TREATMENT OF PRESSURE SORES ARE BASED UPON THE LEVEL OF SEVERITY OR  
34 "STAGE" OF THE PRESSURE SORE.

35

36 STAGE 1 AFFECTS ONLY THE UPPER LAYER OF SKIN. SYMPTOMS INCLUDE PAIN, BURNING OR ITCHING AND THE  
37 AFFECTED AREA MAY LOOK OR FEEL DIFFERENT FROM THE SURROUNDING SKIN.

1 STAGE 2 GOES BELOW THE UPPER SURFACE OF THE SKIN. SYMPTOMS INCLUDE PAIN, BROKEN SKIN OR OPEN  
2 WOUND THAT IS SWOLLEN, WARM AND/OR RED AND MAY BE OOZING FLUID OR PUS.

3 STAGE 3 INVOLVES A SORE THAT LOOKS LIKE A CRATER AND MAY HAVE A BAD ODOR. IT MAY SHOW SIGNS OF  
4 INFECTION SUCH AS RED EDGES, PUS, ODOR, HEAT AND/OR DRAINAGE.

5 STAGE 4 IS A DEEP, LARGE SORE. THE SKIN MAY HAVE TURNED BLACK AND WHO SIGNS OF INFECTION SUCH AS  
6 RED EDGES, PUS, ODOR, HEAT AND/OR DRAINAGE. TENDONS, MUSCLES AND BONE MAY BE VISIBLE.

7 "PROTECTIVE OVERSIGHT" MEANS GUIDANCE OF A RESIDENT AS REQUIRED BY THE NEEDS OF THE RESIDENT OR AS  
8 REASONABLE REQUESTED BY THE RESIDENT, INCLUDING THE FOLLOWING:

9 BEING AWARE OF A RESIDENT'S GENERAL WHEREABOUTS, ALTHOUGH THE RESIDENT MAY TRAVEL  
10 INDEPENDENTLY IN THE COMMUNITY; AND

11 MONITORING THE ACTIVITIES OF THE RESIDENT WHILE ON THE PREMISES TO ENSURE THE RESIDENT'S HEALTH,  
12 SAFETY AND WELL-BEING, INCLUDING MONITORING THE RESIDENT'S NEEDS AND ENSURING THAT THE RESIDENT  
13 RECEIVES THE SERVICES AND CARE NECESSARY TO PROTECT THE RESIDENT'S HEALTH, SAFETY AND WELL-  
14 BEING.

15 "QUALIFIED MEDICATION ADMINISTRATION PERSON" OR "QMAP" MEANS AN INDIVIDUAL WHO PASSED A COMPETENCY  
16 EVALUATION ADMINISTERED BY THE DEPARTMENT BEFORE JULY 1, 2017, OR PASSED A COMPETENCY EVALUATION  
17 ADMINISTERED BY AN APPROVED TRAINING ENTITY ON OR AFTER JULY 1, 2017 AND WHOSE NAME APPEARS ON THE  
18 DEPARTMENT'S LIST OF PERSONS WHO HAVE PASSED THE REQUISITE COMPETENCY EVALUATION.

19 "RENOVATION" MEANS ANY CHANGE, ADDITION OR MODIFICATION TO THE EXISTING PHYSICAL PLANT WHICH REQUIRES AN  
20 INCREASE IN CAPACITY TO STRUCTURAL, MECHANICAL, OR ELECTRICAL SYSTEMS; WHICH ADDS SQUARE FOOTAGE, OR  
21 WHICH ADDS, REMOVES OR RELOCATES WALLS, WINDOWS OR DOORS.

22 "RESIDENT'S LEGAL REPRESENTATIVE" MEANS ONE OF THE FOLLOWING:

23 THE LEGAL GUARDIAN OF THE RESIDENT, WHERE PROOF IS OFFERED THAT SUCH GUARDIAN HAS BEEN DULY  
24 APPOINTED BY A COURT OF LAW, ACTING WITHIN THE SCOPE OF SUCH GUARDIANSHIP;

25 AN INDIVIDUAL NAMED AS THE AGENT IN A POWER OF ATTORNEY (POA) THAT AUTHORIZES THE INDIVIDUAL TO  
26 ACT ON THE RESIDENT'S BEHALF, AS ENUMERATED IN THE POA;

27 AN INDIVIDUAL SELECTED AS A PROXY DECISION-MAKER PURSUANT TO §15-18.5-101, C.R.S., ET SEQ., TO MAKE  
28 MEDICAL TREATMENT DECISIONS. FOR THE PURPOSES OF THIS REGULATION, THE PROXY DECISION-MAKER  
29 SERVES AS THE RESIDENT'S LEGAL REPRESENTATIVE FOR THE PURPOSES OF MEDICAL TREATMENT DECISIONS  
30 ONLY; OR

31 A CONSERVATOR, WHERE PROOF IS OFFERED THAT SUCH CONSERVATOR HAS BEEN DULY APPOINTED BY A  
32 COURT OF LAW, ACTING WITHIN THE SCOPE OF SUCH CONSERVATORSHIP.

33 "RESTRAINT" MEANS ANY METHOD OR DEVICE USED TO INVOLUNTARILY LIMIT FREEDOM OF MOVEMENT INCLUDING, BUT  
34 NOT LIMITED TO, BODILY PHYSICAL FORCE, MECHANICAL DEVICES, CHEMICALS OR CONFINEMENT.

35 "SECURE-ENVIRONMENT" MEANS ANY GROUNDS, BUILDING OR PART THEREOF, METHOD OR DEVICE THAT PROHIBITS FREE  
36 EGRESS OF RESIDENTS. AN ENVIRONMENT IS SECURE WHEN THE RIGHT OF ANY RESIDENT THEREOF TO MOVE OUTSIDE  
37 THE ENVIRONMENT DURING ANY HOURS IS LIMITED.

38 "SELF-ADMINISTRATION" MEANS THE ABILITY OF A RESIDENT TO TAKE MEDICATION INDEPENDENTLY WITHOUT ANY  
39 ASSISTANCE FROM ANOTHER PERSON.

1 "STAFF" MEANS EMPLOYEES AND CONTRACTED INDIVIDUALS INTENDED TO SUBSTITUTE FOR OR SUPPLEMENT EMPLOYEES  
2 WHO PROVIDE RESIDENT CARE SERVICES. "STAFF" DOES NOT INCLUDE INDIVIDUALS PROVIDING EXTERNAL SERVICES, AS  
3 DEFINED HEREIN.

4 "THERAPEUTIC DIET" MEANS A DIET ORDERED BY A PRACTITIONER AS PART OF A TREATMENT OF DISEASE OR CLINICAL  
5 CONDITION, OR TO ELIMINATE, DECREASE, OR INCREASE SPECIFIC NUTRIENTS IN THE DIET. EXAMPLES INCLUDE, BUT ARE  
6 NOT LIMITED TO: A CALORIE COUNTED DIET, A SPECIFIC SODIUM GRAM DIET, AND A CARDIAC DIET.

7 "TRANSFER" MEANS BEING ABLE TO MOVE FROM ONE BODY POSITION TO ANOTHER. THIS INCLUDES, BUT IS NOT LIMITED  
8 TO, MOVING FROM A BED TO A CHAIR OR STANDING UP FROM A CHAIR TO GRASP AN AUXILIARY AID.

9 **SECTION 3 – DEPARTMENT OVERSIGHT**

10 LICENSURE

11 3.1 APPLICANTS FOR AN INITIAL OR RENEWAL LICENSE SHALL FOLLOW THE LICENSURE PROCEDURES  
12 OUTLINED IN 6 CCR 1011-1, CHAPTER 2, PARTS 2.3 THROUGH 2.10.

13 (A) IN ADDITION, EACH LICENSE RENEWAL APPLICANT SHALL ANNUALLY SUBMIT, IN THE FORM AND  
14 MANNER PRESCRIBED BY THE DEPARTMENT, INFORMATION ABOUT THE FACILITY'S  
15 OPERATIONS, RESIDENT CARE AND SERVICES.

16 3.2 THE DEPARTMENT MAY ISSUE A PROVISIONAL LICENSE TO AN APPLICANT FOR THE PURPOSE OF  
17 OPERATING AN ASSISTED LIVING RESIDENCE FOR ONE PERIOD OF 90 DAYS IF THE APPLICANT IS  
18 TEMPORARILY UNABLE TO CONFORM TO ALL THE MINIMUM STANDARDS REQUIRED UNDER THESE  
19 REGULATIONS, EXCEPT NO LICENSE SHALL BE ISSUED TO AN APPLICANT IF THE OPERATION OF THE  
20 APPLICANT'S FACILITY WILL ADVERSELY AFFECT THE HEALTH, SAFETY, AND WELFARE OF THE RESIDENTS  
21 OF SUCH FACILITY.

22 (A) AS A CONDITION OF OBTAINING A PROVISIONAL LICENSE, THE APPLICANT SHALL PROVIDE  
23 THE DEPARTMENT WITH PROOF THAT IT IS ATTEMPTING TO CONFORM AND COMPLY  
24 WITH APPLICABLE STANDARDS. NO PROVISIONAL LICENSE SHALL BE GRANTED PRIOR TO THE  
25 SUBMISSION OF A CRIMINAL BACKGROUND CHECK IN ACCORDANCE WITH § 25-27-105 (2.5),  
26 C.R.S.

27 3.3 EACH OWNER OR APPLICANT SHALL REQUEST A BACKGROUND CHECK.

28 (A) IF AN OWNER OR APPLICANT FOR AN INITIAL ASSISTED LIVING RESIDENCE LICENSE HAS LIVED IN  
29 COLORADO FOR MORE THAN THREE YEARS AT THE TIME OF THE INITIAL APPLICATION, SAID INDIVIDUAL  
30 SHALL REQUEST FROM THE COLORADO BUREAU OF INVESTIGATION (CBI) A STATE FINGERPRINT-BASED  
31 CRIMINAL HISTORY RECORD CHECK WITH NOTIFICATION OF FUTURE ARRESTS.

32 (B) IF AN OWNER OR APPLICANT FOR AN INITIAL ASSISTED LIVING RESIDENCE LICENSE HAS LIVED IN  
33 COLORADO FOR THREE YEARS OR LESS AT THE TIME OF THE INITIAL APPLICATION, SAID INDIVIDUAL  
34 SHALL REQUEST A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK GENERATED BY THE  
35 FEDERAL BUREAU OF INVESTIGATIONS THROUGH THE CBI.

36 (C) THE COST OF OBTAINING SUCH INFORMATION SHALL BE BORNE BY THE INDIVIDUAL OR INDIVIDUALS WHO  
37 ARE THE SUBJECT OF SUCH CHECK. THE INFORMATION SHALL BE FORWARDED BY THE CBI DIRECTLY TO  
38 THE DEPARTMENT.

39 3.4 NO LICENSE SHALL BE ISSUED OR RENEWED BY THE DEPARTMENT IF AN OWNER, APPLICANT AND/ OR  
40 LICENSEE OF THE ASSISTED LIVING RESIDENCE HAS BEEN CONVICTED OF A FELONY OR OF A MISDEMEANOR,  
41 WHICH FELONY OR MISDEMEANOR INVOLVES MORAL TURPITUDE OR INVOLVES CONDUCT THAT THE DEPARTMENT



1 DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY, AND WELFARE OF RESIDENTS OF THE ASSISTED  
2 LIVING RESIDENCE.

3  
4 3.5 AN ASSISTED LIVING RESIDENCE SHALL NOT CARE FOR MORE RESIDENTS THAN THE NUMBER FOR WHICH  
5 IT IS CURRENTLY LICENSED.

6 LICENSE FEES

7 UNLESS OTHERWISE SPECIFIED, ALL LICENSE FEES PAID TO THE DEPARTMENT SHALL BE NON-REFUNDABLE.

8 3.6 INITIAL LICENSES

9 FOR INITIAL LICENSE APPLICATIONS SUBMITTED ON OR AFTER JULY 1, 2018, THE APPLICABLE FEE, AS SET FORTH  
10 BELOW, SHALL ACCOMPANY THE LICENSE APPLICATION.

11 3 TO 19 LICENSED BEDS: \$7,300.

12 20 TO 49 LICENSED BEDS: \$8,750.

13 50 TO 99 LICENSED BEDS: \$11,550

14 100 LICENSED BEDS AND MORE: \$14,750

15 QUALIFYING DISPROPORTIONATE SHARE FACILITY: \$3,000

16 3.7 RENEWAL FEES

17  
18 (A) FOR LICENSES THAT EXPIRE BEFORE JULY 1, 2018, THE APPLICABLE FEE AS SET FORTH BELOW, SHALL  
19 ACCOMPANY THE RENEWAL APPLICATION:

20 \$180 PER FACILITY PLUS \$47 PER BED.

21 \$180 PER FACILITY PLUS \$19 PER BED FOR A HIGH MEDICAID UTILIZATION FACILITY.

22 (B) FOR LICENSES THAT EXPIRE ON OR AFTER JULY 1, 2018, THE APPLICABLE FEE(S), AS SET FORTH  
23 BELOW, SHALL ACCOMPANY THE RENEWAL APPLICATION:

24 \$415 PER FACILITY PLUS \$68 PER BED.

25 \$180 PER FACILITY PLUS \$19 PER BED FOR A HIGH MEDICAID UTILIZATION FACILITY.

26 \$350 PER SECURE ENVIRONMENT THAT IS SEPARATE AND DISTINCT FROM A NON-SECURE  
27 ENVIRONMENT.

28 (C) FOR LICENSES THAT EXPIRE ON OR AFTER JULY 1, 2019, THE APPLICABLE FEE(S), AS SET FORTH  
29 BELOW, SHALL ACCOMPANY THE RENEWAL APPLICATION:

30 \$415 PER FACILITY PLUS \$144 PER BED.

31 \$180 PER FACILITY PLUS \$19 PER BED FOR A HIGH MEDICAID UTILIZATION FACILITY.

32 \$1,000 PER SECURE ENVIRONMENT THAT IS SEPARATE AND DISTINCT FROM A NON-SECURE  
33 ENVIRONMENT.

1 3.8 PROVISIONAL LICENSURE. ANY FACILITY APPROVED BY THE DEPARTMENT FOR A PROVISIONAL LICENSE, SHALL  
2 SUBMIT A FEE OF \$1,000 FOR THE PROVISIONAL LICENSURE PERIOD.

3 3.9 CHANGE OF OWNERSHIP

4 (A) THE APPLICABLE FEE, AS SET FORTH BELOW, SHALL ACCOMPANY A FACILITY'S APPLICATION FOR  
5 CHANGE OF OWNERSHIP.

6 THREE TO 19 LICENSED BEDS: \$6,250.

7 20 TO 49 LICENSED BEDS: \$7,800.

8 50 TO 99 LICENSED BEDS: \$10,600

9 100 LICENSED BEDS AND MORE: \$13,700

10 (B) IF THE SAME PURCHASER BUYS MORE THAN ONE FACILITY FROM THE SAME SELLER IN A SINGLE  
11 BUSINESS TRANSACTION, THE CHANGE OF OWNERSHIP FEE SHALL BE THE FEE NOTED ABOVE FOR THE  
12 LARGEST FACILITY AND \$4,500 FOR EACH ADDITIONAL FACILITY INCLUDED IN THE TRANSACTION. THE  
13 APPROPRIATE FEE TOTAL SHALL BE SUBMITTED WITH THE APPLICATION.

14 3.10 OTHER LICENSE FEES

15 (A) A FACILITY APPLYING FOR A CHANGE OF MAILING ADDRESS, SHALL SUBMIT A FEE OF \$75 WITH THE  
16 APPLICATION. FOR PURPOSES OF THIS SUBSECTION, A CORPORATE CHANGE OF ADDRESS FOR  
17 MULTIPLE FACILITIES SHALL BE CONSIDERED ONE CHANGE OF ADDRESS.

18 (B) A FACILITY APPLYING FOR A CHANGE OF NAME SHALL SUBMIT A FEE OF \$75 WITH THE APPLICATION.

19 (C) A FACILITY APPLYING FOR AN INCREASED NUMBER OF LICENSED BEDS SHALL SUBMIT A FEE OF \$500  
20 WITH THE APPLICATION.

21 (D) A FACILITY APPLYING FOR A CHANGE OF ADMINISTRATOR SHALL SUBMIT A FEE OF \$500 WITH THE  
22 APPLICATION.

23 (E) A FACILITY SEEKING TO OPEN A NEW SECURE ENVIRONMENT SHALL SUBMIT A FEE OF \$1,600 WITH THE  
24 FIRST SUBMISSION OF THE APPLICABLE BUILDING PLANS.

27 CITING DEFICIENCIES

28 3.11 THE LEVEL OF THE DEFICIENCY SHALL BE BASED UPON THE NUMBER OF SAMPLE RESIDENTS AFFECTED  
29 AND THE LEVEL OF HARM, AS FOLLOWS:

30 LEVEL A – ISOLATED POTENTIAL FOR HARM FOR ONE OR A LIMITED NUMBER OF RESIDENTS

31 LEVEL B – A PATTERN OF POTENTIAL FOR HARM FOR MORE THAN A LIMITED NUMBER OF RESIDENTS

32 LEVEL C – ISOLATED ACTUAL HARM AFFECTING ONE OR A LIMITED NUMBER OF RESIDENTS

33 LEVEL D – A PATTERN OF ACTUAL HARM AFFECTING MORE THAN A LIMITED NUMBER OF RESIDENTS

34 LEVEL E (IMMEDIATE JEOPARDY) – ACTUAL OR POTENTIAL FOR SERIOUS INJURY OR HARM FOR ONE OR MORE  
35 RESIDENTS

1 3.12 WHEN A LEVEL E DEFICIENCY IS CITED, THE ASSISTED LIVING RESIDENCE SHALL IMMEDIATELY REMOVE  
2 THE CAUSE OF THE IMMEDIATE JEOPARDY RISK AND PROVIDE THE DEPARTMENT WITH WRITTEN  
3 EVIDENCE THAT THE RISK HAS BEEN REMOVED.

4 PLANS OF CORRECTION

5 3.13 PURSUANT TO §25-27-105 (2), C.R.S., AN ASSISTED LIVING RESIDENCE SHALL SUBMIT A WRITTEN PLAN  
6 DETAILING THE MEASURES THAT WILL BE TAKEN TO CORRECT ANY DEFICIENCIES.

7 (A) PLANS OF CORRECTION SHALL BE IN THE FORMAT PRESCRIBED BY THE DEPARTMENT AND CONFORM  
8 WITH THE REQUIREMENTS SET FORTH IN 6 CCR 1011-1, CHAPTER 2, PART 2.11.4,

9 (B) THE DEPARTMENT HAS THE DISCRETION TO APPROVE, IMPOSE, MODIFY OR REJECT A PLAN OF  
10 CORRECTION AS SET FORTH IN 6 CCR 1011-1, CHAPTER 2, PART 2.11.4.

11 INTERMEDIATE RESTRICTIONS OR CONDITIONS

12 3.14 SECTION 25-27-106, C.R.S., ALLOWS THE DEPARTMENT TO IMPOSE INTERMEDIATE RESTRICTIONS OR  
13 CONDITIONS ON A LICENSEE THAT MAY INCLUDE AT LEAST ONE OF THE FOLLOWING:

14 (A) RETAINING A CONSULTANT TO ADDRESS CORRECTIVE MEASURES INCLUDING DEFICIENT  
15 PRACTICE RESULTING FROM SYSTEMIC FAILURE;

16 (B) MONITORING BY THE DEPARTMENT FOR A SPECIFIC PERIOD;

17 (C) PROVIDING ADDITIONAL TRAINING TO EMPLOYEES, OWNERS, OR OPERATORS OF THE  
18 RESIDENCE;

19 (D) COMPLYING WITH A DIRECTED WRITTEN PLAN, TO CORRECT THE VIOLATION; OR

20 (E) PAYING A CIVIL FINE NOT TO EXCEED TWO THOUSAND DOLLARS (\$2,000) IN A CALENDAR YEAR.

21 3.15 INTERMEDIATE RESTRICTIONS OR CONDITIONS MAY BE IMPOSED FOR LEVEL A, B AND C DEFICIENCIES  
22 WHEN THE DEPARTMENT FINDS THE ASSISTED LIVING RESIDENCE HAS VIOLATED STATUTORY OR  
23 REGULATORY REQUIREMENTS. THE FACTORS THAT MAY BE CONSIDERED INCLUDE, BUT ARE NOT  
24 LIMITED TO, THE FOLLOWING:

25 (A) THE LEVEL OF ACTUAL OR POTENTIAL HARM TO A RESIDENT(S);

26 (B) THE NUMBER OF RESIDENTS AFFECTED;

27 (C) WHETHER THE CONDUCT LEADING TO THE IMPOSITION OF THE RESTRICTION ARE ISOLATED OR  
28 A PATTERN; AND

29 (D) THE LICENSEE'S PRIOR HISTORY OF NONCOMPLIANCE IN GENERAL, AND SPECIFICALLY WITH  
30 REFERENCE TO THE CITED DEFICIENCIES.

31 3.16 FOR ALL CASES WHERE THE DEFICIENCY LIST INCLUDES LEVELS D OR E DEFICIENCIES, THE ASSISTED  
32 LIVING RESIDENCE SHALL COMPLY WITH AT LEAST ONE INTERMEDIATE RESTRICTION OR CONDITION. IN  
33 ADDITION, FOR ALL LEVEL E DEFICIENCIES, THE ASSISTED LIVING RESIDENCE SHALL:

34 (A) PAY A CIVIL FINE OF \$500, NOT TO EXCEED \$2,000 IN A CALENDAR YEAR;

35 (B) IMMEDIATELY CORRECT THE CIRCUMSTANCES THAT GAVE RISE TO THE LIFE THREATENING  
36 SITUATION; AND

1 (C) COMPLY WITH ANY OTHER RESTRICTIONS OR CONDITIONS REQUIRED BY THE DEPARTMENT.

2 APPEALING THE IMPOSITION OF INTERMEDIATE RESTRICTIONS/CONDITIONS

3 3.17 A LICENSEE MAY APPEAL THE IMPOSITION OF AN INTERMEDIATE RESTRICTION OR CONDITION PURSUANT TO  
4 PROCEDURES ESTABLISHED BY THE DEPARTMENT AND AS PROVIDED BY §25-27-106, C.R.S.

5 (A) INFORMAL REVIEW

6 INFORMAL REVIEW IS AN ADMINISTRATIVE REVIEW PROCESS CONDUCTED BY THE DEPARTMENT THAT  
7 DOES NOT INCLUDE AN EVIDENTIARY HEARING.

8 (1) A LICENSEE MAY SUBMIT A WRITTEN REQUEST FOR INFORMAL REVIEW OF THE IMPOSITION OF  
9 AN INTERMEDIATE RESTRICTION NO LATER THAN TEN (10) BUSINESS DAYS AFTER THE DATE  
10 NOTICE IS RECEIVED FROM THE DEPARTMENT OF THE RESTRICTION OR CONDITION. IF AN  
11 EXTENSION OF TIME IS NEEDED, THE ASSISTED LIVING RESIDENCE SHALL REQUEST AN  
12 EXTENSION IN WRITING FROM THE DEPARTMENT PRIOR TO THE SUBMITTAL DUE DATE. AN  
13 EXTENSION OF TIME MAY BE GRANTED BY THE DEPARTMENT NOT TO EXCEED SEVEN  
14 CALENDAR DAYS. INFORMAL REVIEW MAY BE CONDUCTED AFTER THE PLAN OF CORRECTION  
15 HAS BEEN APPROVED.

16 (2) FOR CIVIL FINES, THE LICENSEE MAY REQUEST IN WRITING THAT THE INFORMAL REVIEW BE  
17 CONDUCTED IN PERSON, WHICH WOULD ALLOW THE LICENSEE TO ORALLY ADDRESS THE  
18 INFORMAL REVIEWER(S).

19 (B) FORMAL REVIEW

20 A LICENSEE MAY APPEAL THE IMPOSITION OF AN INTERMEDIATE RESTRICTION OR CONDITION IN  
21 ACCORDANCE WITH THE ADMINISTRATIVE PROCEDURES ACT (APA) AT §24-4-105, C.R.S. A  
22 LICENSEE IS NOT REQUIRED TO SUBMIT TO THE DEPARTMENT'S INFORMAL REVIEW BEFORE PURSUING  
23 FORMAL REVIEW UNDER THE APA.

24 (1) FOR LIFE-THREATENING SITUATIONS, THE LICENSEE SHALL IMPLEMENT THE RESTRICTION  
25 OR CONDITION IMMEDIATELY UPON RECEIVING NOTICE OF THE RESTRICTION OR CONDITION.

26 (2) FOR SITUATIONS THAT ARE NOT LIFE-THREATENING, THE RESTRICTION OR CONDITION SHALL BE  
27 IMPLEMENTED IN ACCORDANCE WITH THE TYPE OF CONDITION AS SET FORTH BELOW:

28 (a) FOR RESTRICTION/CONDITIONS OTHER THAN FINES, IMMEDIATELY UPON THE  
29 EXPIRATION OF THE OPPORTUNITY FOR APPEAL OR FROM THE DATE THAT THE  
30 DEPARTMENT'S DECISION IS UPHELD AFTER ALL ADMINISTRATIVE APPEALS HAVE BEEN  
31 EXHAUSTED.

32 (b) FOR FINES, WITHIN 30 CALENDAR DAYS FROM THE DATE THE DEPARTMENT'S  
33 DECISION IS UPHELD AFTER ALL ADMINISTRATIVE APPEALS HAVE BEEN EXHAUSTED.

34 **SECTION 4 – LICENSEE RESPONSIBILITIES**

35 4.1 THE LICENSEE SHALL ASSUME RESPONSIBILITY FOR ALL SERVICES PROVIDED BY THE ASSISTED LIVING  
36 RESIDENCE.

37 4.2 THE LICENSEE SHALL ENSURE THE PROVISION OF FACILITIES, PERSONNEL AND SERVICES NECESSARY FOR THE  
38 WELFARE AND SAFETY OF RESIDENTS.

- 1 4.3 THE LICENSEE SHALL ENSURE THAT ALL MARKETING, ADVERTISING AND PROMOTIONAL INFORMATION PUBLISHED  
2 OR OTHERWISE DISTRIBUTED BY THE ASSISTED LIVING RESIDENCE ACCURATELY REPRESENTS THE ALR AND  
3 THE CARE, TREATMENT AND SERVICES THAT IT PROVIDES.
- 4 4.4 THE LICENSEE SHALL ESTABLISH, AND ENSURE THE MAINTENANCE OF, A SYSTEM OF FINANCIAL MANAGEMENT  
5 AND ACCOUNTABILITY.
- 6 4.5 THE LICENSEE SHALL APPOINT AN ADMINISTRATOR WHO MEETS THE MINIMUM QUALIFICATIONS SET FORTH IN  
7 THIS REGULATION AND DELEGATE TO THAT INDIVIDUAL THE EXECUTIVE AUTHORITY AND RESPONSIBILITY FOR THE  
8 ADMINISTRATION OF THE ASSISTED LIVING RESIDENCE.

9 **SECTION 5 - REPORTING REQUIREMENTS**

- 10 5.1 ASSISTED LIVING RESIDENCE PERSONNEL ENGAGED IN THE ADMITTANCE, CARE OR TREATMENT OF AT-RISK  
11 PERSONS SHALL REPORT SUSPECTED PHYSICAL OR SEXUAL ABUSE, EXPLOITATION AND/OR CARETAKER NEGLECT  
12 TO LAW ENFORCEMENT WITHIN 24 HOURS OF OBSERVATION OR DISCOVERY PURSUANT TO §18-6.5-108,  
13 C.R.S.  
14
- 15 5.2 ASSISTED LIVING RESIDENCES SHALL COMPLY WITH ALL OCCURRENCE AND MANDATORY REPORTING  
16 REQUIRED BY STATE AND FEDERAL LAW INCLUDING, BUT NOT LIMITED TO, NOTIFYING THE DEPARTMENT OF THE  
17 FOLLOWING ITEMS WITHIN 24 HOURS OF DISCOVERY BY THE ASSISTED LIVING RESIDENCE.
- 18 (A) ANY OCCURRENCE INVOLVING NEGLIGENCE OF A RESIDENT BY FAILURE TO PROVIDE GOODS AND SERVICES  
19 NECESSARY TO AVOID THE RESIDENT'S PHYSICAL HARM OR MENTAL ANGUISH,
- 20 (B) ANY OCCURRENCE INVOLVING ABUSE OF A RESIDENT BY THE WILLFUL INFLECTION OF INJURY,  
21 UNREASONABLE CONFINEMENT, INTIMIDATION OR PUNISHMENT WITH RESULTING PHYSICAL HARM, PAIN  
22 OR MENTAL ANGUISH,
- 23 (C) ANY OCCURRENCE INVOLVING AN INJURY OF UNKNOWN SOURCE WHERE THE SOURCE OF THE INJURY  
24 COULD NOT BE EXPLAINED AND THE INJURY IS SUSPICIOUS BECAUSE OF THE EXTENT OR LOCATION OF  
25 THE INJURY, OR
- 26 (D) ANY OCCURRENCE INVOLVING MISAPPROPRIATION OF A RESIDENT'S PROPERTY INCLUDING THE  
27 DELIBERATE MISPLACEMENT, EXPLOITATION OR WRONGFUL USE OF A RESIDENT'S BELONGINGS OR  
28 MONEY WITHOUT THE RESIDENT'S CONSENT.
- 29 5.3 OCCURRENCES SHALL BE INVESTIGATED TO DETERMINE THE CIRCUMSTANCES OF THE EVENT AND INSTITUTE  
30 APPROPRIATE MEASURES TO PREVENT SIMILAR FUTURE SITUATIONS.
- 31 (A) DOCUMENTATION REGARDING INVESTIGATION, INCLUDING THE APPROPRIATE MEASURES TO BE  
32 INSTITUTED, SHALL BE MADE AVAILABLE TO THE DEPARTMENT, UPON REQUEST.
- 33 (B) A REPORT WITH THE INVESTIGATION FINDINGS WILL BE AVAILABLE FOR REVIEW BY THE DEPARTMENT  
34 WITHIN FIVE (5) BUSINESS DAYS OF THE OCCURRENCE.
- 35 5.4 THE ASSISTED LIVING RESIDENCE SHALL NOTIFY THE DEPARTMENT WITHIN 48 HOURS IF THE RELOCATION OF  
36 ONE OR MORE RESIDENTS OCCURS DUE TO ANY PORTION OF THE ASSISTED LIVING RESIDENCE BECOMING  
37 UNINHABITABLE BECAUSE OF FIRE OR OTHER DISASTER.

38 **SECTION 6 – ADMINISTRATOR**

39 BACKGROUND CHECKS

1 6.1 IN ORDER TO ENSURE THAT THE ADMINISTRATOR IS OF GOOD, MORAL AND RESPONSIBLE CHARACTER, THE  
2 ASSISTED LIVING RESIDENCE SHALL REQUEST A FINGERPRINT-BASED CRIMINAL HISTORY RECORD  
3 CHECK WITH NOTIFICATION OF FUTURE ARRESTS FOR EACH PROSPECTIVE ADMINISTRATOR PRIOR TO  
4 HIRE.

5 (A) IF AN ADMINISTRATOR APPLICANT HAS LIVED IN COLORADO FOR MORE THAN THREE YEARS AT  
6 THE TIME OF APPLICATION, THE ASSISTED LIVING RESIDENCE SHALL REQUEST THE CRIMINAL  
7 HISTORY RECORD CHECK FROM THE COLORADO BUREAU OF INVESTIGATIONS (CBI).

8 (B) IF AN ADMINISTRATOR APPLICANT HAS LIVED IN COLORADO FOR LESS THAN THREE YEARS AT  
9 THE TIME OF APPLICATION, THE ASSISTED LIVING RESIDENCE SHALL REQUEST THE CRIMINAL  
10 HISTORY RECORD CHECK FROM THE FEDERAL BUREAU OF INVESTIGATIONS THROUGH THE  
11 CBI.

12 (C) THE COST OF OBTAINING SUCH INFORMATION SHALL BE BORNE BY THE INDIVIDUAL WHO IS THE  
13 SUBJECT OF SUCH CHECK. THE INFORMATION SHALL BE FORWARDED BY THE CBI DIRECTLY TO  
14 THE DEPARTMENT.

### 15 QUALIFICATIONS

16 6.2 EACH ADMINISTRATOR HIRED ON OR AFTER JULY 1, 2018, SHALL BE AT LEAST 21 YEARS OF AGE WITH A HIGH  
17 SCHOOL DIPLOMA OR EQUIVALENT AND ONE OR MORE OF THE FOLLOWING:

18 (A) AN ACTIVE, UNRESTRICTED COLORADO NURSING HOME ADMINISTRATOR LICENSE;

19 (B) AN ACTIVE, UNRESTRICTED COLORADO REGISTERED NURSE LICENSE PLUS AT LEAST SIX MONTHS  
20 WORK EXPERIENCE IN HEALTH CARE DURING THE PREVIOUS TEN-YEAR PERIOD;

21 (C) AN ACTIVE, UNRESTRICTED COLORADO LICENSED PRACTICAL NURSE LICENSE PLUS AT LEAST ONE  
22 YEAR OF WORK EXPERIENCE IN HEALTH CARE DURING THE PREVIOUS TEN-YEAR PERIOD;

23 (D) A BACHELOR DEGREE WITH EMPHASIS IN HEALTH CARE OR HUMAN SERVICES PLUS AT LEAST ONE  
24 YEAR OF WORK EXPERIENCE IN HEALTH CARE DURING THE PREVIOUS TEN-YEAR PERIOD;

25 (E) AN ASSOCIATE DEGREE WITH EMPHASIS IN HEALTH CARE OR HUMAN SERVICES PLUS AT LEAST TWO  
26 YEARS OF WORK EXPERIENCE IN HEALTH CARE DURING THE PREVIOUS TEN-YEAR PERIOD;

27 (F) THIRTY CREDIT HOURS FROM AN ACCREDITED COLLEGE OR UNIVERSITY WITH AN EMPHASIS IN HEALTH  
28 CARE OR HUMAN SERVICES PLUS THREE YEARS OF WORK EXPERIENCE IN HEALTH CARE DURING THE  
29 PREVIOUS TEN-YEAR PERIOD;

30 (G) FIVE OR MORE YEARS OF MANAGEMENT OR SUPERVISORY WORK IN THE FIELD OF GERIATRICS,  
31 HUMAN SERVICES OR PROVIDING CARE FOR THE PHYSICALLY AND/OR COGNITIVELY DISABLED DURING  
32 THE PREVIOUS TEN-YEAR PERIOD.

### 33 TRAINING

34 6.3 EACH ADMINISTRATOR SHALL HAVE COMPLETED AN ADMINISTRATOR TRAINING PROGRAM BEFORE ASSUMING AN  
35 ADMINISTRATOR POSITION. WRITTEN PROOF REGARDING THE SUCCESSFUL COMPLETION OF SUCH TRAINING  
36 PROGRAM SHALL BE MAINTAINED IN THE ADMINISTRATOR'S PERSONNEL FILE.

37 6.4 EFFECTIVE SEPTEMBER 1, 2018, AN ADMINISTRATOR TRAINING PROGRAM SHALL MEET ALL OF THE FOLLOWING  
38 REQUIREMENTS:

- 1 (A) THE PROGRAM OR PROGRAM COMPONENTS ARE CONDUCTED BY AN ACCREDITED COLLEGE,  
2 UNIVERSITY, OR VOCATIONAL SCHOOL; OR AN ORGANIZATION, ASSOCIATION, CORPORATION, GROUP OR  
3 AGENCY WITH SPECIFIC EXPERTISE IN THE PROVISION OF RESIDENTIAL CARE AND SERVICES, AND
- 4 (B) THE CURRICULUM INCLUDES AT LEAST 40 ACTUAL HOURS, 20 OF WHICH SHALL FOCUS ON APPLICABLE  
5 STATE REGULATIONS. THE REMAINING 20 HOURS SHALL PROVIDE AN OVERVIEW OF THE FOLLOWING  
6 TOPICS:
- 7 (1) BUSINESS OPERATIONS INCLUDING BUT NOT LIMITED TO,
- 8 (a) BUDGETING,
- 9 (b) BUSINESS PLAN/SERVICE MODEL,
- 10 (c) INSURANCE,
- 11 (d) LABOR LAWS,
- 12 (e) MARKETING, MESSAGING AND LIABILITY CONSEQUENCES, AND
- 13 (f) RESIDENT AGREEMENT.
- 14 (2) DAILY BUSINESS MANAGEMENT INCLUDING BUT NOT LIMITED TO,
- 15 (a) COORDINATION WITH EXTERNAL SERVICE PROVIDERS (i.e., COMMUNITY AND SUPPORT  
16 SERVICES INCLUDING CASE MANAGEMENT, REFERRAL AGENCIES, MENTAL HEALTH  
17 RESOURCES, OMBUDSMEN, ADULT PROTECTIVE SERVICES, HOSPICE, AND HOME CARE,
- 18 (b) ETHICS, AND
- 19 (c) GRIEVANCE AND COMPLAINT PROCESS.
- 20 (3) PHYSICAL PLANT
- 21 (4) RESIDENT CARE INCLUDING, BUT NOT LIMITED TO,
- 22 (a) ADMITTANCE AND DISCHARGE CRITERIA,
- 23 (b) BEHAVIOR EXPRESSION MANAGEMENT,
- 24 (c) CARE NEEDS ASSESSMENT,
- 25 (d) FALL MANAGEMENT,
- 26 (e) NUTRITION,
- 27 (f) PERSON CENTERED CARE,
- 28 (g) PERSONAL VERSUS SKILLED CARE,
- 29 (h) QUALITY MANAGEMENT EDUCATION,
- 30 (i) RESIDENT RIGHTS,
- 31 (j) SEXUALITY AND AGING, AND

- 1 (k) SECURE ENVIRONMENT.
- 2 (5) RESIDENT PSYCHOSOCIAL NEEDS INCLUDING, BUT NOT LIMITED TO,
- 3 (a) CULTURAL COMPETENCY (ETHNICITY, RACE, LGBTQ),
- 4 (b) FAMILY INVOLVEMENT AND DYNAMICS,
- 5 (c) MENTAL HEALTH CARE (MAINTAINING GOOD MENTAL HEALTH AND RECOGNIZING
- 6 SYMPTOMS OF POOR MENTAL HEALTH)
- 7 (d) PALLIATIVE CARE STANDARDS, AND
- 8 (e) RESIDENT ENGAGEMENT.

9 6.5 COMPETENCY TESTING SHALL BE PERFORMED TO DEMONSTRATE THAT THE INDIVIDUALS TRAINED HAVE A

10 COMPREHENSIVE, EVIDENCE-BASED UNDERSTANDING OF THE REGULATIONS AND TOPICS.

11 DUTIES

12 6.6 THE ADMINISTRATOR SHALL BE RESPONSIBLE FOR THE OVERALL OPERATION OF THE ASSISTED LIVING

13 RESIDENCE, INCLUDING, BUT NOT LIMITED TO:

- 14 (A) MANAGING THE DAY TO DAY DELIVERY OF SERVICES TO ENSURE RESIDENTS RECEIVE THE CARE THAT IS
- 15 DESCRIBED IN THE RESIDENT AGREEMENT, THE COMPREHENSIVE RESIDENT ASSESSMENT AND THE
- 16 RESIDENT CARE PLAN.
- 17 (B) ORGANIZING AND DIRECTING THE ASSISTED LIVING RESIDENCE'S ONGOING FUNCTIONS INCLUDING
- 18 PHYSICAL MAINTENANCE;
- 19 (C) ENSURING THAT RESIDENT CARE SERVICES CONFORM TO THE REQUIREMENTS SET FORTH IN SECTION
- 20 13 OF THIS CHAPTER;
- 21 (D) EMPLOYING, TRAINING AND SUPERVISING QUALIFIED PERSONNEL;
- 22 (E) PROVIDING CONTINUING EDUCATION FOR ALL PERSONNEL;
- 23 (F) ESTABLISHING AND MAINTAINING A WRITTEN ORGANIZATIONAL CHART TO ENSURE THERE ARE WELL-
- 24 DEFINED LINES OF RESPONSIBILITY AND ADEQUATE SUPERVISION OF ALL PERSONNEL;
- 25 (G) REVIEWING THE ALR'S PUBLIC INFORMATION AND MARKETING MATERIALS FOR CONSISTENCY WITH THE
- 26 SERVICES OFFERED BY THE FACILITY;
- 27 (H) MANAGING THE BUSINESS AND FINANCIAL ASPECTS OF THE ASSISTED LIVING RESIDENCE WHICH
- 28 INCLUDES WORKING WITH THE LICENSEE TO ENSURE THERE IS AN ADEQUATE BUDGET TO PROVIDE
- 29 NECESSARY RESIDENT SERVICES;
- 30 (I) COMPLETING, MAINTAINING AND SUBMITTING ALL REPORTS AND RECORDS REQUIRED BY THE
- 31 DEPARTMENT;
- 32 (J) COMPLYING WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS CONCERNING LICENSURE AND
- 33 CERTIFICATION; AND
- 34 (K) APPOINTING AND SUPERVISING A QUALIFIED DESIGNEE WHO IS CAPABLE OF SATISFACTORILY FULFILLING
- 35 THE ADMINISTRATOR'S DUTIES WHEN THE ADMINISTRATOR IS UNAVAILABLE.



- 1 (1) THE NAME AND CONTACT INFORMATION FOR THE ADMINISTRATOR OR QUALIFIED DESIGNEE ON  
2 DUTY SHALL ALWAYS BE READILY AVAILABLE TO THE RESIDENTS AND PUBLIC.
- 3 (2) THE ADMINISTRATOR OR QUALIFIED DESIGNEE SHALL ALWAYS, WHETHER ON OR OFF SITE, BE  
4 READILY ACCESSIBLE TO STAFF.
- 5 (3) WHEN A QUALIFIED DESIGNEE IS ACTING AS ADMINISTRATOR IN AN ALR THAT IS LICENSED FOR  
6 MORE THAN 12 BEDS, THERE SHALL BE AT LEAST ONE OTHER STAFF MEMBER ON DUTY WHOSE  
7 PRIMARY RESPONSIBILITY IS THE DAILY CARE OF RESIDENTS.

## 8 **SECTION 7 – PERSONNEL**

### 9 BACKGROUND CHECKS

10 7.1 IN ORDER TO ENSURE THAT STAFF MEMBERS AND VOLUNTEERS ARE OF GOOD, MORAL AND RESPONSIBLE  
11 CHARACTER, THE ASSISTED LIVING RESIDENCE SHALL REQUEST A NAME-BASED CRIMINAL HISTORY RECORD  
12 CHECK FOR EACH PROSPECTIVE STAFF MEMBER AND VOLUNTEER, PRIOR TO HIRE.

13 (A) IF THE APPLICANT HAS LIVED IN COLORADO FOR MORE THAN THREE YEARS AT THE TIME OF (B)  
14 APPLICATION, THE ASSISTED LIVING RESIDENCE SHALL OBTAIN A NAME-BASED CRIMINAL HISTORY  
15 REPORT CONDUCTED BY THE COLORADO BUREAU OF INVESTIGATIONS (CBI).

16 (B) IF THE APPLICANT HAS LIVED IN COLORADO FOR THREE YEARS OR LESS AT THE TIME OF APPLICATION,  
17 THE ASSISTED LIVING RESIDENCE SHALL OBTAIN A NAME-BASED CRIMINAL HISTORY REPORT FOR EACH  
18 STATE IN WHICH THE APPLICANT HAS LIVED FOR THE PAST THREE YEARS, CONDUCTED BY THE  
19 RESPECTIVE STATES' BUREAUS OF INVESTIGATION OR EQUIVALENT STATE-LEVEL LAW ENFORCEMENT  
20 AGENCY OR OTHER NAMED-BASED REPORT AS DETERMINED BY THE DEPARTMENT.

21 (C) THE COST OF OBTAINING SUCH INFORMATION SHALL BE BORNE BY THE ASSISTED LIVING RESIDENCE,  
22 THE CONTRACT STAFFING AGENCY OR THE INDIVIDUAL WHO IS THE SUBJECT OF SUCH CHECK, AS  
23 APPROPRIATE.

### 24 BACKGROUND CHECK POLICIES AND PROCEDURES

25 7.2 IF THE ASSISTED LIVING RESIDENCE BECOMES AWARE OF INFORMATION THAT A CURRENT ADMINISTRATOR,  
26 STAFF MEMBER OR VOLUNTEER COULD POSE A RISK TO THE HEALTH, SAFETY AND WELFARE OF THE RESIDENTS  
27 AND/OR THAT SUCH INDIVIDUAL IS NOT OF GOOD, MORAL AND RESPONSIBLE CHARACTER, THE ALR SHALL  
28 REQUEST AN UPDATED CRIMINAL HISTORY RECORD CHECK FOR SUCH INDIVIDUAL FROM THE CBI AND/OR OTHER  
29 RELEVANT LAW ENFORCEMENT AGENCY.

30 7.3 THE ASSISTED LIVING RESIDENCE SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES REGARDING THE  
31 HIRING OR CONTINUED SERVICE OF ANY ADMINISTRATOR, STAFF MEMBER OR VOLUNTEER WHOSE CRIMINAL  
32 HISTORY RECORDS DO NOT REVEAL GOOD, MORAL AND RESPONSIBLE CHARACTER OR DEMONSTRATE OTHER  
33 CONDUCT THAT COULD POSE A RISK TO THE HEALTH, SAFETY AND WELFARE OF THE RESIDENTS.

34 (A) AT A MINIMUM, THE ASSISTED LIVING RESIDENCE SHALL CONSIDER AND ADDRESS THE FOLLOWING  
35 ITEMS:

- 36 (1) THE HISTORY OF CONVICTIONS, PLEAS OF GUILTY OR NO CONTEST;
- 37 (2) THE NATURE AND SERIOUSNESS OF THE CRIME(S);
- 38 (3) THE TIME THAT HAS ELAPSED SINCE THE CONVICTIONS;
- 39 (4) WHETHER THERE ARE ANY MITIGATING CIRCUMSTANCES; AND
- 40 (5) THE NATURE OF THE POSITION TO WHICH THE STAFF MEMBER WILL BE ASSIGNED.

1 ABILITY TO PERFORM JOB FUNCTIONS

2 7.4 EACH STAFF MEMBER AND VOLUNTEER SHALL BE PHYSICALLY AND MENTALLY ABLE TO ADEQUATELY AND SAFELY  
3 PERFORM ALL FUNCTIONS ESSENTIAL TO RESIDENT CARE.

4 7.5 THE ASSISTED LIVING RESIDENCE SHALL SELECT DIRECT CARE STAFF BASED ON SUCH FACTORS AS THE ABILITY  
5 TO READ, WRITE, CARRY OUT DIRECTIONS, COMMUNICATE AND DEMONSTRATED COMPETENCY TO SAFELY AND  
6 EFFECTIVELY PROVIDE CARE AND SERVICES.

7 7.6 THE ASSISTED LIVING RESIDENCE SHALL ESTABLISH WRITTEN POLICIES CONCERNING PRE-EMPLOYMENT  
8 PHYSICAL EVALUATIONS AND EMPLOYEE HEALTH. THOSE POLICIES SHALL INCLUDE, AT A MINIMUM:

9 (A) TUBERCULIN SKIN TESTING OF EACH STAFF MEMBER AND VOLUNTEER PRIOR TO DIRECT CONTACT WITH  
10 RESIDENTS; AND

11 (B) THE IMPOSITION OF WORK RESTRICTIONS ON DIRECT CARE STAFF WHO ARE KNOWN TO BE AFFECTED  
12 WITH ANY ILLNESS IN A COMMUNICABLE STAGE. AT A MINIMUM, SUCH STAFF SHALL BE BARRED FROM  
13 DIRECT CONTACT WITH RESIDENTS OR RESIDENT FOOD.

14 7.7 THE ASSISTED LIVING RESIDENCE SHALL HAVE POLICIES AND PROCEDURES RESTRICTING ON-SITE ACCESS BY  
15 STAFF OR VOLUNTEERS WITH DRUG OR ALCOHOL USE THAT WOULD ADVERSELY IMPACT THEIR ABILITY TO  
16 PROVIDE RESIDENT CARE AND SERVICES.

17 ORIENTATION

18 7.8 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT EACH STAFF MEMBER AND VOLUNTEER COMPLETES AN  
19 INITIAL ORIENTATION BEFORE PROVIDING CARE AND SERVICES TO A RESIDENT. SUCH ORIENTATION SHALL  
20 INCLUDE, AT A MINIMUM, ALL OF THE FOLLOWING TOPICS:

21 (A) THE CARE AND SERVICES PROVIDED BY THE ALR INCLUDING PALLIATIVE AND/OR END OF LIFE CARE, IF  
22 APPLICABLE,

23 (B) RESIDENT RIGHTS,

24 (C) OVERVIEW OF STATE REGULATORY OVERSIGHT APPLICABLE TO THE ALR,

25 (D) HANDWASHING AND INFECTION CONTROL,

26 (E) RECOGNIZING EMERGENCIES, EMERGENCY RESPONSE POLICIES AND PROCEDURES AND RELEVANT  
27 EMERGENCY CONTACT NUMBERS,

28 (F) HOUSE RULES,

29 (G) PERSON CENTERED CARE, AND

30 (H) REPORTING REQUIREMENTS.

31 STAFF TRAINING

32 7.9 THE ASSISTED LIVING RESIDENCE SHALL PROVIDE EACH STAFF MEMBER WITH TRAINING WITHIN 30 CALENDAR  
33 DAYS OF HIRE. THIS TRAINING MAY INCLUDE SELF-STUDY COURSES. IF THE ASSISTED LIVING RESIDENCE USES A  
34 VOLUNTEER TO PERFORM ANY STAFF FUNCTIONS, THAT VOLUNTEER SHALL RECEIVE THE SAME TRAINING AS  
35 STAFF. THE STAFF TRAINING SHALL INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING TOPICS:

36 (A) ASSIGNMENT OF DUTIES AND RESPONSIBILITIES;

- 1 (B) ASSISTED LIVING RESIDENCE POLICIES AND PROCEDURES;
- 2 (C) OCCURRENCE REPORTING;
- 3 (D) RECOGNIZING BEHAVIORAL EXPRESSION AND MANAGEMENT TECHNIQUES;
- 4 (E) HOW TO EFFECTIVELY COMMUNICATE WITH RESIDENTS THAT HAVE HEARING LOSS, LIMITED ENGLISH  
5 PROFICIENCY, DEMENTIA OR OTHER CONDITIONS THAT IMPAIR COMMUNICATION;
- 6 (F) EMERGENCY PROCEDURES INCLUDING FIRE RESPONSE, BASIC FIRST AID, AUTOMATED EXTERNAL  
7 DEFIBILLATOR (AED) USE, IF APPLICABLE, PRACTITIONER ASSESSMENT, AND SERIOUS ILLNESS,  
8 INJURY AND/OR DEATH OF A RESIDENT;
- 9 (G) THE ROLE OF AND COMMUNICATION WITH EXTERNAL SERVICE PROVIDERS;
- 10 (H) TRAINING RELATED TO FALL PREVENTION AND WAYS TO MONITOR RESIDENTS FOR SIGNS OF  
11 HEIGHTENED FALL POTENTIAL SUCH AS DETERIORATING EYESIGHT, UNSTEADY GAIT AND INCREASING  
12 LIMITATIONS THAT RESTRICT MOBILITY;
- 13 (I) WHERE TO IMMEDIATELY LOCATE A RESIDENT’S ADVANCE DIRECTIVE;
- 14 (J) MAINTENANCE OF A CLEAN, SAFE AND HEALTHY ENVIRONMENT, INCLUDING APPROPRIATE CLEANING  
15 TECHNIQUES;
- 16 (K) UNDERSTANDING END OF LIFE CARE INCLUDING HOSPICE AND PALLIATIVE CARE;
- 17 (L) HOW TO SAFELY ACCOMPANY AND/OR TRANSPORT RESIDENTS; AND
- 18 (M) FOOD SAFETY.

23 PERSONNEL POLICIES

- 24 7.10 THE ASSISTED LIVING RESIDENCE SHALL DEVELOP AND MAINTAIN WRITTEN PERSONNEL POLICIES, JOB  
25 DESCRIPTIONS AND OTHER REQUIREMENTS REGARDING THE CONDITIONS OF EMPLOYMENT, MANAGEMENT OF  
26 STAFF AND RESIDENT CARE TO BE PROVIDED, INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:
  - 27 (A) THE ASSISTED LIVING RESIDENCE SHALL PROVIDE A JOB-SPECIFIC ORIENTATION FOR EACH NEW STAFF  
28 MEMBER AND VOLUNTEER BEFORE THEY INDEPENDENTLY PROVIDE RESIDENT SERVICES.
  - 29 (B) ALL STAFF MEMBERS AND VOLUNTEERS SHALL BE INFORMED OF THE PURPOSE AND OBJECTIVES OF THE  
30 ASSISTED LIVING RESIDENCE.
  - 31 (C) ALL STAFF MEMBERS AND VOLUNTEERS SHALL BE PROVIDED ACCESS TO THE ASSISTED LIVING  
32 RESIDENCE’S PERSONNEL POLICIES AND THE ALR SHALL PROVIDE EVIDENCE THAT EACH STAFF  
33 MEMBER AND VOLUNTEER HAS REVIEWED THEM.
  - 34 (D) ALL STAFF MEMBERS SHALL WEAR NAME TAGS OR OTHER IDENTIFICATION THAT IS VISIBLE TO  
35 RESIDENTS AND VISITORS.

36 PERSONNEL FILES

- 37 7.11 THE ASSISTED LIVING RESIDENCE SHALL MAINTAIN A PERSONNEL FILES FOR EACH OF ITS EMPLOYEES AND  
38 VOLUNTEERS.

1 7.12 PERSONNEL FILES FOR CURRENT EMPLOYEES AND VOLUNTEERS SHALL BE READILY AVAILABLE ONSITE FOR  
2 DEPARTMENT REVIEW.

3 7.13 EACH PERSONNEL FILE SHALL INCLUDE, BUT NOT BE LIMITED TO, WRITTEN DOCUMENTATION REGARDING THE  
4 FOLLOWING ITEMS:

5 (A) A DESCRIPTION OF THE EMPLOYEE OR VOLUNTEER DUTIES;

6 (B) DATE OF HIRE OR ACCEPTANCE OF VOLUNTEER SERVICE AND DATE DUTIES COMMENCED;

7  
8 (C) ORIENTATION AND TRAINING, INCLUDING FIRST AID AND CPR CERTIFICATION, IF APPLICABLE;

9 (D) VERIFICATION FROM THE DEPARTMENT OF REGULATORY AGENCIES OF AN ACTIVE LICENSE OR  
10 CERTIFICATION, IF APPLICABLE;

11 (E) RESULTS OF BACKGROUND CHECKS AND FOLLOW UP, AS APPLICABLE; AND

12 (F) TUBERCULIN TEST RESULTS, IF APPLICABLE.

13 7.14 IF THE EMPLOYEE OR VOLUNTEER IS A QUALIFIED MEDICATION ADMINISTRATION PERSON (QMAP), THE  
14 FOLLOWING SHALL ALSO BE RETAINED IN THE PERSONNEL FILE:

15 (A) DOCUMENTATION THAT THE INDIVIDUAL'S NAME APPEARS ON THE DEPARTMENT'S LIST OF INDIVIDUALS  
16 WHO HAVE SUCCESSFULLY COMPLETED THE MEDICATION ADMINISTRATION COMPETENCY EVALUATION;  
17 AND

18 (B) A SIGNED DISCLOSURE THAT THE INDIVIDUAL HAS NOT HAD A PROFESSIONAL MEDICAL,  
19 NURSING, OR PHARMACY LICENSE REVOKED IN THIS OR ANY OTHER STATE FOR REASONS  
20 DIRECTLY RELATED TO THE ADMINISTRATION OF MEDICATIONS.

21 7.15 PERSONNEL FILES SHALL BE RETAINED FOR THREE YEARS FOLLOWING AN EMPLOYEE'S SEPARATION FROM  
22 EMPLOYMENT OR A VOLUNTEER'S SEPARATION FROM SERVICE AND INCLUDE THE REASON(S) FOR THE  
23 SEPARATION.

24 PERSONAL CARE WORKER

25  
26 7.16 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT EACH PERSONAL CARE WORKER ATTENDS THE INITIAL  
27 ORIENTATION REQUIRED IN SECTION 7.8. THE ALR SHALL ALSO REQUIRE THAT EACH PERSONAL CARE WORKER  
28 RECEIVES ADDITIONAL ORIENTATION ON THE FOLLOWING TOPICS BEFORE PROVIDING CARE AND SERVICES TO A  
29 RESIDENT.

30  
31 (A) PERSONAL CARE WORKER DUTIES AND RESPONSIBILITIES;

32  
33 (B) THE DIFFERENCES BETWEEN PERSONAL SERVICES AND SKILLED CARE; AND

34  
35 (C) OBSERVATION, REPORTING AND DOCUMENTATION REGARDING A RESIDENT'S CHANGE IN FUNCTIONAL  
36 STATUS ALONG WITH THE ALR'S RESPONSE REQUIREMENTS.

37  
38 7.17 ORIENTATION AND TRAINING IS NOT REQUIRED FOR A PERSONAL CARE WORKER (PCW) WHO IS RETURNING TO  
39 AN ASSISTED LIVING RESIDENCE AFTER A BREAK IN SERVICE IF THAT INDIVIDUAL MEETS ALL OF THE FOLLOWING  
40 CONDITIONS:

41  
42 (A) THE PCW COMPLETED THE ALR'S REQUIRED ORIENTATION, TRAINING AND COMPETENCY ASSESSMENT  
43 AT THE TIME OF INITIAL EMPLOYMENT;  
44

- 1 (B) THE PCW SUCCESSFULLY COMPLETED THE ALR'S REQUIRED COMPETENCY ASSESSMENT AT THE  
2 TIME OF REHIRE OR REACTIVATION;  
3  
4 (C) THE PCW DID NOT HAVE PERFORMANCE ISSUES DIRECTLY RELATED TO RESIDENT CARE AND  
5 SERVICES IN THE PRIOR ACTIVE PERIOD OF EMPLOYMENT; AND  
6  
7 (D) ALL ORIENTATION, TRAINING AND PERSONNEL ACTION DOCUMENTATION IS RETAINED IN THE PCW'S  
8 PERSONNEL FILE.  
9  
10 7.18 THE ASSISTED LIVING RESIDENCE SHALL DESIGNATE AN ADMINISTRATOR, NURSE OR OTHER CAPABLE INDIVIDUAL  
11 TO BE RESPONSIBLE FOR THE OVERSIGHT AND SUPERVISION OF EACH PERSONAL CARE WORKER. SUCH  
12 SUPERVISION SHALL INCLUDE, BUT NOT BE LIMITED TO:  
13  
14 (A) BEING ALWAYS AVAILABLE TO RESPOND TO PERSONAL CARE WORKER QUESTIONS; AND  
15  
16 (B) EVALUATING EACH PERSONAL CARE WORKER AT LEAST ANNUALLY.  
17  
18 (1) EACH EVALUATION SHALL INCLUDE OBSERVATION OF THE PERSONAL CARE WORKER  
19 PERFORMING HIS OR HER ASSIGNED TASKS AND DOCUMENTATION THAT THE WORKER IS  
20 COMPETENT IN THE PERFORMANCE OF THOSE TASKS.  
21  
22 7.19 THE ASSISTED LIVING RESIDENCE SHALL ONLY ALLOW A PERSONAL CARE WORKER TO PERFORM TASKS THAT  
23 HAVE A CHRONIC, STABLE, PREDICTABLE OUTCOME AND DO NOT REQUIRE ROUTINE NURSE ASSESSMENT.  
24  
25 7.20 THE POTENTIAL DUTIES OF A PERSONAL CARE WORKER RANGE FROM OBSERVATION AND MONITORING OF  
26 RESIDENTS TO ENSURE THEIR HEALTH, SAFETY AND WELFARE, TO COMPANIONSHIP AND PERSONAL SERVICES.  
27  
28  
29 7.21 BEFORE A PERSONAL CARE WORKER INDEPENDENTLY PERFORMS PERSONAL SERVICES FOR A RESIDENT, THE  
30 ALR DESIGNATED SUPERVISOR SHALL OBSERVE AND DOCUMENT THAT THE WORKER HAS DEMONSTRATED HIS  
31 OR HER ABILITY TO COMPETENTLY PERFORM EVERY PERSONAL TASK ASSIGNED. THIS COMPETENCY CHECK  
32 SHALL BE REPEATED EACH TIME A WORKER IS ASSIGNED A NEW OR ADDITIONAL PERSONAL CARE TASK THAT HE  
33 OR SHE HAS NOT PREVIOUSLY PERFORMED.  
34  
35 7.22 ONLY APPROPRIATELY SKILLED PROFESSIONALS MAY TRAIN PERSONAL CARE WORKERS AND THEIR  
36 SUPERVISORS ON SPECIALIZED TECHNIQUES ASSOCIATED WITH THE DELIVERY OF PERSONAL SERVICES.  
37 (EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, TRANSFERS REQUIRING SPECIALIZED EQUIPMENT AND  
38 ASSISTANCE WITH THERAPEUTIC DIETS). PERSONAL CARE WORKERS AND THEIR SUPERVISORS SHALL BE  
39 EVALUATED FOR COMPETENCY BEFORE THE DELIVERY OF EACH PERSONAL SERVICE REQUIRING A SPECIALIZED  
40 TECHNIQUE.  
41  
42 (A) DOCUMENTATION REGARDING COMPETENCY IN SPECIALIZED TECHNIQUES SHALL BE INCLUDED IN THE  
43 PERSONNEL FILES OF BOTH PERSONAL CARE WORKERS AND SUPERVISORS.  
44  
45 (B) A REGISTERED NURSE WHO IS EMPLOYED OR CONTRACTED BY THE ASSISTED LIVING RESIDENCE MAY  
46 DELEGATE TO A PERSONAL CARE WORKER IN ACCORDANCE WITH THE NURSING PRACTICE ACT IF THE  
47 REGISTERED NURSE IS THE SUPERVISING NURSE FOR THE PERSONAL CARE WORKER.  
48  
49 7.23 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT EACH PERSONAL CARE WORKER COMPLIES WITH ALL  
50 ASSISTED LIVING RESIDENCE POLICIES AND PROCEDURES AND NOT ALLOW A PERSONAL CARE WORKER TO  
51 PERFORM ANY FUNCTIONS WHICH ARE OUTSIDE OF HIS OR HER JOB DESCRIPTION, WRITTEN AGREEMENTS OR A  
52 RESIDENT'S CARE PLAN.  
53

## 54 **SECTION 8 – STAFFING REQUIREMENTS**

### 55 MINIMUM STAFFING

56

- 1  
2 8.1 WHENEVER ONE OR MORE RESIDENTS ARE PRESENT IN THE ASSISTED LIVING RESIDENCE, THERE SHALL BE AT  
3 LEAST ONE STAFF MEMBER PRESENT WHO IS QUALIFIED AND CAPABLE OF RESPONDING TO AN EMERGENCY.  
4  
5 (A) RESIDENTS SHALL NOT BE TRANSFERRED OFF SITE SOLELY FOR THE CONVENIENCE OF THE ASSISTED  
6 LIVING RESIDENCE OR ITS STAFF.  
7  
8 8.2 BETWEEN 10 PM AND 6 AM, STAFF SHALL CONDUCT A STATUS CHECK OF ALL CONSENTING RESIDENTS AT LEAST  
9 EVERY 4 HOURS.  
10

11 FIRST AID, OBSTRUCTED AIRWAY TECHNIQUE AND CARDIOPULMONARY RESUSCITATION (CPR) TRAINED STAFF

- 12 8.3 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT IT HAS SUFFICIENT STAFF MEMBERS WHO ARE  
13 CURRENTLY CERTIFIED IN FIRST AID AND CARDIOPULMONARY RESUSCITATION TO MEET THE REQUIREMENTS OF  
14 THIS SECTION.  
15  
16 8.4 EACH ASSISTED LIVING RESIDENCE SHALL HAVE AT LEAST ONE STAFF MEMBER ONSITE AT ALL TIMES WHO HAS  
17 CURRENT CERTIFICATION IN FIRST AID FROM A NATIONALLY RECOGNIZED ORGANIZATION SUCH AS THE AMERICAN  
18 RED CROSS, THE AMERICAN HEART ASSOCIATION, NATIONAL SAFETY COUNCIL, OR AMERICAN SAFETY AND  
19 HEALTH INSTITUTE. THE CERTIFICATION SHALL EITHER BE IN ADULT FIRST AID OR INCLUDE ADULT FIRST AID.  
20  
21 8.5 EACH ASSISTED LIVING RESIDENCE SHALL HAVE AT LEAST ONE STAFF MEMBER ONSITE AT ALL TIMES WHO HAS  
22 CURRENT CERTIFICATION IN CARDIOPULMONARY RESUSCITATION (CPR) AND OBSTRUCTED AIRWAY TECHNIQUES  
23 FROM A NATIONALLY RECOGNIZED ORGANIZATION SUCH AS THE AMERICAN RED CROSS, THE AMERICAN HEART  
24 ASSOCIATION, NATIONAL SAFETY COUNCIL, OR AMERICAN SAFETY AND HEALTH INSTITUTE. THE CERTIFICATION  
25 SHALL EITHER BE IN ADULT CPR OR INCLUDE ADULT CPR.  
  
26 8.6 EACH ASSISTED LIVING RESIDENCE SHALL PLACE IN A VISIBLE LOCATION A LIST OF ALL STAFF WHO HAVE  
27 CURRENT CERTIFICATION IN FIRST AID OR CPR SO THAT THE INFORMATION IS READILY AVAILABLE TO STAFF AT  
28 ALL TIMES. THE LIST SHALL BE KEPT UP TO DATE AND INDICATE BY STAFF PERSON WHETHER THE CERTIFICATION  
29 IS IN FIRST AID OR CPR OR BOTH.  
  
30 8.7 EACH ASSISTED LIVING RESIDENCE SHALL REQUIRE THAT ALL STAFF WHO ARE CERTIFIED IN FIRST AID AND/OR  
31 OBSTRUCTED AIRWAY TECHNIQUES PROMPTLY PROVIDE THOSE SERVICES IN ACCORDANCE WITH THEIR  
32 TRAINING.  
  
33 8.8 EACH ASSISTED LIVING RESIDENCE SHALL REQUIRE THAT ALL STAFF WHO ARE CERTIFIED IN CPR PROMPTLY  
34 PROVIDE THOSE SERVICES IN ACCORDANCE WITH THEIR TRAINING, UNLESS THE AFFECTED RESIDENT HAS A DO  
35 NOT RESUSCITATE ORDER.  
  
36 8.9 EACH ASSISTED LIVING RESIDENCE SHALL REQUIRE THAT STAFF, EVEN IF NOT CERTIFIED IN FIRST AID OR CPR,  
37 PROMPTLY RESPOND TO AN EMERGENCY AND FOLLOW THE INSTRUCTIONS OF A 911 EMERGENCY CALL  
38 OPERATOR UNTIL A MEDICALLY TRAINED PROVIDER CAN ASSUME CARE.  
39

40 STAFFING LEVELS

- 41  
42 8.10 TO DETERMINE APPROPRIATE ROUTINE STAFFING LEVELS, THE ASSISTED LIVING RESIDENCE SHALL CONSIDER, AT  
43 A MINIMUM, THE FOLLOWING ITEMS:  
44  
45 (A) THE ACUITY AND NEEDS OF THE RESIDENTS;  
46  
47 (B) THE SERVICES OUTLINED IN THE CARE PLAN; AND  
48  
49 (C) THE SERVICES SET FORTH IN THE RESIDENT AGREEMENT.  
50

1 8.11 STAFF SHALL BE SUFFICIENT IN NUMBER TO HELP RESIDENTS NEEDING OR POTENTIALLY NEEDING ASSISTANCE,  
2 CONSIDERING INDIVIDUAL NEEDS SUCH AS THE RISK OF ACCIDENT, HAZARDS, OR OTHER CHALLENGING EVENTS.  
3

4 USE OF VOLUNTEERS AND RESIDENTS  
5

6 8.12 VOLUNTEERS AND RESIDENTS MAY ASSIST WITH THE PROVISION OF RESIDENT CARE AND SERVICES BUT THE  
7 ASSISTED LIVING RESIDENCE SHALL NOT CONSIDER THE USE OF EITHER VOLUNTEERS OR RESIDENT HELPERS IN  
8 DETERMINING THE APPROPRIATE STAFFING LEVEL.  
9

10 USE OF HOSPICE PROVIDERS  
11

12 8.13 WHEN HOSPICE CARE IS PROVIDED IN AN ASSISTED LIVING RESIDENCE, THERE SHALL BE A WRITTEN AGREEMENT  
13 REGARDING THE PROVISION OF THAT CARE BY A HOSPICE PROVIDER. THE WRITTEN AGREEMENT SHALL BE  
14 SIGNED BY AUTHORIZED REPRESENTATIVES OF THE HOSPICE AND ASSISTED LIVING RESIDENCE PRIOR TO THE  
15 PROVISION OF HOSPICE CARE. THE WRITTEN AGREEMENT SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING:  
16

- 17 (A) HOW THE ASSISTED LIVING RESIDENCE AND HOSPICE WILL COORDINATE AND COMMUNICATE WITH EACH  
18 OTHER TO ENSURE THAT THE NEEDS OF THE RESIDENT ARE BEING FULLY MET;  
19  
20 (B) A PROVISION THAT THE ASSISTED LIVING RESIDENCE SHALL IMMEDIATELY NOTIFY THE HOSPICE IF:  
21  
22 (1) THERE IS A SIGNIFICANT CHANGE IN THE RESIDENT'S PHYSICAL, MENTAL, SOCIAL OR  
23 EMOTIONAL STATUS THAT MAY NECESSITATE A CHANGE TO THE RESIDENT'S CARE PLAN;  
24  
25 (2) THERE IS A NEED TO TRANSFER THE PATIENT FROM THE ASSISTED LIVING RESIDENCE, IN WHICH  
26 CASE THE HOSPICE SHALL COORDINATE ANY NECESSARY CARE RELATED TO THE TERMINAL  
27 ILLNESS AND RELATED CONDITIONS; OR  
28  
29 (3) THE PATIENT DIES.  
30  
31 (C) A PROVISION STATING THAT THE HOSPICE ASSUMES RESPONSIBILITY FOR DETERMINING THE  
32 APPROPRIATE COURSE OF HOSPICE CARE, INCLUDING THE DETERMINATION TO CHANGE THE LEVEL OF  
33 SERVICES PROVIDED; AND  
34  
35 (D) A PROVISION STATING THAT IT IS THE RESPONSIBILITY OF THE ASSISTED LIVING RESIDENCE TO PROVIDE  
36 24-HOUR ROOM AND BOARD AND THE OTHER SERVICES REQUIRED BY THIS CHAPTER 7.  
37

38 8.14 IF A HOSPICE PROVIDER FAILS TO PROVIDE SERVICES WHEN THEY ARE NECESSARY, THE ASSISTED LIVING  
39 RESIDENCE SHALL FOLLOW THE REQUIREMENTS OF SECTION 12.5 REGARDING A RESIDENT'S SIGNIFICANT  
40 CHANGE OF CONDITION AND REQUEST A PRACTITIONER ASSESSMENT.  
41

42 CONTRACTED PERSONNEL AND SERVICES  
43

44 8.15 AN ASSISTED LIVING RESIDENCE THAT USES A SEPARATE AGENCY, ORGANIZATION OR INDIVIDUAL TO PROVIDE  
45 SERVICES FOR THE ALR OR RESIDENTS SHALL HAVE A WRITTEN AGREEMENT THAT SETS FORTH THE TERMS OF  
46 THE ARRANGEMENT. THE AGREEMENT SHALL SPECIFY, AT A MINIMUM, THE FOLLOWING ITEMS:  
47

- 48 (A) THE SPECIFIC SERVICES TO BE PROVIDED;  
49  
50 (B) THE TIME FRAME FOR THE PROVISION OF SUCH SERVICES;  
51  
52 (C) THE CONTRACTOR'S OBLIGATION TO COMPLY WITH ALL APPLICABLE ASSISTED LIVING RESIDENCE  
53 POLICIES AND PROCEDURES, INCLUDING PERSONNEL QUALIFICATIONS;  
54  
55 (D) HOW SUCH SERVICES WILL BE COORDINATED AND OVERSEEN BY THE ASSISTED LIVING RESIDENCE; AND  
56

1 (E) THE PROCEDURE FOR PAYMENT OF SERVICES PROVIDED UNDER THE CONTRACT.  
2

3 8.16 IF CONTRACT PERSONNEL AND/OR SERVICES ARE USED, THE CONTRACTOR SHALL MEET ALL APPLICABLE  
4 REQUIREMENTS OF THESE REGULATIONS.  
5

6 8.17 IF AN ASSISTED LIVING RESIDENCE UTILIZES CONTRACTED STAFF, SUCH USE SHALL BE DISCLOSED TO  
7 RESIDENTS.  
8

9 8.18 NOTWITHSTANDING THE ABOVE CRITERIA, THE ASSISTED LIVING RESIDENCE SHALL RETAIN LEGAL  
10 RESPONSIBILITY AND OVERSIGHT OF ALL CONTRACTED PERSONNEL AND SERVICES TO ENSURE THE HEALTH,  
11 SAFETY AND WELFARE OF THE RESIDENTS.  
12

### 13 **SECTION 9 – POLICIES AND PROCEDURES** 14

15 9.1 THE ASSISTED LIVING RESIDENCE SHALL DEVELOP AND AT LEAST ANNUALLY REVIEW, ALL POLICIES AND  
16 PROCEDURES. AT A MINIMUM, THE ALR SHALL HAVE POLICIES AND PROCEDURES THAT ADDRESS THE  
17 FOLLOWING ITEMS:  
18

19 (A) ADMITTANCE AND DISCHARGE CRITERIA IN ACCORDANCE WITH SECTIONS 11 AND 25, IF  
20 APPLICABLE;  
21

22 (B) RESIDENT RIGHTS;  
23

24 (C) GRIEVANCE PROCEDURE AND COMPLAINT RESOLUTION;  
25

26 (D) INVESTIGATION OF ABUSE AND NEGLECT ALLEGATIONS;  
27

28 (E) HOUSE RULES;  
29

30 (F) EMERGENCY PREPAREDNESS;  
31

32 (G) FALL MANAGEMENT;  
33

34 (H) PROVISION OF LIFT ASSISTANCE, FIRST AID AND CARDIOPULMONARY RESUSCITATION;  
35

36 (I) UNANTICIPATED ILLNESS, INJURY, SIGNIFICANT CHANGE OF STATUS FROM BASELINE OR DEATH OF  
37 RESIDENT;  
38

39 (J) INFECTION CONTROL;  
40

41 (K) PRACTITIONER ASSESSMENT;  
42

43 (L) HEALTH INFORMATION MANAGEMENT;  
44

45 (M) PERSONNEL;  
46

47 (N) STAFF TRAINING;  
48

49 (O) ENVIRONMENTAL PEST CONTROL;  
50

51 (P) MEDICATION ERRORS AND MEDICATION DESTRUCTION AND DISPOSAL;  
52

53 (Q) MANAGEMENT OF RESIDENT FUNDS, IF APPLICABLE;  
54

55 (R) POLICIES AND PROCEDURES RELATED TO SECURE ENVIRONMENT, IF APPLICABLE; AND  
56



- 1 (S) PROVISION OF PALLIATIVE CARE IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 3.3.1, IF  
2 APPLICABLE.  
3

4 **SECTION 10 – EMERGENCY PREPAREDNESS**

5  
6 EMERGENCY POLICIES AND PROCEDURES

- 7 10.1 THE ASSISTED LIVING RESIDENCE SHALL HAVE READILY AVAILABLE A ROSTER OF CURRENT RESIDENTS, THEIR  
8 ROOM ASSIGNMENTS AND EMERGENCY CONTACT INFORMATION ALONG WITH A FACILITY DIAGRAM SHOWING  
9 ROOM LOCATIONS.
- 10 10.2 THE ASSISTED LIVING RESIDENCE SHALL COMPLETE A RISK ASSESSMENT USING AN ALL HAZARDS  
11 PREPAREDNESS APPROACH TO ADDRESS NATURAL AND MAN-MADE CRISES INCLUDING, BUT NOT LIMITED TO,  
12 FIRE(S), GAS EXPLOSION, POWER OUTAGES, TORNADO, FLOODING AND THREATENED OR ACTUAL ACTS OF  
13 VIOLENCE.
- 14 10.3 THE ASSISTED LIVING RESIDENCE SHALL DEVELOP AND FOLLOW WRITTEN POLICIES AND PROCEDURES TO  
15 ENSURE THE CONTINUATION OF NECESSARY CARE TO ALL RESIDENTS FOR AT LEAST 72 HOURS IMMEDIATELY  
16 FOLLOWING ANY EMERGENCY INCLUDING, BUT NOT LIMITED TO, A LONG-TERM POWER FAILURE.
- 17 10.4 EMERGENCY POLICIES AND PROCEDURES SHALL BE TAILORED TO THE GEOGRAPHIC LOCATION OF THE ASSISTED  
18 LIVING RESIDENCE; TYPES OF RESIDENTS SERVED AND UNIQUE RISKS AND CIRCUMSTANCES IDENTIFIED BY THE  
19 ALR.
- 20 10.5 EACH ASSISTED LIVING RESIDENCE SHALL IDENTIFY ITS HIGHEST POTENTIAL RISK AND HOLD ROUTINE DRILLS TO  
21 FACILITATE STAFF AND RESIDENT RESPONSE TO THAT RISK. THERE SHALL BE WRITTEN DOCUMENTATION OF  
22 SUCH DRILLS.
- 23 10.6 EACH ASSISTED LIVING RESIDENCE’S EMERGENCY POLICIES SHALL ADDRESS, AT A MINIMUM, THE FOLLOWING  
24 ITEMS:
- 25 (A) WRITTEN INSTRUCTIONS FOR EACH IDENTIFIED RISK THAT INCLUDES PERSONS TO BE NOTIFIED AND  
26 STEPS TO BE TAKEN. THE INSTRUCTIONS SHALL BE READILY AVAILABLE 24 HOURS A DAY IN MORE THAN  
27 ONE LOCATION WITH ALL STAFF AWARE OF THE LOCATIONS;
- 28 (B) A SCHEMATIC PLAN OF THE BUILDING OR PORTIONS THEREOF PLACED VISIBLY IN A CENTRAL LOCATION  
29 AND THROUGHOUT THE BUILDING, AS NEEDED, SHOWING EVACUATION ROUTES, SMOKE STOP AND FIRE  
30 DOORS, EXIT DOORS, AND THE LOCATION OF FIRE EXTINGUISHERS AND FIRE ALARM BOXES;
- 31 (C) WHEN TO EVACUATE THE PREMISES AND THE PROCEDURE FOR DOING SO;
- 32 (D) A PRE-DETERMINED MEANS OF COMMUNICATING WITH RESIDENTS, FAMILIES, STAFF AND OTHER  
33 PROVIDERS;
- 34 (E) THE PROVISION OF EMERGENCY POWER FOR ESSENTIAL FUNCTIONS AND ALL RESIDENT-REQUIRED  
35 MEDICAL DEVICES OR AUXILIARY AIDS;
- 36 (F) STORAGE AND PRESERVATION OF MEDICATIONS;
- 37 (G) ASSIGNMENT OF SPECIFIC TASKS AND RESPONSIBILITIES TO THE STAFF MEMBERS ON EACH SHIFT  
38 INCLUDING USE OF A TRIAGE SYSTEM TO ASSESS THE NEEDS OF THE MOST VULNERABLE RESIDENTS  
39 FIRST;
- 40 (H) PROTECTION AND TRANSFER OF HEALTH INFORMATION AS NEEDED TO MEET THE CARE NEEDS OF  
41 RESIDENTS; AND

1 (I) IN THE EVENT RELOCATION OF RESIDENTS BECOMES NECESSARY, WRITTEN AGREEMENTS WITH OTHER  
2 HEALTH FACILITIES AND/OR COMMUNITY AGENCIES.

3  
4 EMERGENCY EQUIPMENT

5 10.7 FIRST AID EQUIPMENT SHALL BE MAINTAINED ON THE PREMISES IN A READILY AVAILABLE LOCATION AND STAFF  
6 SHALL BE INSTRUCTED IN ITS USE AND LOCATION.

7 10.8 THE ASSISTED LIVING RESIDENCE SHALL HAVE ENOUGH FIRST AID KITS TO ENABLE STAFF TO IMMEDIATELY  
8 RESPOND TO EMERGENCIES. EACH FIRST AID KIT SHALL BE CHECKED REGULARLY TO ENSURE THAT IT IS FULLY  
9 STOCKED AND THAT ANY EXPIRATION DATE IS NOT EXCEEDED.

10 10.9 EACH KIT SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING ITEMS:

11 (A) LATEX FREE DISPOSABLE GLOVES,

12 (B) SCISSORS,

13 (C) ADHESIVE BANDAGES,

14 (D) BANDAGE TAPE,

15 (E) STERILE GAUZE PADS,

16 (F) FLEXIBLE ROLLER GAUZE,

17 (G) TRIANGULAR BANDAGES WITH SAFETY PINS,

18 (H) A NOTE PAD WITH A PEN OR PENCIL,

19 (I) A CPR BARRIER DEVICE OR MASK, AND

20 (J) SOAP OR WATERLESS HAND SANITIZER.

21 10.10 IF THE ASSISTED LIVING RESIDENCE HAS AN AUTOMATED EXTERNAL DEFIBRILLATOR (AED), STAFF SHALL BE  
22 TRAINED IN ITS USE AND IT SHALL BE MAINTAINED IN ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS.

23 10.11 THERE SHALL BE AT LEAST ONE TELEPHONE, NOT POWERED BY HOUSEHOLD ELECTRICAL CURRENT, IN THE  
24 ASSISTED LIVING RESIDENCE AVAILABLE FOR IMMEDIATE EMERGENCY USE BY STAFF, RESIDENTS, AND VISITORS.  
25 CONTACT INFORMATION FOR POLICE, FIRE, AMBULANCE [9-1-1, IF APPLICABLE] AND POISON CONTROL CENTER  
26 SHALL BE READILY ACCESSIBLE TO STAFF.

27 10.12 ASSISTED LIVING RESIDENCES SHALL HAVE A BATTERY OR GENERATOR-POWERED ALTERNATIVE LIGHTING  
28 SYSTEM AVAILABLE IN THE EVENT OF A POWER FAILURE.

29 **SECTION 11 – RESIDENT ADMITTANCE AND DISCHARGE**

30 MOVE-IN CRITERIA

31 11.1 THE ASSISTED LIVING RESIDENCE SHALL ACCEPT ONLY THOSE PERSONS WHO'S NEEDS CAN BE FULLY MET BY  
32 THE EXISTING STAFF, PHYSICAL ENVIRONMENT AND SERVICES ALREADY BEING PROVIDED. THE ASSISTED LIVING  
33 RESIDENCE'S ABILITY TO MEET RESIDENT NEEDS SHALL BE BASED UPON A COMPREHENSIVE PRE-ADMITTANCE  
34 ASSESSMENT OF A RESIDENT'S PHYSICAL, MENTAL AND SOCIAL NEEDS; CULTURAL, RELIGIOUS AND ACTIVITY  
35 NEEDS; PREFERENCES; AND CAPACITY FOR SELF-CARE.

1 MOVE-IN RESTRICTIONS

2 11.2 AN ASSISTED LIVING RESIDENCE SHALL NOT ALLOW TO MOVE-IN ANY PERSON WHO:

3 (A) NEEDS REGULAR 24-HOUR MEDICAL OR NURSING CARE;

4 (B) IS INCAPABLE OF SELF-ADMINISTRATION OF MEDICATION AND THE ALR DOES NOT HAVE STAFF WHO  
5 ARE EITHER LICENSED OR QUALIFIED UNDER 6 CCR 1011-1, CHAPTER 24 TO ADMINISTER  
6 MEDICATIONS;

7 (C) HAS AN ACUTE PHYSICAL ILLNESS WHICH CANNOT BE MANAGED THROUGH MEDICATION OR PRESCRIBED  
8 THERAPY;

9 (D) HAS PHYSICAL LIMITATIONS THAT RESTRICT MOBILITY UNLESS COMPENSATED FOR BY AVAILABLE  
10 AUXILIARY AIDS OR INTERMITTENT STAFF ASSISTANCE;

11 (E) HAS INCONTINENCE ISSUES THAT CANNOT BE MANAGED BY THE RESIDENT OR STAFF;

12 (F) IS CONSISTENTLY DISORIENTED TO TIME, PERSON AND PLACE AND THE ALR DOES NOT PROVIDE A  
13 SECURE ENVIRONMENT;

14 (G) HAS A HISTORY OF CONDUCT THAT HAS BEEN DISCLOSED TO THE ALR THAT WOULD POSE A DANGER TO  
15 THE RESIDENT OR OTHERS UNLESS THE ALR REASONABLY BELIEVES THAT THE CONDUCT CAN BE  
16 MANAGED THROUGH THERAPEUTIC INTERVENTIONS; OR

17 (H) NEEDS RESTRAINTS, AS DEFINED HEREIN, OF ANY KIND EXCEPT AS STATUTORILY ALLOWED FOR  
18 ASSISTED LIVING RESIDENCES WHICH ARE CERTIFIED TO PROVIDE SERVICES SPECIFICALLY FOR THE  
19 MENTALLY ILL.

20 (1) ASSISTED LIVING RESIDENCES CERTIFIED TO PROVIDE SERVICES FOR THE MENTALLY ILL SHALL  
21 HAVE POLICIES, PROCEDURES AND APPROPRIATE STAFF TRAINING REGARDING THE USE OF  
22 RESTRAINT AND MAINTAIN CURRENT DOCUMENTATION TO SHOW THAT LESS RESTRICTIVE  
23 MEASURES WERE AND CONTINUE TO BE UNSUCCESSFUL.

24 RESIDENT AGREEMENT

25 11.3 AT THE TIME THE RESIDENT MOVES IN, THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT THE RESIDENT  
26 AND/OR THE RESIDENT'S LEGAL REPRESENTATIVE HAS RECEIVED A COPY OF THE WRITTEN RESIDENT  
27 AGREEMENT AND AGREED TO THE TERMS SET FORTH THEREIN. THE ALR SHALL ENSURE THAT THE AGREEMENT  
28 IS SIGNED AND DATED BY BOTH PARTIES.

29 11.4 THE TERMS OF A RESIDENT AGREEMENT SHALL NOT ALTER, OR BE CONSTRUED TO RELIEVE THE ASSISTED LIVING  
30 RESIDENCE OF COMPLIANCE WITH, ANY REQUIREMENT OR OBLIGATION UNDER RELEVANT FEDERAL, STATE OR  
31 LOCAL LAW AND REGULATION.

32 11.5 THE ASSISTED LIVING RESIDENCE SHALL REVIEW ITS RESIDENT AGREEMENTS ANNUALLY AND UPDATE OR AMEND  
33 THEM WHEN THERE IS A CHANGE OF OWNERSHIP OR AS OTHERWISE NECESSARY. AMENDMENTS TO THE  
34 RESIDENT AGREEMENT SHALL ALSO BE SIGNED AND DATED BY BOTH PARTIES.

35 11.6 THE WRITTEN RESIDENT AGREEMENT SHALL SPECIFY THE UNDERSTANDING BETWEEN THE PARTIES  
36 CONCERNING, AT A MINIMUM, THE FOLLOWING ITEMS:

37 (A) ASSISTED LIVING RESIDENCE CHARGES, REFUNDS AND DEPOSIT POLICIES;

- 1 (B) THE GENERAL TYPE OF SERVICES AND ACTIVITIES PROVIDED AND NOT PROVIDED BY THE ASSISTED  
2 LIVING RESIDENCE AND THOSE WHICH THE ALR WILL ASSIST THE RESIDENT IN OBTAINING;
- 3 (C) A LIST OF SPECIFIC ASSISTED LIVING RESIDENCE SERVICES INCLUDED FOR THE AGREED UPON RATES  
4 AND CHARGES, ALONG WITH A LIST OF ALL AVAILABLE OPTIONAL SERVICES AND THE SPECIFIED CHARGE  
5 FOR EACH;
- 6 (D) THE AMOUNT OF ANY FEE TO HOLD A PLACE FOR THE RESIDENT IN THE ASSISTED LIVING RESIDENCE  
7 WHILE THE RESIDENT IS ABSENT FROM THE ALR AND THE CIRCUMSTANCES UNDER WHICH IT WILL BE  
8 CHARGED;
- 9 (E) RESPONSIBILITY FOR PROVIDING AND MAINTAINING BED LINENS, BATH AND HYGIENE SUPPLIES, ROOM  
10 FURNISHINGS, COMMUNICATION DEVICES AND AUXILIARY AIDS; AND
- 11 (F) A GUARANTEE THAT ANY SECURITY DEPOSIT WILL BE FULLY REIMBURSED IF THE ASSISTED LIVING  
12 RESIDENCE CLOSSES WITHOUT GIVING RESIDENT(S) WRITTEN NOTICE AT LEAST 30 CALENDAR DAYS  
13 BEFORE SUCH CLOSURE.

14 WRITTEN DISCLOSURE OF INFORMATION

- 15
- 16 11.7 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT WHEN A NEW RESIDENT MOVES IN, HE OR SHE IS  
17 PROVIDED WITH, AND ACKNOWLEDGES RECEIPT OF, THE FOLLOWING INFORMATION:
- 18 (A) THE ASSISTED LIVING RESIDENCE POLICIES AND PROCEDURES LISTED UNDER SECTION 9;
- 19 (B) THE RESIDENT'S RIGHT TO RECEIVE CARDIOPULMONARY RESUSCITATION (CPR) OR HAVE A WRITTEN  
20 ADVANCE DIRECTIVE REFUSING CPR;
- 21 (C) MINIMUM STAFFING LEVELS, WHETHER THE ASSISTED LIVING RESIDENCE HAS AWAKE STAFF 24 HOURS A  
22 DAY AND THE EXTENT TO WHICH CERTIFIED OR LICENSED HEALTH CARE PROFESSIONALS ARE AVAILABLE  
23 ON-SITE;
- 24 (D) WHETHER THE ASSISTED LIVING RESIDENCE HAS AN AUTOMATIC FIRE SPRINKLER SYSTEM;
- 25 (E) WHETHER THE ASSISTED LIVING RESIDENCE HAS RESIDENT LOCATION MONITORING DEVICES, WHEN AND  
26 WHERE THEY ARE USED, AND HOW THE ASSISTED LIVING RESIDENCE DETERMINES THAT A RESIDENT  
27 REQUIRES MONITORING;
- 28 (F) WHETHER THE ASSISTED LIVING RESIDENCE OPERATES A SECURE ENVIRONMENT AND WHAT THAT  
29 MEANS;
- 30 (G) THE RESIDENT'S INDIVIDUALIZED CARE PLAN THAT ADDRESSES HIS OR HER FUNCTIONAL CAPABILITY  
31 AND NEEDS;
- 32 (H) SMOKING PROHIBITIONS AND/OR DESIGNATED AREAS FOR SMOKING;
- 33 (I) THE READILY AVAILABLE ON-SITE LOCATION OF THE ASSISTED LIVING RESIDENCE'S MOST RECENT  
34 INSPECTION REPORT; AND
- 35 (J) UPON REQUEST, A COPY OF THE MOST RECENT VERSION OF THESE CHAPTER 7 RULES.

36 MANAGEMENT OF RESIDENT FUNDS/PROPERTY

- 1 11.8 AN ASSISTED LIVING RESIDENCE SHALL NOT ASSUME POWER OF ATTORNEY OR GUARDIANSHIP OVER A RESIDENT  
2 UNLESS BY COURT ORDER, NOR SHALL AN ALR REQUIRE A RESIDENT TO EXECUTE OR ASSIGN A LOAN, ADVANCE,  
3 FINANCIAL INTEREST, MORTGAGE OR OTHER PROPERTY IN EXCHANGE FOR FUTURE SERVICES.
- 4 11.9 AN ASSISTED LIVING RESIDENCE SHALL NOT BE REQUIRED TO HANDLE RESIDENT FUNDS OR PROPERTY.
- 5 11.10 AN ASSISTED LIVING RESIDENCE THAT CHOOSES TO HANDLE RESIDENT FUNDS OR PROPERTY, SHALL HAVE A  
6 POLICY REGARDING THE MANAGEMENT OF SUCH FUNDS AND SHALL COMPLY WITH THE FOLLOWING CRITERIA:
- 7 (A) THERE SHALL BE A WRITTEN AUTHORIZATION THAT SPECIFIES THE TERMS AND DURATION OF THE  
8 FINANCIAL MANAGEMENT SERVICES TO BE PERFORMED BY THE ASSISTED LIVING RESIDENCE. SUCH  
9 AUTHORIZATION SHALL BE SIGNED BY THE RESIDENT OR RESIDENT'S LEGAL REPRESENTATIVE AND  
10 NOTARIZED.
- 11 (B) UPON ENTERING INTO AN AGREEMENT WITH A RESIDENT FOR FINANCIAL MANAGEMENT SERVICES, THE  
12 ASSISTED LIVING RESIDENCE SHALL EXERCISE FIDUCIARY RESPONSIBILITY FOR THESE FUNDS AND  
13 PROPERTY, INCLUDING, BUT NOT LIMITED TO, MAINTAINING ANY FUNDS OVER THE AMOUNT OF FIVE  
14 HUNDRED DOLLARS (\$500) IN AN INTEREST-BEARING ACCOUNT, SEPARATE FROM THE GENERAL  
15 OPERATING FUND OF THE ALR, WHICH INTEREST SHALL ACCRUE TO THE RESIDENT.
- 16 (C) THE ASSISTED LIVING RESIDENCE SHALL POST A SURETY BOND IN AN AMOUNT SUFFICIENT TO PROTECT  
17 THE RESIDENTS' PERSONAL FUNDS.
- 18 (D) THE ASSISTED LIVING RESIDENCE SHALL MAINTAIN A CONTINUOUS, DATED RECORD OF ALL FINANCIAL  
19 TRANSACTIONS. THE RECORD SHALL BEGIN WITH THE DATE OF THE FIRST HANDLING OF THE PERSONAL  
20 FUNDS OF THE RESIDENT AND SHALL BE KEPT ON FILE FOR AT LEAST THREE YEARS FOLLOWING  
21 TERMINATION OF THE RESIDENT'S STAY IN THE ALR. SUCH RECORD SHALL BE AVAILABLE FOR  
22 INSPECTION BY THE DEPARTMENT.
- 23 (E) THE ASSISTED LIVING RESIDENCE SHALL PROVIDE THE RESIDENT OR LEGAL REPRESENTATIVE A RECEIPT  
24 EACH TIME FUNDS ARE DISBURSED ALONG WITH A QUARTERLY REPORT IDENTIFYING THE BEGINNING  
25 AND ENDING ACCOUNT BALANCE ALONG WITH A DESCRIPTION OF EACH AND EVERY TRANSACTION SINCE  
26 THE LAST REPORT.

27 DISCHARGE

- 28 11.11 THE ASSISTED LIVING RESIDENCE SHALL ARRANGE TO DISCHARGE WITHIN 30 CALENDAR DAYS ANY RESIDENT  
29 WHO:
- 30 (A) HAS AN ACUTE PHYSICAL ILLNESS WHICH CANNOT BE MANAGED THROUGH MEDICATION OR PRESCRIBED  
31 THERAPY;
- 32 (B) HAS PHYSICAL LIMITATIONS THAT RESTRICT MOBILITY AND WHICH CANNOT BE COMPENSATED FOR BY  
33 AVAILABLE AUXILIARY AIDS OR INTERMITTENT STAFF ASSISTANCE;
- 34 (C) HAS INCONTINENCE ISSUES THAT CANNOT BE MANAGED BY THE RESIDENT OR STAFF;
- 35 (D) HAS A STAGE 3 OR STAGE 4 PRESSURE SORE AND DOES NOT MEET THE CRITERIA IN SECTION 12.4;
- 36 (E) IS CONSISTENTLY DISORIENTED TO TIME, PERSON AND PLACE AND THE ASSISTED LIVING RESIDENCE  
37 DOES NOT PROVIDE A SECURE ENVIRONMENT;
- 38 (F) EXHIBITS CONDUCT THAT DISRUPTS THE HEALTH, SAFETY OR WELFARE OF THE OTHER RESIDENTS OR  
39 STAFF OR POSES A PHYSICAL THREAT TO SELF OR OTHERS AND THE ASSISTED LIVING RESIDENCE IS  
40 UNABLE TO SUFFICIENTLY ADDRESS THOSE ISSUES THROUGH THERAPEUTIC INTERVENTION; AND/OR

- 1  
2 (G) NEEDS MORE SERVICES THAN CAN BE ROUTINELY PROVIDED BY THE ASSISTED LIVING RESIDENCE OR AN  
3 EXTERNAL SERVICE PROVIDER.
- 4 11.12 THE ASSISTED LIVING RESIDENCE MAY ALSO DISCHARGE A RESIDENT FOR:
- 5 (A) NONPAYMENT OF BASIC SERVICES IN ACCORDANCE WITH THE RESIDENT AGREEMENT; OR
- 6 (B) THE RESIDENT'S FAILURE TO COMPLY WITH A VALID, SIGNED RESIDENT AGREEMENT.
- 7 11.13 WHERE A RESIDENT HAS DEMONSTRATED THAT HE OR SHE HAS BECOME A DANGER TO SELF OR OTHERS, THE  
8 ASSISTED LIVING RESIDENCE SHALL PROMPTLY IMPLEMENT THE FOLLOWING PROCESS PENDING DISCHARGE:
- 9 (A) TAKE ALL APPROPRIATE MEASURES NECESSARY TO PROTECT OTHER RESIDENTS;
- 10 (B) REASSESS THE RESIDENT TO BE DISCHARGED AND REVISE HIS OR HER CARE PLAN TO IDENTIFY  
11 THE RESIDENT'S CURRENT NEEDS AND WHAT SERVICES THE ASSISTED LIVING RESIDENCE WILL  
12 PROVIDE TO MEET THOSE NEEDS; AND
- 13 (C) ENSURE ALL STAFF ARE AWARE OF ANY NEW DIRECTIVES PLACED IN THE CARE PLAN AND ARE  
14 PROPERLY TRAINED TO PROVIDE SUPERVISION AND ACTIONS CONSISTENT WITH THE CARE  
15 PLAN.
- 16 11.14 THE ASSISTED LIVING RESIDENCE SHALL COORDINATE A VOLUNTARY OR INVOLUNTARY DISCHARGE WITH THE  
17 RESIDENT, THE RESIDENT'S LEGAL REPRESENTATIVE AND/OR THE APPROPRIATE AGENCY. PRIOR TO  
18 DISCHARGING A RESIDENT BECAUSE OF INCREASED CARE NEEDS, THE ASSISTED LIVING RESIDENCE SHALL MAKE  
19 DOCUMENTED EFFORTS TO MEET THOSE NEEDS THROUGH OTHER MEANS.
- 20 11.15 IN THE EVENT A RESIDENT IS TRANSFERRED TO ANOTHER HEALTH CARE ENTITY FOR ADDITIONAL CARE, THE  
21 ASSISTED LIVING RESIDENCE SHALL ARRANGE TO EVALUATE THE RESIDENT PRIOR TO RE-ADMITTANCE OR  
22 DISCHARGE THE RESIDENT IN ACCORDANCE WITH THE DISCHARGE PROCEDURES SPECIFIED BELOW.
- 23 11.16 THE ASSISTED LIVING RESIDENCE SHALL PROVIDE WRITTEN NOTICE OF ANY DISCHARGE TO THE RESIDENT OR  
24 LEGAL REPRESENTATIVE 30 CALENDAR DAYS IN ADVANCE OF DISCHARGE EXCEPT IN CASES OF IMMINENT  
25 PHYSICAL HARM TO OR BY THE RESIDENT OR MEDICAL EMERGENCY, WHEREUPON THE ALR SHALL NOTIFY THE  
26 LEGAL REPRESENTATIVE AS SOON AS POSSIBLE.
- 27 11.17 A COPY OF ANY INVOLUNTARY DISCHARGE NOTICE SHALL BE SENT TO THE STATE AND/OR LOCAL LONG-TERM  
28 CARE OMBUDSMAN, WITHIN FIVE (5) CALENDAR DAYS OF THE DATE THAT IT IS PROVIDED TO THE RESIDENT OR  
29 THE RESIDENT'S LEGAL REPRESENTATIVE.

## 30 **SECTION 12 - RESIDENT CARE SERVICES**

### 31 MINIMUM SERVICES

- 32 12.1 THE ASSISTED LIVING RESIDENCE SHALL MAKE AVAILABLE, EITHER DIRECTLY OR INDIRECTLY THROUGH A  
33 RESIDENT AGREEMENT, THE FOLLOWING SERVICES, SUFFICIENT TO MEET THE NEEDS OF THE RESIDENTS:
- 34 (A) A PHYSICALLY SAFE AND SANITARY ENVIRONMENT INCLUDING, BUT NOT LIMITED TO, MEASURES TO  
35 REDUCE THE RISK OF POTENTIAL HAZARDS IN THE PHYSICAL ENVIRONMENT RELATED TO THE UNIQUE  
36 CHARACTERISTICS OF THE POPULATION;
- 37 (B) ROOM AND BOARD;

- 1 (C) PERSONAL SERVICES INCLUDING, BUT NOT LIMITED TO, A SYSTEM FOR IDENTIFYING AND REPORTING  
2 RESIDENT CONCERNS THAT REQUIRE EITHER IMMEDIATE INTERVENTION OR ON-GOING MONITORING AND  
3 POSSIBLE RE-ASSESSMENT;
- 4 (D) PROTECTIVE OVERSIGHT INCLUDING, BUT NOT LIMITED TO TAKING APPROPRIATE MEASURES  
5 WHEN CONFRONTED WITH AN UNANTICIPATED SITUATION OR EVENT INVOLVING ONE OR MORE  
6 RESIDENTS, INCLUDING THE IDENTIFICATION OF URGENT ISSUES OR CONCERNS THAT  
7 REQUIRE IMMEDIATE INTERVENTION, AND
- 8 (E) SOCIAL CARE AND RESIDENT ENGAGEMENT.

9 NURSING SERVICES

- 10 12.2 NURSES MAY PROVIDE NURSING SERVICES TO SUPPORT THE PERSONAL SERVICES PROVIDED TO RESIDENTS OF  
11 THE ASSISTED LIVING RESIDENCE, EXCEPT THAT SUCH SERVICES SHALL NOT RISE TO THE LEVEL THAT REQUIRES  
12 RESIDENT DISCHARGE AS DESCRIBED IN SECTION 11.11 OR BECOMES REGULAR 24-HOUR MEDICAL OR NURSING  
13 CARE.
- 14 (A) OTHER STAFF MAY ASSIST WITH NURSING SERVICES IF THEY ARE TRAINED AND EVALUATED FOR  
15 COMPETENCY PRIOR TO ASSIGNMENT.
- 16 (B) STAFF ASSISTING WITH NURSING SERVICES SHALL BE SUPERVISED BY A NURSE.
- 17 (C) ONLY STAFF EMPLOYED OR CONTRACTED BY THE ASSISTED LIVING RESIDENCE SHALL PROVIDE OR  
18 ASSIST WITH NURSING SERVICES ON BEHALF OF THE ASSISTED LIVING RESIDENCE.
- 19 12.3 THE FOLLOWING SERVICES MAY ONLY BE PROVIDED BY AN EXTERNAL SERVICES PROVIDER OR THE NURSE OF  
20 THE ASSISTED LIVING RESIDENCE:
- 21 (A) SYRINGE OR TUBE FEEDING;
- 22 (B) INTRAVENOUS MEDICATION;
- 23 (C) CATHETER CARE THAT INVOLVES CHANGING THE CATHETER, IRRIGATION OF THE CATHETER AND/OR  
24 TOTAL ASSISTANCE WITH CATHETER;
- 25 (D) OSTOMY CARE WHERE THE OSTOMY SITE IS NEW OR UNSTABLE; AND
- 26 (E) CARE FOR A STAGE 1 OR STAGE 2 PRESSURE SORE IF THE CONDITION IS STABLE AND RESOLVING.
- 27 12.4 AN ASSISTED LIVING RESIDENCE SHALL NOT ADMIT OR KEEP A RESIDENT WITH A STAGE 3 OR STAGE 4 PRESSURE  
28 SORE UNLESS THE RESIDENT HAS A TERMINAL CONDITION AND IS RECEIVING CONTINUING CARE FROM AN  
29 EXTERNAL SERVICE PROVIDER.

30 PRACTITIONER ASSESSMENT

- 31 12.5 THE ASSISTED LIVING RESIDENCE SHALL HAVE A POLICY AND PROCEDURE REGARDING WHEN A PRACTITIONER'S  
32 ASSESSMENT OF A RESIDENT IS APPROPRIATE. AT A MINIMUM, THE ALR SHALL REQUIRE THAT A PRACTITIONER  
33 ASSESSMENT BE PERFORMED IN THE FOLLOWING CIRCUMSTANCES:
- 34 (A) THE RESIDENT EXPERIENCES A SIGNIFICANT CHANGE IN THEIR BASELINE STATUS;
- 35 (B) THE RESIDENT HAS PHYSICAL SIGNS OF POSSIBLE INFECTION (OPEN SORES, ETC.);
- 36 (C) THE RESIDENT SUSTAINS AN INJURY OR ACCIDENT;

- 1 (D) THE RESIDENT HAS KNOWN EXPOSURE TO A COMMUNICABLE DISEASE;
- 2 (E) THE RESIDENT DEVELOPS ANY CONDITION WHICH WOULD HAVE INITIALLY PRECLUDED ADMISSION TO
- 3 THE ALR.

4 COMPREHENSIVE RESIDENT ASSESSMENT

5 12.6 AT THE TIME A NEW RESIDENT MOVES IN, THE ASSISTED LIVING RESIDENCE SHALL COMPLETE A COMPREHENSIVE

6 ASSESSMENT THAT REFLECTS INFORMATION REQUESTED AND RECEIVED FROM THE RESIDENT, THE RESIDENT'S

7 REPRESENTATIVE IF REQUESTED BY THE RESIDENT, AND A PRACTITIONER. INFORMATION FROM THE

8 COMPREHENSIVE ASSESSMENT SHALL BE USED TO ESTABLISH AN INDIVIDUALIZED CARE PLAN.

9 12.7 THE COMPREHENSIVE ASSESSMENT SHALL INCLUDE ALL THE FOLLOWING ITEMS:

- 10 (A) INFORMATION REGARDING THE RESIDENT'S OVERALL HEALTH AND PHYSICAL FUNCTIONING ABILITY;
- 11 (B) INFORMATION REGARDING THE RESIDENT'S ADVANCE DIRECTIVES;
- 12 (C) COMMUNICATION ABILITY AND ANY SPECIFIC NEEDS TO FACILITATE EFFECTIVE COMMUNICATION;
- 13 (D) CURRENT DIAGNOSES AND ANY KNOWN OR ANTICIPATED NEED OR IMPACT RELATED TO THE DIAGNOSES;
- 14 (E) FOOD AND DINING PREFERENCES, UNIQUE NEEDS AND RESTRICTIONS;
- 15 (F) INDIVIDUAL BATHROOM ROUTINES, SLEEP AND AWAKE PATTERNS;
- 16 (G) REACTIONS TO THE ENVIRONMENT AND OTHERS, INCLUDING CHANGES THAT MAY OCCUR AT CERTAIN
- 17 TIMES OR IN CERTAIN CIRCUMSTANCES;
- 18 (H) DAILY ROUTINES AND LEISURE INTERESTS;
- 19 (I) HISTORY AND CIRCUMSTANCES OF RECENT FALLS AND ANY KNOWN INTERVENTIONS TO PREVENT
- 20 FUTURE FALLS;
- 21 (J) SAFETY AWARENESS;
- 22 (K) TYPES OF PHYSICAL, MENTAL AND SOCIAL SUPPORT REQUIRED; AND
- 23 (L) PERSONAL BACKGROUND, INCLUDING INFORMATION REGARDING ANY OTHER INDIVIDUALS WHO ARE
- 24 SUPPORTIVE OF THE RESIDENT, CULTURAL PREFERENCES AND SPIRITUAL NEEDS.

25 12.8 THE COMPREHENSIVE ASSESSMENT SHALL BE DOCUMENTED IN WRITING AND KEPT IN THE RESIDENT'S HEALTH

26 INFORMATION RECORD.

27 12.9 THE COMPREHENSIVE ASSESSMENT SHALL BE UPDATED FOR EACH RESIDENT AT LEAST ANNUALLY AND

28 WHENEVER THE RESIDENT'S CONDITION CHANGES FROM BASELINE STATUS.

29 RESIDENT CARE PLAN

30 12.10 EACH RESIDENT CARE PLAN SHALL:

- 31 (A) BE DEVELOPED WITH INPUT FROM THE RESIDENT AND THE RESIDENT REPRESENTATIVE;
- 32 (B) REFLECT THE MOST CURRENT ASSESSMENT INFORMATION;



- 1 (C) PROMOTE RESIDENT CHOICE, MOBILITY, INDEPENDENCE AND SAFETY;
- 2 (D) DETAIL SPECIFIC PERSONAL SERVICE NEEDS AND PREFERENCES ALONG WITH THE STAFF TASKS  
3 NECESSARY TO MEET THOSE NEEDS;
- 4 (E) IDENTIFY ALL EXTERNAL SERVICE PROVIDERS ALONG WITH CARE COORDINATION ARRANGEMENTS; AND
- 5 (F) IDENTIFY STRUCTURED AND NON-STRUCTURED ENGAGEMENT OPPORTUNITIES THAT MATCH THE  
6 RESIDENT'S PERSONAL CHOICES AND NEEDS.

7 CARE COORDINATION

- 8 12.11 THE ASSISTED LIVING RESIDENCE SHALL BE RESPONSIBLE FOR THE COORDINATION OF RESIDENT CARE SERVICES  
9 WITH KNOWN EXTERNAL SERVICE PROVIDERS.
- 10 12.12 THE ASSISTED LIVING RESIDENCE SHALL NOTIFY THE RESIDENT'S REPRESENTATIVE WHENEVER THE RESIDENT  
11 EXPERIENCES A SIGNIFICANT CHANGE FROM BASELINE STATUS.

12 RESTRAINT

- 13 12.13 AN ASSISTED LIVING RESIDENCE SHALL NOT USE RESTRAINTS OF ANY KIND OR DEPRIVE A RESIDENT OF HIS OR  
14 HER LIBERTY FOR PURPOSES OF CARE OR SAFETY EXCEPT AS ALLOWED BY SECTION 11.2(H), SECTION 25, OR  
15 AS SET FORTH BELOW.
- 16 12.14 A DEVICE THAT FACILITATES A RESIDENT'S WELL-BEING AND/OR INDEPENDENCE MAY BE USED ONLY IF  
17 ALL OF THE FOLLOWING CRITERIA ARE MET:
- 18 (A) THE RESIDENT HAS THE FUNCTIONAL ABILITY TO ALTER HIS OR HER POSITION;
- 19 (B) THE RESIDENT IS ABLE TO REMOVE THE DEVICE TO ALLOW FOR NORMAL MOVEMENT;
- 20 (C) THE DEVICE IMPROVES THE RESIDENT'S PHYSICAL OR EMOTIONAL STATE AND ALLOWS THE RESIDENT TO  
21 PARTICIPATE IN ACTIVITIES THAT WOULD OTHERWISE BE DIFFICULT OR IMPOSSIBLE; AND
- 22 (D) THERE IS AN ORDER FROM AN AUTHORIZED PRACTITIONER FOR ITS USE.
- 23 (1) THERE SHALL ALSO BE INTERDISCIPLINARY DOCUMENTATION FROM BOTH THE PRACTITIONER  
24 AND A THERAPIST DESCRIBING THE BENEFITS AND HAZARDS ASSOCIATED WITH THE DEVICE AND  
25 INFORMATION ON ITS APPROPRIATE USE.
- 26 (2) A RESIDENT'S CONTINUED USE OF SUCH DEVICE SHALL BE RE-EVALUATED BY BOTH THERAPIST  
27 AND PRACTITIONER AT LEAST ANNUALLY OR WHENEVER THE RESIDENT EXPERIENCES A  
28 SIGNIFICANT CHANGE IN STATUS.
- 29 (3) DOCUMENTATION OF COMPLIANCE WITH THIS SUBSECTION (D) SHALL BE RETAINED IN THE  
30 RESIDENT'S CARE PLAN.

31 FALL MANAGEMENT PROGRAM

- 32
- 33 12.15 THE ASSISTED LIVING RESIDENCE SHALL DEVELOP POLICIES AND PROCEDURES TO ESTABLISH A FALL  
34 MANAGEMENT PROGRAM. THE PROGRAM SHALL INCLUDE THE FOLLOWING:
- 35
- 36 (A) PROVIDING FALL MANAGEMENT EDUCATION AND MATERIALS TO RESIDENTS AND FAMILY MEMBERS;  
37

- 1 (B) DETAILING IN EACH RESIDENT'S CARE PLAN, SPECIFIC INTERVENTION NECESSARY TO ADDRESS FALL  
2 RISK RELATED TO DEFICITS IN STRENGTH, BALANCE AND EYESIGHT, OR EFFECTS OF MEDICATION AS  
3 IDENTIFIED DURING THE COMPREHENSIVE RESIDENT ASSESSMENT;  
4  
5 (C) PROVIDING RESIDENT ENGAGEMENT ACTIVITIES TO IMPROVE STRENGTH AND BALANCE AS SPECIFIED IN  
6 SECTION 12.23(C);  
7  
8 (D) ROUTINELY INSPECTING AND MAINTAINING A SAFE EXTERIOR AND INTERIOR ENVIRONMENT AS SPECIFIED  
9 IN SECTIONS 21 AND 22; AND  
10  
11 (E) PROVIDING STAFF TRAINING RELATED TO FALL PREVENTION AS SPECIFIED IN SECTION 7.9(H).

12 LIFT ASSISTANCE

- 13  
14 12.16 EACH ASSISTED LIVING RESIDENCE SHALL DIRECT STAFF TO ASSIST RESIDENTS WHO HAVE FALLEN OR ARE  
15 OTHERWISE UNABLE TO INDEPENDENTLY GET UP OFF THE FLOOR. THE ALR'S POLICY ON STAFF PROVIDING LIFT  
16 ASSISTANCE SHALL BE MADE AVAILABLE TO ITS LOCAL EMERGENCY MEDICAL RESPONDER.  
17  
18 12.17 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT IT HAS TRAINED STAFF AVAILABLE TO EVALUATE  
19 RESIDENTS WHO HAVE FALLEN OR ARE OTHERWISE UNABLE TO INDEPENDENTLY GET UP OFF THE FLOOR AND  
20 PROVIDE LIFT ASSISTANCE WHEN DETERMINED APPROPRIATE INSTEAD OF RELYING ON EMERGENCY MEDICAL  
21 RESPONDERS.  
22  
23 12.18 EACH SITUATION TO DETERMINE IF THE RESIDENT CAN BE ASSISTED IN A SAFE MANNER SUCH AS WHEN THE  
24 RESIDENT HAS NO PAIN AND/OR THERE IS NO CHANGE FROM BASELINE, THE RESIDENT'S MENTAL STATUS IS  
UNCHANGED FROM BASELINE, AND THERE IS NO OR MINOR BLEEDING.  
25  
26 (A) ONCE THE SITUATION HAS BEEN EVALUATED, ASSISTED LIVING RESIDENCE POLICY SHALL REQUIRE  
STAFF TO TAKE THE FOLLOWING ACTION:  
27  
28 (1) PHYSICALLY PERFORM THE LIFT ASSISTANCE USING TECHNIQUES PROVIDED IN STAFF  
29 TRAINING, MONITOR THE RESIDENT AND NOTIFY THE RESIDENT'S PRACTITIONER, FAMILY  
30 AND/OR LEGAL REPRESENTATIVE; OR  
31  
32 (2) NOT LIFT AND CALL 9-1-1 WHEN THE RESIDENT IS UNCONSCIOUS, THE RESIDENT'S PHYSICAL  
33 OR MENTAL STATUS IS WORSE THAN BASELINE, THE RESIDENT EXPERIENCES AN INCREASE IN  
34 PAIN WHEN LIFTING IS ATTEMPTED, THE RESIDENT WANTS 9-1-1 CALLED, AND/OR THE  
35 RESIDENT EITHER CAN'T ASSIST IN ANY WAY OR REFUSES TO ASSIST BECAUSE OF PAIN, INJURY,  
36 OR OTHER PHYSICAL COMPLICATIONS.  
37  
38 12.19 THE ASSISTED LIVING RESIDENCE'S POLICY SHALL ALSO REQUIRE CONSIDERATION OF WHETHER THERE IS A WAY  
TO PREVENT A REOCCURRENCE OF THE SITUATION IN THE FUTURE.

39 RESIDENT ENGAGEMENT

- 40 12.20 THE ASSISTED LIVING RESIDENCE SHALL ENCOURAGE RESIDENTS TO MAINTAIN AND DEVELOP THEIR FULLEST  
41 POTENTIAL FOR INDEPENDENT LIVING THROUGH INDIVIDUAL AND GROUP ENGAGEMENT OPPORTUNITIES.  
42  
43 12.21 THE ASSISTED LIVING RESIDENCE SHALL PROVIDE ALL RESIDENTS WITH REGULAR OPPORTUNITIES TO  
44 PARTICIPATE IN STRUCTURED ENGAGEMENT AND ALLOW INDIVIDUAL LEISURE TIME FOR RESIDENTS WHO DESIRE  
TO PURSUE THEIR OWN INTERESTS.  
45  
46 12.22 IF REQUESTED, THE ASSISTED LIVING RESIDENCE SHALL ASSIST IN FACILITATING A RESIDENTS' ACCESS TO  
OUTSIDE SERVICES AND COMMUNITY EVENTS.

- 1 12.23 EXAMPLES OF RESIDENT ENGAGEMENT INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:
- 2 (A) INDIVIDUAL OR GROUP CONVERSATION, RECREATION, ART, CRAFTS, MUSIC AND PET CARE;
- 3 (B) USE OF DAILY LIVING SKILLS THAT FOSTER AND MAINTAIN A SENSE OF PURPOSE AND SIGNIFICANCE;
- 4 (C) PHYSICAL PURSUITS SUCH AS GAMES, SPORTS AND EXERCISE THAT DEVELOP AND MAINTAIN STRENGTH,  
5 COORDINATION AND RANGE OF MOTION;
- 6 (D) EDUCATIONAL OPPORTUNITIES SUCH AS SPECIAL CLASSES OR COMMUNITY EVENTS;
- 7 (E) CULTIVATION OF PERSONAL INTERESTS AND PURSUITS; AND
- 8 (F) ENCOURAGING LEISURE TIME ENGAGEMENT WITH OTHERS, AS DESIRED.
- 9 12.24 THE ASSISTED LIVING RESIDENCE SHALL ENCOURAGE RESIDENTS TO CONTRIBUTE TO THE PLANNING,  
10 PREPARATION, CONDUCT, CLEAN-UP AND CRITIQUE OF ANY STRUCTURED ENGAGEMENT OFFERING.
- 11 12.25 THE ASSISTED LIVING RESIDENCE SHALL EVALUATE ITS RESIDENT ENGAGEMENT PROGRAM AT LEAST EVERY  
12 THREE MONTHS TO ASCERTAIN WHETHER THE OPPORTUNITIES OFFERED TO RESIDENTS ARE RELEVANT AND  
13 WELL-RECEIVED AND/OR IF CHANGES ARE APPROPRIATE IN RESPONSE TO RESIDENT FEED-BACK.
- 14 12.26 THE ASSISTED LIVING RESIDENCE SHALL, WHENEVER FEASIBLE, COORDINATE WITH LOCAL AGENCIES AND  
15 VOLUNTEER ORGANIZATIONS TO PROMOTE RESIDENT PARTICIPATION IN COMMUNITY CENTERED ACTIVITIES  
16 INCLUDING, BUT NOT LIMITED TO:
- 17 (A) PUBLIC SERVICE ENDEAVORS;
- 18 (B) COMMUNITY EVENTS SUCH AS CONCERTS, EXHIBITS AND PLAYS;
- 19 (C) COMMUNITY ORGANIZED GROUP ENGAGEMENT SUCH AS SENIOR CITIZEN GROUPS, SPORTS LEAGUES  
20 AND SERVICE CLUBS; AND
- 21 (D) ATTENDANCE AT THE PLACE OF WORSHIP OF THE RESIDENT'S CHOICE.
- 22 12.27 EACH ASSISTED LIVING RESIDENCE SHALL PLACE NOTICES OF PLANNED RESIDENT ENGAGEMENT OFFERINGS IN A  
23 CENTRAL LOCATION READILY ACCESSIBLE TO RESIDENTS, RELATIVES AND THE PUBLIC. COPIES SHALL BE  
24 RETAINED FOR AT LEAST SIX MONTHS.

25 RESIDENT ENGAGEMENT PROGRAM MANAGEMENT

26 **19 OR FEWER RESIDENTS**

- 27 12.28 IN ASSISTED LIVING RESIDENCES THAT ARE LICENSED FOR 19 OR FEWER RESIDENTS, THE ADMINISTRATOR SHALL  
28 BE PRIMARILY RESPONSIBLE FOR ORGANIZING, CONDUCTING AND EVALUATING RESIDENT ENGAGEMENT. IF AN  
29 ASSISTED LIVING RESIDENCE CAN DEMONSTRATE THAT ITS RESIDENTS ARE SELF-DIRECTED TO THE EXTENT THAT  
30 THEY ARE ABLE TO PLAN, ORGANIZE AND CONDUCT THE ALR'S RESIDENT ENGAGEMENT PROGRAM THEMSELVES,  
31 THE ALR MAY REQUEST A WAIVER OF THIS REQUIREMENT.

32 **20 TO 49 RESIDENTS**

- 33 12.29 IN ASSISTED LIVING RESIDENCES THAT ARE LICENSED FOR 20 TO 49 RESIDENTS, THE ADMINISTRATOR SHALL  
34 DESIGNATE ONE STAFF MEMBER TO BE RESPONSIBLE FOR ORGANIZING, CONDUCTING AND EVALUATING  
35 RESIDENT ENGAGEMENT. THE DESIGNATED STAFF MEMBER SHALL HAVE HAD AT LEAST SIX MONTHS EXPERIENCE

1 IN PROVIDING STRUCTURED RESIDENT ENGAGEMENT OFFERINGS OR HAVE COMPLETED OR BE ENROLLED IN AN  
2 EQUIVALENT EDUCATION AND/OR TRAINING PROGRAM.

3 **50 OR MORE RESIDENTS**

4 12.30 IN ASSISTED LIVING RESIDENCES THAT ARE LICENSED FOR 50 OR MORE RESIDENTS, THERE SHALL BE AT LEAST  
5 ONE STAFF MEMBER WHOSE SOLE RESPONSIBILITY IS TO ORGANIZE, CONDUCT AND EVALUATE RESIDENT  
6 ENGAGEMENT. SUCH STAFF MEMBER SHALL BE GIVEN AS MUCH ALR SUPPORT AS NECESSARY TO ENSURE THAT  
7 ALL RESIDENTS HAVE ON-GOING OPPORTUNITIES TO PARTICIPATE IN ACCORDANCE WITH THEIR INTERESTS AND  
8 ABILITIES. RESIDENT ENGAGEMENT OPPORTUNITIES SHALL BE PLANNED IN ADVANCE, DOCUMENTED IN WRITING,  
9 KEPT UP TO DATE AND MADE AVAILABLE TO ALL RESIDENTS. THE RESPONSIBLE STAFF MEMBER SHALL HAVE HAD  
10 AT LEAST ONE YEAR OF EXPERIENCE OR EQUIVALENT EDUCATION AND/OR TRAINING IN PROVIDING STRUCTURED  
11 RESIDENT ENGAGEMENT OFFERINGS AND BE KNOWLEDGEABLE IN EVALUATING RESIDENT NEEDS, SUPERVISING  
12 OTHER STAFF AND IN TRAINING VOLUNTEERS.

13 USE OF VOLUNTEERS

14 12.31 EACH ASSISTED LIVING RESIDENCE SHALL ENCOURAGE PARTICIPATION OF VOLUNTEERS IN RESIDENT  
15 ENGAGEMENT OPPORTUNITIES. ALL VOLUNTEERS SHALL BE SUPERVISED AND DIRECTED BY THE ADMINISTRATOR  
16 OR STAFF MEMBER PRIMARILY RESPONSIBLE FOR RESIDENT ENGAGEMENT.

17 PHYSICAL SPACE AND EQUIPMENT:

18 12.32 EACH ASSISTED LIVING RESIDENCES SHALL HAVE SUFFICIENT PHYSICAL SPACE TO ACCOMMODATE BOTH INDOOR  
19 AND OUTDOOR RESIDENT ENGAGEMENT. SUCH ACCOMMODATIONS SHALL INCLUDE, AT A MINIMUM:

20 (A) A COMFORTABLE, APPROPRIATELY FURNISHED AREA SUCH AS A LIVING ROOM, FAMILY ROOM OR GREAT  
21 ROOM AVAILABLE TO ALL RESIDENTS FOR THEIR RELAXATION AND FOR SOCIALIZING WITH FRIENDS AND  
22 RELATIVES; AND

23 (B) AN OUTDOOR ACTIVITY AREA WHICH IS EASILY ACCESSIBLE TO RESIDENTS AND PROTECTED FROM  
24 TRAFFIC. OUTDOOR SPACES SHALL BE SUFFICIENT IN SIZE TO COMFORTABLY ACCOMMODATE ALL  
25 RESIDENTS PARTICIPATING IN AN ACTIVITY AND APPROPRIATELY EQUIPPED FOR OUTDOOR USE.

26 12.33 EACH ASSISTED LIVING RESIDENCE SHALL PROVIDE SUFFICIENT RECREATIONAL EQUIPMENT AND SUPPLIES TO  
27 MEET THE NEEDS OF THE RESIDENT ENGAGEMENT PROGRAM. SPECIAL EQUIPMENT AND SUPPLIES NECESSARY  
28 TO ACCOMMODATE PERSONS WITH SPECIAL NEEDS SHALL BE MADE AVAILABLE AS APPROPRIATE. WHEN NOT IN  
29 USE, RECREATIONAL EQUIPMENT AND SUPPLIES SHALL BE STORED IN SUCH A WAY THAT THEY DO NOT CREATE A  
30 SAFETY HAZARD.

31 12.34 EACH ASSISTED LIVING RESIDENCE SHALL ENSURE THAT STAFF WHO ACCOMPANY RESIDENTS AWAY FROM THE  
32 FACILITY HAVE READY ACCESS TO THE PERTINENT PERSONAL INFORMATION OF THOSE RESIDENTS IN THE EVENT  
33 OF AN EMERGENCY.

34 **SECTION 13 - RESIDENT RIGHTS**

35 13.1 THE ASSISTED LIVING RESIDENCE SHALL ADOPT AND PLACE IN A VISIBLE LOCATION A STATEMENT REGARDING  
36 THE RIGHTS AND RESPONSIBILITIES OF ITS RESIDENTS. THE ALR AND STAFF SHALL OBSERVE THESE  
37 RIGHTS IN THE CARE, TREATMENT AND OVERSIGHT OF THE RESIDENTS. THE STATEMENT OF RIGHTS SHALL  
38 INCLUDE, AT A MINIMUM, THE FOLLOWING ITEMS:

39 (A) THE RIGHT TO PRIVACY AND CONFIDENTIALITY, INCLUDING

40 (1) THE RIGHT TO HAVE PRIVATE AND UNRESTRICTED COMMUNICATIONS WITH ANY PERSON OF  
41 CHOICE;

- 1 (2) THE RIGHT TO PRIVATE TELEPHONE CALLS OR USE OF ELECTRONIC COMMUNICATION;
- 2 (3) THE RIGHT TO RECEIVE MAIL UNOPENED;
- 3 (4) THE RIGHT TO HAVE VISITORS AT ANY TIME; AND
- 4 (5) THE RIGHT TO PRIVATE, CONSENSUAL SEXUAL ACTIVITY.
- 5 (B) THE RIGHT TO CIVIL AND RELIGIOUS LIBERTIES, INCLUDING
- 6 (1) THE RIGHT TO BE TREATED WITH DIGNITY AND RESPECT;
- 7 (2) THE RIGHT TO BE FREE FROM SEXUAL, VERBAL, PHYSICAL OR EMOTIONAL ABUSE, HUMILIATION,  
8 INTIMIDATION, OR PUNISHMENT;
- 9 (3) THE RIGHT TO BE FREE FROM NEGLECT;
- 10 (4) THE RIGHT TO LIVE FREE FROM FINANCIAL EXPLOITATION, RESTRAINT AS DEFINED IN THIS  
11 CHAPTER, AND INVOLUNTARY CONFINEMENT EXCEPT AS ALLOWED BY THE SECURE  
12 ENVIRONMENT REQUIREMENTS OF THIS CHAPTER;
- 13 (5) THE RIGHT TO VOTE;
- 14 (6) THE RIGHT TO EXERCISE CHOICE IN ATTENDING AND PARTICIPATING IN RELIGIOUS ACTIVITIES;
- 15 (7) THE RIGHT TO WEAR CLOTHING OF CHOICE UNLESS OTHERWISE INDICATED IN THE CARE PLAN;  
16 AND
- 17 (8) THE RIGHT TO CARE AND SERVICES THAT ARE NOT CONDITIONED OR LIMITED BECAUSE OF A  
18 RESIDENT'S PERSONAL, CULTURAL OR ETHNIC PREFERENCE, OR DISABILITY.
- 19 (C) THE RIGHT TO PERSONAL AND COMMUNITY ENGAGEMENT, INCLUDING
- 20 (1) THE RIGHT TO SOCIALIZE WITH OTHER RESIDENTS AND PARTICIPATE IN ASSISTED LIVING  
21 RESIDENCE ACTIVITIES, IN ACCORDANCE WITH THE APPLICABLE CARE PLAN;
- 22 (2) THE RIGHT TO FULL USE OF THE ASSISTED LIVING RESIDENCE COMMON AREAS IN COMPLIANCE  
23 WITH WRITTEN HOUSE RULES;
- 24 (3) THE RIGHT TO PARTICIPATE IN RESIDENT MEETINGS, VOICE GRIEVANCES AND RECOMMEND  
25 CHANGES IN POLICIES AND SERVICES WITHOUT FEAR OF REPRISAL;
- 26 (4) THE RIGHT TO PARTICIPATE IN ACTIVITIES OUTSIDE THE ASSISTED LIVING RESIDENCE AND  
27 REQUEST ASSISTANCE WITH TRANSPORTATION; AND
- 28 (5) THE RIGHT TO USE OF THE TELEPHONE INCLUDING ACCESS TO OPERATOR ASSISTANCE FOR  
29 PLACING COLLECT TELEPHONE CALLS.
- 30 (a) AT LEAST ONE TELEPHONE ACCESSIBLE TO RESIDENTS UTILIZING AN AUXILIARY AID  
31 SHALL BE AVAILABLE IF THE ASSISTED LIVING RESIDENCE IS OCCUPIED BY ONE OR  
32 MORE RESIDENTS UTILIZING SUCH AN AID.
- 33 (D) THE RIGHT TO CHOICE AND PERSONAL INVOLVEMENT REGARDING CARE AND SERVICES, INCLUDING

- 1 (1) THE RIGHT TO BE INFORMED AND PARTICIPATE IN DECISION MAKING REGARDING CARE AND  
2 SERVICES, IN COORDINATION WITH FAMILY MEMBERS WHO MAY HAVE DIFFERENT OPINIONS;
- 3 (2) THE RIGHT TO BE INFORMED ABOUT AND FORMULATE ADVANCE DIRECTIVES;
- 4 (3) THE RIGHT TO FREEDOM OF CHOICE IN SELECTING A HEALTH CARE SERVICE OR PROVIDER;
- 5 (4) THE RIGHT TO EXPECT THE COOPERATION OF THE ASSISTED LIVING RESIDENCE IN ACHIEVING  
6 THE MAXIMUM DEGREE OF BENEFIT FROM THOSE SERVICES WHICH ARE MADE AVAILABLE BY  
7 THE ALR;
- 8 (a) FOR RESIDENTS WITH LIMITED ENGLISH PROFICIENCY OR IMPAIRMENTS THAT INHIBIT  
9 COMMUNICATION, THE ASSISTED LIVING RESIDENCE SHALL FIND A WAY TO FACILITATE  
10 COMMUNICATION OF CARE NEEDS.
- 11 (5) THE RIGHT TO MAKE DECISIONS AND CHOICES IN THE MANAGEMENT OF PERSONAL AFFAIRS,  
12 FUNDS AND PROPERTY IN ACCORDANCE WITH RESIDENT ABILITY;
- 13 (6) THE RIGHT TO REFUSE TO PERFORM TASKS REQUESTED BY THE ASSISTED LIVING RESIDENCE  
14 OR STAFF IN EXCHANGE FOR ROOM, BOARD, OTHER GOODS OR SERVICES;
- 15 (7) THE RIGHT TO HAVE ADVOCATES, INCLUDING MEMBERS OF COMMUNITY ORGANIZATIONS  
16 WHOSE PURPOSES INCLUDE RENDERING ASSISTANCE TO THE RESIDENTS;
- 17 (8) THE RIGHT TO RECEIVE SERVICES IN ACCORDANCE WITH THE RESIDENT AGREEMENT AND THE  
18 CARE PLAN; AND
- 19 (9) THE RIGHT TO 30 CALENDAR DAYS WRITTEN NOTICE OF CHANGES IN SERVICES PROVIDED BY  
20 THE ASSISTED LIVING RESIDENCE INCLUDING, BUT NOT LIMITED TO, INVOLUNTARILY CHANGE OF  
21 ROOM OR CHANGES IN CHARGES FOR A SERVICE. EXCEPTIONS TO THIS NOTICE ARE:
- 22 (a) CHANGES IN THE RESIDENT'S MEDICAL ACUITY THAT RESULT IN A DOCUMENTED  
23 DECLINE IN CONDITION AND THAT CONSTITUTE AN INCREASE IN CARE NECESSARY TO  
24 PROTECT THE HEALTH AND SAFETY OF THE RESIDENT; AND
- 25 (b) REQUESTS BY THE RESIDENT OR THE FAMILY FOR ADDITIONAL SERVICES TO BE ADDED  
26 TO THE CARE PLAN.

27 OMBUDSMAN ACCESS

28 13.2 IN ACCORDANCE WITH THE OLDER AMERICANS ACT REAUTHORIZATION ACT OF 2016 (P.L. 114-144) AND  
29 §26-11.5-108, C.R.S., AN ASSISTED LIVING RESIDENCE SHALL PERMIT ACCESS TO THE PREMISES AND  
30 RESIDENTS BY THE STATE OMBUDSMAN AND THE DESIGNATED LOCAL LONG-TERM CARE OMBUDSMAN AT ANY  
31 TIME DURING AN ALR'S REGULAR BUSINESS HOURS OR REGULAR VISITING HOURS, AND AT ANY OTHER TIME  
32 WHEN ACCESS MAY BE REQUIRED BY THE CIRCUMSTANCES TO BE INVESTIGATED.

33 HOUSE RULES

34 13.3 THE ASSISTED LIVING RESIDENCE SHALL ESTABLISH WRITTEN HOUSE RULES AND PLACE THEM IN A VISIBLE  
35 LOCATION SO THAT THEY ARE ALWAYS AVAILABLE TO RESIDENTS AND VISITORS.

36 13.4 THE HOUSE RULES SHALL LIST ALL POSSIBLE ACTIONS WHICH MAY BE TAKEN BY THE ASSISTED LIVING RESIDENCE  
37 IF ANY RULE IS KNOWINGLY VIOLATED BY A RESIDENT. HOUSE RULES SHALL NOT SUPERSEDE OR CONTRADICT  
38 ANY REGULATION HEREIN, OR IN ANY WAY DISCOURAGE OR HINDER A RESIDENT'S EXERCISE OF HIS OR HER  
39 RIGHTS. HOUSE RULES SHALL ADDRESS, AT A MINIMUM, THE FOLLOWING ITEMS:

- 1 (A) SMOKING, INCLUDING THE USE OF ELECTRONIC CIGARETTES AND VAPORIZERS;
- 2 (B) COOKING;
- 3 (C) PROTECTION OF VALUABLES ON PREMISES;
- 4 (D) VISITORS;
- 5 (E) PHONE USAGE INCLUDING FREQUENCY AND DURATION OF CALLS;
- 6 (F) USE OF COMMON AREAS AND DEVICES SUCH AS TELEVISION, RADIO AND COMPUTER;
- 7 (G) CONSUMPTION OF ALCOHOL AND MARIJUANA; AND
- 8 (H) PETS.

9 RESIDENT MEETINGS

- 10
- 11 13.5 EACH ASSISTED LIVING RESIDENCE SHALL HOLD REGULAR MEETINGS WITH RESIDENTS, STAFF, FAMILY AND
- 12 FRIENDS OF RESIDENTS SO THAT ALL HAVE THE OPPORTUNITY TO VOICE CONCERNS AND MAKE
- 13 RECOMMENDATIONS CONCERNING ALR CARE, SERVICES, ACTIVITIES, POLICIES AND PROCEDURES.
- 14
- 15 13.6 MEETINGS SHALL BE HELD AT LEAST QUARTERLY WITH AN OPPORTUNITY FOR MORE FREQUENT MEETINGS IF
- 16 REQUESTED.
- 17
- 18 13.7 RESIDENTS AND FAMILY MEMBERS SHALL ALSO HAVE THE OPPORTUNITY TO MEET WITHOUT THE PRESENCE OF
- 19 ALR STAFF.
- 20
- 21 13.8 WRITTEN MINUTES OF SUCH MEETINGS SHALL BE MAINTAINED AND MADE READILY AVAILABLE FOR REVIEW BY
- 22 RESIDENTS OR FAMILY MEMBERS.
- 23
- 24 13.9 BEFORE THE NEXT REGULARLY SCHEDULED MEETING, ALR STAFF SHALL RESPOND IN WRITING TO ANY
- 25 SUGGESTIONS OR ISSUES RAISED AT THE PRIOR MEETING.
- 26

27 INTERNAL GRIEVANCE AND COMPLAINT RESOLUTION PROCESS

- 28
- 29 13.10 EACH ASSISTED LIVING RESIDENCE SHALL DEVELOP AND IMPLEMENT AN INTERNAL PROCESS TO ENSURE THE
- 30 ROUTINE AND PROMPT HANDLING OF GRIEVANCES OR COMPLAINTS BROUGHT BY RESIDENTS, FAMILY MEMBERS
- 31 OR ADVOCATES. THE PROCESS FOR RAISING AND ADDRESSING GRIEVANCES AND COMPLAINTS SHALL BE
- 32 PLACED IN A VISIBLE ON-SITE LOCATION ALONG WITH FULL CONTACT INFORMATION FOR THE FOLLOWING
- 33 AGENCIES.
- 34 (A) THE STATE AND LOCAL LONG-TERM CARE OMBUDSMAN;
- 35 (B) THE ADULT PROTECTION SERVICES OF THE APPROPRIATE COUNTY DEPARTMENT OF SOCIAL
- 36 SERVICES;
- 37 (C) THE ADVOCACY SERVICES OF THE AREA'S AGENCY ON AGING;
- 38 (D) THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT; AND
- 39 (E) THE COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING IN THOSE CASES WHERE THE
- 40 ASSISTED LIVING RESIDENCE IS LICENSED TO PROVIDE SERVICES SPECIFICALLY FOR PERSONS WITH
- 41 INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.
- 42

1 INVESTIGATION OF ABUSE AND NEGLECT ALLEGATIONS

2  
3 13.11 The ASSISTED LIVING RESIDENCE SHALL INVESTIGATE ALL ALLEGATIONS OF ABUSE AND NEGLECT INVOLVING  
4 RESIDENTS IN ACCORDANCE WITH SECTION 5 AND ITS WRITTEN POLICY WHICH SHALL INCLUDE, BUT NOT BE  
5 LIMITED TO, THE FOLLOWING:

- 6  
7 (A) REPORTING REQUIREMENTS TO THE APPROPRIATE AGENCIES SUCH AS THE ADULT PROTECTION  
8 SERVICES OF THE APPROPRIATE COUNTY DEPARTMENT OF SOCIAL SERVICES AND TO THE ASSISTED  
9 LIVING RESIDENCE ADMINISTRATOR;
- 10  
11 (B) A REQUIREMENT THAT THE ASSISTED LIVING RESIDENCE NOTIFY AN EMERGENCY CONTACT ABOUT THE  
12 ALLEGATION WITHIN 24 HOURS OF THE ASSISTED LIVING RESIDENCE BECOMING AWARE OF THE  
13 ALLEGATION;
- 14  
15 (C) THE PROCESS FOR INVESTIGATING SUCH ALLEGATIONS;
- 16  
17 (D) HOW THE ASSISTED LIVING RESIDENCE WILL DOCUMENT THE INVESTIGATION PROCESS TO EVIDENCE  
18 THE REQUIRED REPORTING AND THAT A THOROUGH INVESTIGATION WAS CONDUCTED;
- 19  
20 (E) A REQUIREMENT THAT THE RESIDENT SHALL BE PROTECTED FROM POTENTIAL FUTURE ABUSE AND  
21 NEGLECT WHILE THE INVESTIGATION IS BEING CONDUCTED;
- 22  
23 (F) A REQUIREMENT THAT IF THE ALLEGED NEGLECT OR ABUSE IS VERIFIED, THE ASSISTED LIVING  
24 RESIDENCE SHALL TAKE APPROPRIATE CORRECTIVE ACTION; AND
- 25  
26 (G) A REQUIREMENT THAT A REPORT WITH THE INVESTIGATION FINDINGS WILL BE AVAILABLE FOR REVIEW BY  
27 THE DEPARTMENT NOT LATER THAN FIVE (5) BUSINESS DAYS OF THE ALLEGATION BEING LODGED WITH A  
28 STAFF MEMBER OF THE ASSISTED LIVING RESIDENCE.

29 **SECTION 14 – MEDICATION AND MEDICATION ADMINISTRATION**

30 GENERAL REQUIREMENTS:

- 31 14.1 AN ASSISTED LIVING RESIDENCE SHALL NOT ALLOW AN EMPLOYEE OR VOLUNTEER TO ADMINISTER OR ASSIST  
32 WITH ADMINISTERING MEDICATION TO A RESIDENT UNLESS SUCH INDIVIDUAL IS A PRACTITIONER, A QUALIFIED  
33 MEDICATION ADMINISTRATION PERSON OR A CNA-MED ACTING WITHIN HIS OR HER SCOPE OF PRACTICE.
- 34 14.2 FOR PURPOSES OF THIS SECTION 14, A PRACTITIONER IS “AUTHORIZED” IF STATE LAW ALLOWS THE  
35 PRACTITIONER TO PRESCRIBE TREATMENT, MEDICATION OR MEDICAL DEVICES.
- 36 14.3 AN ASSISTED LIVING RESIDENCE SHALL NOT ALLOW A QUALIFIED MEDICATION ADMINISTRATION PERSON OR A  
37 CNA-MED TO ASSIST A RESIDENT WITH MEDICATION ADMINISTRATION UNLESS THE RESIDENT IS ABLE TO  
38 PARTICIPATE IN THE CONSUMPTION OF THE MEDICATION.
- 39 14.4 IF A CERTIFIED NURSE MEDICATION AIDE (CNA – MED) IS USED TO ADMINISTER OR ASSIST WITH ADMINISTERING  
40 MEDICATION TO A RESIDENT, THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT THE CNA-MED COMPLIES  
41 WITH THE MEDICATION ADMINISTRATION PROCEDURES LISTED IN THIS SECTION 14.
- 42 14.5 THE ASSISTED LIVING RESIDENCE THAT UTILIZES QUALIFIED MEDICATION ADMINISTRATION PERSONS SHALL  
43 COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 24, MEDICATION ADMINISTRATION  
44 REGULATIONS, IN ADDITION TO THE REQUIREMENTS SET FORTH IN THIS SECTION 14.
- 45 14.6 THE ASSISTED LIVING RESIDENCE SHALL COMPLY WITH ALL FEDERAL AND STATE LAWS AND REGULATIONS  
46 RELATING TO PROCUREMENT, STORAGE, ADMINISTRATION AND DISPOSAL OF CONTROLLED SUBSTANCES.



- 1 14.7 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT EACH RESIDENT RECEIVES PROPER ADMINISTRATION  
2 AND/OR MONITORING OF MEDICATIONS.
- 3 14.8 THE ASSISTED LIVING RESIDENCE SHALL BE RESPONSIBLE FOR ENSURING COMPLIANCE WITH ALL SAFETY  
4 REQUIREMENTS REGARDING OXYGEN USE, HANDLING AND STORAGE AS SET FORTH IN SECTIONS 24.2 AND 24.3  
5 OF THIS CHAPTER.
- 6 14.9 NO MEDICATION SHALL BE ADMINISTERED BY A QMAP ON A PRO RE NATA (PRN) OR "AS NEEDED" BASIS  
7 EXCEPT:
- 8 (A) IN A RESIDENTIAL TREATMENT FACILITY THAT IS LICENSED TO PROVIDE SERVICES FOR THE MENTALLY  
9 ILL;
- 10 (B) WHERE THE RESIDENT UNDERSTANDS THE PURPOSE OF THE MEDICATION, IS CAPABLE OF VOLUNTARILY  
11 REQUESTING THE MEDICATION AND THE ASSISTED LIVING RESIDENCE HAS DOCUMENTATION FROM AN  
12 AUTHORIZED PRACTITIONER THAT THE USE OF SUCH MEDICATION IN THIS MANNER IS  
13 APPROPRIATE; OR
- 14 (C) WHERE SPECIFICALLY ALLOWED BY STATUTE.
- 15 14.10 UNLESS OTHERWISE ALLOWED BY STATUTE, THE ASSISTED LIVING RESIDENCE SHALL NOT PERMIT A QUALIFIED  
16 MEDICATION ADMINISTRATION PERSON TO PERFORM ANY OF THE FOLLOWING TASKS:
- 17 (A) INTRAVENOUS, INTRAMUSCULAR OR SUBCUTANEOUS INJECTIONS;
- 18 (B) GASTROSTOMY OR JEJUNOSTOMY TUBE FEEDING;
- 19 (C) CHEMICAL DEBRIDEMENT;
- 20 (D) ADMINISTRATION OF MEDICATION FOR PURPOSES OF RESTRAINT;
- 21 (E) TITRATION OF OXYGEN;
- 22 (F) DECISION MAKING REGARDING PRN OR "AS NEEDED" MEDICATION ADMINISTRATION;
- 23 (G) ASSESSMENT OF RESIDENTS REGARDING THE NEED FOR OR EFFECT OF MEDICATION INCLUDING, BUT  
24 NOT LIMITED TO, PULSE OXYGEN;
- 25 (H) USE OF JUDGMENT INCLUDING, BUT NOT LIMITED TO, MEDICATION EFFECT;
- 26 (I) PRE-POURING OF MEDICATION; OR
- 27 (J) MASKING OR DECEIVING ADMINISTRATION OF MEDICATION INCLUDING, BUT NOT LIMITED TO,  
28 CONCEALING IN FOOD OR LIQUID.

29 TRAINING, COMPETENCY AND SUPERVISION

- 30 14.11 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT ALL QMAPS ARE TRAINED IN AND ADHERE TO THE  
31 FOLLOWING MEDICATION ADMINISTRATION PROCEDURES:
- 32 (A) IDENTIFICATION OF THE RIGHT RESIDENT FOR EACH MEDICATION ADMINISTRATION OR MONITORING BY  
33 ASKING FOR THE RESIDENT'S NAME OR COMPARING THE RESIDENT TO A PHOTOGRAPH MAINTAINED  
34 SPECIFICALLY FOR MEDICATION ADMINISTRATION IDENTIFICATION;

1 (B) PROVIDING THE CORRECT MEDICATION BY THE CORRECT ROUTE AT THE CORRECT TIME AND IN THE  
2 CORRECT DOSE AS ORDERED BY THE AUTHORIZED PRACTITIONER; AND

3 (C) IMPLEMENTING ANY CHANGES IN MEDICATION ORDERS UPON RECEIPT.

4 14.12 THE ASSISTED LIVING RESIDENCE SHALL DESIGNATE A QMAP SUPERVISOR WHO IS A NURSE, PRACTITIONER OR  
5 MEETS THE REQUIREMENTS OF A QUALIFIED MEDICATION ADMINISTRATION PERSON.

6 (A) THE QMAP SUPERVISOR SHALL, BEFORE INITIAL ASSIGNMENT OF EACH QUALIFIED MEDICATION  
7 ADMINISTRATION PERSON, CONDUCT A COMPETENCY ASSESSMENT WITH DIRECT OBSERVATION OF ALL  
8 MEDICATION ADMINISTRATION TASKS THAT THE QMAP WILL BE ASSIGNED TO PERFORM.

9 (1) WHENEVER A QMAP IS ASSIGNED ADDITIONAL MEDICATION ADMINISTRATION TASKS, THE  
10 QMAP SUPERVISOR SHALL CONDUCT A COMPETENCY ASSESSMENT WITH DIRECT  
11 OBSERVATION OF EACH NEW TASK THAT THE QMAP WILL BE ASSIGNED.

## 12 RESIDENT RIGHTS

13 14.13 ALL PERSONAL MEDICATION IS THE PROPERTY OF THE RESIDENT AND NO RESIDENT SHALL BE REQUIRED TO  
14 SURRENDER THE RIGHT TO POSSESS OR SELF-ADMINISTER ANY PERSONAL MEDICATION UNLESS AN AUTHORIZED  
15 PRACTITIONER HAS DETERMINED THAT THE RESIDENT LACKS THE DECISIONAL CAPACITY TO POSSESS OR SELF-  
16 ADMINISTER SUCH MEDICATION SAFELY.

17 14.14 THE ASSISTED LIVING RESIDENCE SHALL ENSURE EACH RESIDENT'S RIGHT TO PRIVACY AND DIGNITY WITH  
18 RESPECT TO MEDICATION MONITORING AND ADMINISTRATION.

19 14.15 EACH RESIDENT SHALL HAVE THE RIGHT TO REFUSE MEDICATIONS.

## 20 ORDERS

21 14.16 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT EACH AUTHORIZED PRACTITIONER'S ORDER FOR  
22 MEDICATION INCLUDES THE CORRECT NAME OF THE RESIDENT; DATE OF THE ORDER; MEDICATION NAME;  
23 STRENGTH OF MEDICATION; DOSAGE TO ADMINISTER; ROUTE OF ADMINISTRATION; TIME OF ADMINISTRATION;  
24 REASON FOR THE MEDICATION; ANY SPECIFIC CONSIDERATIONS; THE DURATION THE MEDICATION IS TO BE  
25 ADMINISTERED, IF SUBSTITUTIONS ARE ALLOWED OR RESTRICTED; AND THE SIGNATURE OF THE PRACTITIONER.

26 14.17 ANY ORDERS RECEIVED FROM MEDICAL STAFF ON BEHALF OF A PRACTITIONER MUST BE COUNTERSIGNED BY THE  
27 AUTHORIZED PRACTITIONER AS SOON AS POSSIBLE.

28 14.18 THE ASSISTED LIVING RESIDENCE SHALL CONTACT THE AUTHORIZED PRACTITIONER FOR CLARIFICATION OF ANY  
29 ORDERS WHICH ARE INCOMPLETE OR UNCLEAR AND OBTAIN NEW ORDERS IN WRITING.

30 14.19 THE ASSISTED LIVING RESIDENCE SHALL BE RESPONSIBLE FOR COMPLYING WITH AUTHORIZED PRACTITIONER  
31 ORDERS ASSOCIATED WITH MEDICATION AND MEDICATION ADMINISTRATION EXCEPT FOR THOSE MEDICATIONS  
32 WHICH A RESIDENT SELF-ADMINISTERS.

33 14.20 THE ASSISTED LIVING RESIDENCE SHALL COORDINATE CARE AND MEDICATION ADMINISTRATION WITH EXTERNAL  
34 PROVIDERS.

## 35 MEDICATION REMINDER BOXES

36 14.21 FOR MEDICATION REMINDER BOXES THAT THE ASSISTED LIVING RESIDENCE IS RESPONSIBLE FOR, THE ALR  
37 SHALL ENSURE THAT THE BOX CONTAINS:

38 (A) NO MORE THAN A 14 CALENDAR DAY SUPPLY OF MEDICATIONS AT A TIME;

- 1 (B) NO PRN MEDICATIONS INCLUDING PRN CONTROLLED SUBSTANCES; AND/OR  
2 (C) NO MEDICATIONS THAT REQUIRE ADMINISTRATION WITHIN SPECIFIC TIMEFRAMES UNLESS THE  
3 MEDICATION REMINDER BOX IS SPECIFICALLY DESIGNED TO ADDRESS THIS SITUATION.
- 4 14.22 MEDICATION REMINDER BOXES SHALL BE STORED IN A MANNER THAT ENSURES ACCESS FOR THE DESIGNATED  
5 RESIDENT AND PREVENTS ACCESS FROM UNAUTHORIZED PERSONS.

6 MEDICATION PREPARATION AND HANDLING

- 7 14.23 THE ASSISTED LIVING RESIDENCE SHALL MAINTAIN MEDICATION STORAGE AND PREPARATION AREAS WHICH ARE  
8 CLEAN AND FREE OF CLUTTER.
- 9 14.24 ALL REUSABLE MEDICAL DEVICES SHALL BE CLEANED ACCORDING TO THE MANUFACTURER INSTRUCTIONS AND  
10 APPROPRIATELY STORED.
- 11 14.25 NO STOCK MEDICATIONS SHALL BE STORED OR USED BY QUALIFIED MEDICATION ADMINISTRATION PERSONS.
- 12 14.26 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT QMAPS ARE TRAINED IN AND APPLY NATIONALLY  
13 RECOGNIZED PROTOCOLS FOR BASIC INFECTION CONTROL AND PREVENTION WHEN PREPARING AND  
14 ADMINISTERING MEDICATIONS.

15 RECORD KEEPING

- 16 14.27 ALL PRESCRIBED AND PRN MEDICATIONS SHALL BE LISTED AND RECORDED ON A MEDICATION ADMINISTRATION  
17 RECORD (MAR) WHICH CONTAINS THE NAME AND DATE OF BIRTH OF THE RESIDENT, THE RESIDENT'S ROOM  
18 LOCATION, ANY KNOWN ALLERGIES, THE NAME AND TELEPHONE NUMBER OF THE RESIDENT'S AUTHORIZED  
19 PRACTITIONER.
- 20 (A) THE MEDICATION ADMINISTRATION RECORD SHALL REFLECT THE NAME, STRENGTH, DOSAGE AND MODE  
21 OF ADMINISTRATION OF EACH MEDICATION, THE REASON FOR THE MEDICATION, THE DATE THE ORDER  
22 WAS RECEIVED, THE DATE AND TIME OF ADMINISTRATION, ANY SPECIAL CONSIDERATIONS RELATED TO  
23 ADMINISTRATION AND THE SIGNATURE OR INITIAL OF THE PERSON ADMINISTERING THE MEDICATION.
- 24 (B) AS PART OF THE MEDICATION ADMINISTRATION RECORD, THE ASSISTED LIVING RESIDENCE SHALL  
25 MAINTAIN A LEGIBLE LIST OF THE NAMES OF THE PERSONS UTILIZING THE RECORD FOR MEDICATION  
26 ADMINISTRATION, ALONG WITH EACH OF THEIR SIGNATURES AND, IF USED, THEIR INITIALS.
- 27 (C) EACH QUALIFIED MEDICATION ADMINISTRATION PERSON, NURSE OR PRACTITIONER SHALL ACCURATELY  
28 DOCUMENT EACH MEDICATION ADMINISTRATION OR MONITORING EVENT AT THE TIME THE EVENT IS  
29 COMPLETED FOR EACH RESIDENT.
- 30 (D) EACH QUALIFIED MEDICATION ADMINISTRATION PERSON, NURSE OR AUTHORIZED PRACTITIONER SHALL  
31 DOCUMENT ACCURATE INFORMATION IN THE MEDICATION ADMINISTRATION RECORD INCLUDING ANY  
32 MEDICATION OMISSIONS, REFUSALS AND RESIDENT REPORTED RESPONSES TO MEDICATIONS.
- 33 14.28 THE ASSISTED LIVING RESIDENCE SHALL MAINTAIN A RECORD ON A SEPARATE SHEET FOR EACH RESIDENT  
34 RECEIVING A CONTROLLED SUBSTANCE WHICH CONTAINS THE NAME OF THE CONTROLLED SUBSTANCE,  
35 STRENGTH AND DOSAGE, DATE AND TIME ADMINISTERED, RESIDENT NAME, NAME OF AUTHORIZED  
36 PRACTITIONER AND THE QUANTITY OF THE CONTROLLED SUBSTANCE REMAINING.
- 37 14.29 THE ADMINISTRATOR AND THE QMAP SUPERVISOR SHALL, ON A QUARTERLY BASIS, AUDIT THE ACCURACY AND  
38 COMPLETENESS OF THE MEDICATION ADMINISTRATION RECORDS, CONTROLLED SUBSTANCE LIST, MEDICATION  
39 ERROR REPORTS AND MEDICATION DISPOSAL RECORDS. ANY IRREGULARITIES SHALL BE INVESTIGATED AND

1 RESOLVED. THE RESULTS OF THE AUDITS SHALL BE DOCUMENTED AND ROUTINELY INCLUDED AS PART OF THE  
2 ASSISTED LIVING RESIDENCE'S QUALITY MANAGEMENT PROGRAM ASSESSMENT AND REVIEW.

3 REPORTING

4 14.30 THE ASSISTED LIVING RESIDENCE SHALL HAVE POLICIES AND PROCEDURES FOR DOCUMENTING, INVESTIGATING,  
5 REPORTING AND RESPONDING TO ANY ERRORS RELATED TO ACCURATE ACCOUNTING OF CONTROLLED  
6 SUBSTANCES AND /OR MEDICATION ADMINISTRATION.

7 14.31 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT THE RESIDENT'S AUTHORIZED PRACTITIONER AND  
8 RESIDENT'S LEGAL REPRESENTATIVE IS PROMPTLY NOTIFIED OF:

9 (A) ANY CHANGES IN A RESIDENT'S BASELINE STATUS OR WORSENING OF OVERALL CONDITION;

10 (B) A RESIDENT'S MEDICATION REFUSAL;

11 (C) A RESIDENT'S PATTERN OF REFUSAL;

12 (D) A RESIDENT'S REPETITIVE REQUEST FOR AND USE OF PRN MEDICATION;

13 (E) ANY OBSERVED OR REPORTED UNFAVORABLE REACTIONS TO MEDICATIONS;

14 (F) THE ADMINISTRATION OF MEDICATIONS USED TO EMERGENTLY TREAT ANGINA; AND

15 (G) ERRORS IN MEDICATION PREPARATION AND/OR ADMINISTRATION.

16 SELF-ADMINISTRATION

17 14.32 THE ASSISTED LIVING RESIDENCE SHALL COMPILE A LIST OF ALL RESIDENT MEDICATIONS ALONG WITH ANY  
18 KNOWN ALLERGIES AND VERIFY THE ACCURACY AND COMPLETENESS OF THE LIST WITH THE RESIDENT AND  
19 AUTHORIZED PRACTITIONER AT THE TIME OF ADMISSION.

20 14.33 THE ASSISTED LIVING RESIDENCE SHALL REVIEW THIS LIST WITH THE RESIDENT AND AUTHORIZED PRACTITIONER  
21 AT LEAST ONCE A YEAR AND MAINTAIN DOCUMENTATION OF SUCH REVIEW.

22 14.34 THE ASSISTED LIVING RESIDENCE SHALL REPORT NON-COMPLIANCE, MISUSE OR INAPPROPRIATE USE OF KNOWN  
23 MEDICATIONS BY A RESIDENT WHO IS SELF-ADMINISTERING TO THAT RESIDENT'S AUTHORIZED PRACTITIONER.

24 MEDICATION STORAGE

25 14.35 ALL MEDICATIONS SHALL BE STORED IN THE ORIGINAL PRESCRIBED/MANUFACTURER CONTAINERS.

26 14.36 ALL MEDICATIONS SHALL BE STORED IN A LOCKED CABINET, CART OR STORAGE AREA WHEN UNATTENDED BY  
27 QUALIFIED MEDICATION ADMINISTRATION PERSONS OR OTHER LICENSED STAFF.

28 14.37 CONTROLLED SUBSTANCES SHALL BE KEPT IN DOUBLE LOCK STORAGE.

29 (A) TWO INDIVIDUALS WHO ARE EITHER QUALIFIED MEDICATION ADMINISTRATION PERSONS, NURSES, OR  
30 PRACTITIONERS SHALL JOINTLY COUNT ALL CONTROLLED SUBSTANCES AT THE END OF EACH SHIFT AND  
31 SIGN DOCUMENTATION REGARDING THE RESULTS OF THE COUNT AT THE TIME IT OCCURS. ANY  
32 DISCREPANCY IN THE CONTROLLED SUBSTANCE COUNT SHALL BE IMMEDIATELY REPORTED TO THE  
33 ADMINISTRATOR.

34 14.38 ALL REFRIGERATED MEDICATIONS SHALL BE STORED IN A REFRIGERATOR THAT DOES NOT CONTAIN FOOD AND  
35 THAT IS NOT ACCESSIBLE TO RESIDENTS.

- 1 (A) ALL MEDICATION STORED IN A REFRIGERATOR SHALL BE CLEARLY LABELED WITH THE RESIDENT'S NAME  
2 AND PRESCRIBING INFORMATION.
- 3 14.39 THE ASSISTED LIVING RESIDENCE SHALL NOT STORE OR RETAIN FOR MORE THAN 30 CALENDAR DAYS ANY  
4 OUTDATED, DISCONTINUED AND/OR EXPIRED MEDICATIONS.
- 5 14.40 OUTDATED, DISCONTINUED AND/OR EXPIRED MEDIATIONS THAT ARE NOT RETURNED TO THE RESIDENT OR LEGAL  
6 REPRESENTATIVE SHALL BE STORED IN A LOCKED STORAGE AREA UNTIL PROPERLY DISPOSED OF.
- 7 (A) ANY CONTROLLED SUBSTANCE MEDICATIONS WHICH ARE DESIGNATED FOR DESTRUCTION SHALL BE  
8 KEPT IN A SEPARATE LOCKED CONTAINER WITHIN THE LOCKED STORAGE AREA UNTIL THEY ARE  
9 DESTROYED.
- 10 14.41 THE ASSISTED LIVING RESIDENCE SHALL CONDUCT A JOINT TWO PERSON AUDIT OF MEDICATIONS DESIGNATED  
11 FOR DISPOSAL EVERY 14 CALENDAR DAYS.
- 12 (A) AT LEAST ONE OF THE PERSONS CONDUCTING THE AUDIT SHALL BE A QUALIFIED MEDICATION  
13 ADMINISTRATION PERSON.
- 14 (B) THE RESULTS OF THE AUDIT SHALL BE DOCUMENTED AND SIGNED BY BOTH STAFF MEMBERS  
15 CONDUCTING THE AUDIT.
- 16 (C) AUDIT RECORDS SHALL BE MAINTAINED FOR A MINIMUM OF THREE YEARS. ANY DISCREPANCY IN THE  
17 LIST AND COUNT OF MEDICATIONS DESIGNATED FOR DISPOSAL SHALL BE IMMEDIATELY REPORTED TO  
18 THE ADMINISTRATOR.

19 MEDICATION DESTRUCTION AND DISPOSAL

- 20 14.42 MEDICATION SHALL BE RETURNED TO THE RESIDENT OR RESIDENT'S LEGAL REPRESENTATIVE, UPON DISCHARGE  
21 OR DEATH, EXCEPT THAT RETURN OF MEDICATION TO THE RESIDENT MAY BE WITHHELD IF SPECIFIED IN THE CARE  
22 PLAN OF A RESIDENT OF A FACILITY WHICH IS LICENSED TO PROVIDE SERVICES SPECIFICALLY FOR THE MENTALLY  
23 ILL OR IF A PRACTITIONER HAS DETERMINED THAT THE RESIDENT LACKS THE DECISIONAL CAPACITY TO POSSESS  
24 OR ADMINISTER SUCH MEDICATION SAFELY.
- 25 (A) A RESIDENT OR RESIDENT'S LEGAL REPRESENTATIVE MAY AUTHORIZE THE ASSISTED LIVING RESIDENCE  
26 TO RETURN UNUSED MEDICATIONS OR MEDICAL SUPPLIES AND USED OR UNUSED MEDICAL DEVICES TO A  
27 PRESCRIPTION DRUG OUTLET OR DONATE TO A NONPROFIT ENTITY IN ACCORDANCE WITH SECTION  
28 12-42.5-133, C.R.S., AND 6 CCR 1011-1, CHAPTER 2, PART 7.202.
- 29 (B) THE ASSISTED LIVING RESIDENCE SHALL REQUEST AND MAINTAIN SIGNED DOCUMENTATION FROM THE  
30 RESIDENT OR RESIDENT'S LEGAL REPRESENTATIVE REGARDING THE RETURN OR DONATION OF ALL  
31 MEDICATIONS, MEDICAL SUPPLIES OR DEVICES.
- 32 14.43 THE ASSISTED LIVING RESIDENCE SHALL HAVE POLICIES AND PROCEDURES REGARDING THE DESTRUCTION AND  
33 DISPOSAL OF OUTDATED, UNUSED, DISCONTINUED AND/OR EXPIRED MEDICATIONS WHICH ARE NOT RETURNED TO  
34 THE RESIDENT OR LEGAL REPRESENTATIVE. AT A MINIMUM, THE POLICIES AND PROCEDURES SHALL INCLUDE THE  
35 FOLLOWING REQUIREMENTS:
- 36 (A) MEDICATION SHALL BE DESTROYED IN THE PRESENCE OF TWO INDIVIDUALS, EACH OF WHOM ARE  
37 EITHER A QUALIFIED MEDICATION ADMINISTRATION PERSON, NURSE, OR PRACTITIONER;
- 38 (B) ALL MEDICATIONS SHALL BE DESTROYED IN A MANNER THAT RENDERS THE SUBSTANCES TOTALLY  
39 IRRETRIEVABLE;

- 1 (C) THERE SHALL BE DOCUMENTATION WHICH IDENTIFIES THE MEDICATIONS, THE DATE OF DESTRUCTION  
2 AND THE SIGNATURES OF THE WITNESSES PERFORMING THE MEDICATION DESTRUCTION; AND
- 3 (D) ALL DESTROYED MEDICATIONS SHALL BE DISPOSED OF IN COMPLIANCE WITH SECTIONS 24.2 AND 24.3  
4 REGARDING MEDICAL WASTE DISPOSAL.

5 **SECTION 15 - LAUNDRY SERVICES**

6 GENERAL REQUIREMENTS:

- 7 15.1 THE ASSISTED LIVING RESIDENCE SHALL MAKE LAUNDRY SERVICES AVAILABLE IN ONE OR MORE OF THE  
8 FOLLOWING WAYS:
  - 9 (A) PROVIDING LAUNDRY SERVICE FOR THE RESIDENTS;
  - 10 (B) PROVIDING ACCESS TO LAUNDRY EQUIPMENT SO THAT THE RESIDENTS MAY DO THEIR OWN LAUNDRY;  
11 OR
  - 12 (C) MAKING ARRANGEMENTS WITH A COMMERCIAL LAUNDRY, OR
  - 13 (D) COORDINATING WITH FRIENDS OR FAMILY MEMBERS WHO CHOOSE TO PROVIDE LAUNDRY SERVICES FOR  
14 A RESIDENT.
- 15 15.2 THERE SHALL BE SEPARATE STORAGE AREAS FOR SOILED LINEN AND CLOTHING.
- 16 15.3 THE ASSISTED LIVING RESIDENCE SHALL ADDRESS RESIDENT SENSITIVITIES OR ALLERGIES WITH REGARD TO  
17 LAUNDRY DETERGENTS OR METHODS.

18 ASSISTED LIVING RESIDENCE LAUNDRY SERVICE

- 19 15.4 IF PROVIDING LAUNDRY SERVICE FOR RESIDENTS, THE ASSISTED LIVING RESIDENCE SHALL ENSURE THE  
20 FOLLOWING:
  - 21 (A) WASHING MACHINES AND DRYERS ARE PROPERLY MAINTAINED ACCORDING TO THE MANUFACTURER'S  
22 INSTRUCTIONS;
  - 23 (B) BED AND BATH LINENS ARE CLEANED AT LEAST WEEKLY OR MORE FREQUENTLY TO MEET INDIVIDUAL  
24 RESIDENT NEEDS. BLANKETS SHALL ALSO BE CLEANED AS NECESSARY;
  - 25 (C) LAUNDRY PERSONNEL OR DESIGNATED STAFF HANDLE, STORE, PROCESS, TRANSPORT AND RETURN  
26 LAUNDRY IN A WAY THAT PREVENTS THE SPREAD OF INFECTION OR CROSS CONTAMINATION;
  - 27 (D) PERSONAL CLOTHING IS RETURNED TO THE APPROPRIATE RESIDENT IN A PRESENTABLE, READY TO  
28 WEAR MANNER IN ORDER TO PROMOTE RESIDENT RESPECT AND DIGNITY; AND
  - 29 (E) THE APPROPRIATE RESIDENT REPRESENTATIVE IS NOTIFIED IF A RESIDENT NEEDS ADDITIONAL  
30 CLOTHING OR LINENS.

31 RESIDENT ACCESS

- 32 15.5 IF A RESIDENT IS ALLOWED TO INDEPENDENTLY USE THE ASSISTED LIVING RESIDENCE LAUNDRY AREA, THE ALR  
33 SHALL ENSURE THAT:
  - 34 (A) THE RESIDENT IS INSTRUCTED IN THE PROPER USE OF THE EQUIPMENT;

- 1 (B) THERE IS A READILY AVAILABLE SCHEDULE SHOWING WHEN RESIDENT USE IS PERMITTED; AND
- 2 (C) THE RESIDENT HAS THE MEANS TO INDEPENDENTLY ACCESS THE AREA DURING THE PERMITTED TIMES.

3 **SECTION 16 - FOOD SAFETY**

4 **ALL ASSISTED LIVING RESIDENCES**

- 5 16.1 RESIDENTS HANDLING OR PREPARING FOOD FOR OTHER RESIDENTS SHALL HAVE ACCESS TO A HAND-SINK, SOAP  
6 AND DISPOSABLE PAPER TOWELS. THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT SUCH RESIDENTS  
7 UNDERSTAND WHEN TO WASH HANDS AND THE PROPER PROCEDURE FOR DOING SO. SUPPLIES FOR CLEANING  
8 AND A PRE-MADE SOLUTION FOR SANITIZING FOOD CONTACT SURFACES SHALL BE READILY AVAILABLE. THE  
9 INGREDIENTS USED SHALL BE ALLOWABLE FOODS FROM APPROVED SOURCES AND WITHIN THE "USE-BY" DATE.
- 10 16.2 THE FOOD SAFETY REQUIREMENTS SPECIFIED IN THIS CHAPTER DO NOT PRECLUDE RESIDENTS FROM  
11 CONSUMING FOODS NOT PROCURED BY THE ASSISTED LIVING RESIDENCE.

12 **20 OR MORE BEDS**

- 13 16.3 AN ASSISTED LIVING RESIDENCE THAT IS LICENSED FOR 20 BEDS OR MORE SHALL COMPLY WITH THE  
14 DEPARTMENT'S REGULATIONS CONCERNING COLORADO RETAIL FOOD ESTABLISHMENTS AT 6 CCR 1010-2.

15 **FEWER THAN 20 BEDS**

- 16 16.4 AN ASSISTED LIVING RESIDENCE THAT IS LICENSED FOR FEWER THAN 20 BEDS SHALL COMPLY WITH ALL OF THE  
17 REQUIREMENTS IN SECTIONS 16.5 THROUGH 16.37.

18 EMPLOYEE TRAINING

- 19 16.5 ANYONE PREPARING OR SERVING FOOD SHALL COMPLETE RECOGNIZED FOOD SAFETY TRAINING AND MAINTAIN  
20 EVIDENCE OF COMPLETION ON SITE. FOOD SAFETY TRAINING SHALL BE PROVIDED BY RECOGNIZED FOOD SAFETY  
21 EXPERTS OR AGENCIES, SUCH AS THE DIVISION OF ENVIRONMENTAL HEALTH AND SUSTAINABILITY, LOCAL  
22 PUBLIC HEALTH AGENCIES OR COLORADO STATE UNIVERSITY EXTENSION SERVICES. *(NOTE: AT A MINIMUM  
23 COMPLETION OF AVAILABLE ONLINE MODULES WILL SUFFICE. THE COST FOR THIS TRAINING IS \$10. THE  
24 CERTIFICATE FOR THIS COURSE CAN BE USED AS EVIDENCE OF THE SUCCESSFUL COMPLETION OF THE TRAINING.  
25 SUBSTITUTING OTHER ACCREDITED FOOD SAFETY COURSES IS ALSO ACCEPTABLE.)*

26 PERSONAL HEALTH

- 27 16.6 STAFF SHALL BE IN GOOD HEALTH AND FREE OF COMMUNICABLE DISEASE WHILE HANDLING, PREPARING OR  
28 SERVING FOOD OR HANDLING UTENSILS.
- 29 16.7 STAFF ARE PROHIBITED FROM HANDLING, PREPARING OR SERVING FOOD OR HANDLING UTENSILS FOR  
30 RESIDENTS OR OTHER STAFF WHILE EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS: VOMITING, DIARRHEA,  
31 SORE THROAT WITH FEVER, JAUNDICE OR LESION CONTAINING PUS ON THE HANDS OR WRISTS.
  - 32 (A) STAFF MEMBERS EXPERIENCING THESE SYMPTOMS ARE PERMITTED TO RETURN TO HANDLING FOOD  
33 AND UTENSILS ONLY WHEN THEY HAVE BEEN SYMPTOM-FREE FOR AT LEAST 24 HOURS AND/OR THE  
34 LESIONS ON THEIR HANDS ARE BANDAGED AND COMPLETELY COVERED WITH AN IMPERVIOUS GLOVE OR  
35 FINGER COT.

36 HANDWASHING

- 37 16.8 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT FOOD HANDLERS, COOKS AND SERVERS PROPERLY WASH  
38 THEIR HANDS USING THE FOLLOWING PROCEDURE:

- 1 (A) WASH HANDS IN WARM (100°F TO 120°F) SOAPY WATER BY VIGOROUSLY SCRUBBING ALL SURFACES  
2 OF THE HANDS AND WRISTS FOR AT LEAST 20 SECONDS. RINSE HANDS CLEAN. THOROUGHLY DRY  
3 HANDS WITH A DISPOSABLE PAPER TOWEL. USE THE PAPER TOWEL TO TURN OFF SINK FAUCETS BEFORE  
4 DISPOSING.
- 5 16.9 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT FOOD HANDLERS, COOKS AND SERVERS ALWAYS WASH  
6 THEIR HANDS AT THE FOLLOWING TIMES:
- 7 (A) BEFORE LEAVING THE RESTROOM, AND AGAIN BEFORE RETURNING TO FOOD OR BEVERAGE  
8 PREPARATION, FOOD AND FOOD EQUIPMENT STORAGE AREAS OR DISHWASHING;
- 9 (B) AFTER COUGHING, SNEEZING, USING A HANDKERCHIEF OR TISSUE, USING TOBACCO PRODUCTS OR  
10 EATING;
- 11 (C) WHEN SWITCHING BETWEEN WORKING WITH RAW ANIMAL DERIVED FOODS AND READY-TO-EAT FOODS;
- 12 (D) AFTER TOUCHING THE HAIR, FACE OR BODY;
- 13 (E) DURING FOOD PREPARATION, AS OFTEN AS NECESSARY TO REMOVE SOIL AND CONTAMINATION AND TO  
14 PREVENT CROSS CONTAMINATION WHEN CHANGING TASKS;
- 15 (F) BEFORE HANDLING OR PUTTING ON SINGLE USE GLOVES FOR FOOD HANDLING AND BETWEEN REMOVING  
16 SOILED GLOVES AND PUTTING ON NEW, CLEAN GLOVES;
- 17 (G) AFTER HANDLING SOILED DISHES OR UTENSILS, SUCH AS BUSING TABLES OR LOADING A DISH MACHINE;
- 18 (H) AFTER FEEDING OR CARING FOR A RESIDENT;
- 19 (I) AFTER CARING FOR PETS OR OTHER ANIMALS; AND
- 20 (J) AFTER ENGAGING IN ANY ACTIVITY THAT CONTAMINATES THE HANDS SUCH AS HANDLING GARBAGE,  
21 MOPPING, WORKING WITH CHEMICALS AND OTHER CLEANING ACTIVITIES.

22 EMPLOYEE HYGIENE

- 23 16.10 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT ALL STAFF MEMBERS HAVE GOOD HYGIENIC PRACTICES  
24 AND WEAR CLEAN CLOTHING OR PROTECTIVE COVERINGS WHILE HANDLING FOOD OR UTENSILS.
- 25 16.11 THE ASSISTED LIVING RESIDENCE SHALL PROHIBIT STAFF MEMBERS FROM USING COMMON TOWELS AND OTHER  
26 MULTIPLE USE LINENS OR CLOTHING TO WIPE OR DRY THEIR HANDS. WHEN HANDS BECOME SOILED, THE ALR  
27 SHALL ENSURE THAT STAFF WASH THEIR HANDS IN ACCORDANCE WITH SECTION 16.8(A).
- 28 16.12 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT STAFF MEMBERS REFRAIN FROM EATING OR SMOKING IN  
29 THE AREA USED FOR FOOD PREPARATION OR STORAGE. DRINKING IN THESE AREAS IS ALLOWED WITH ENCLOSED  
30 CONTAINERS THAT DO NOT REQUIRE MANUAL MANIPULATION OF THE DRINKING SURFACE.
- 31 16.13 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT STAFF MEMBERS DO NOT TOUCH THEIR FACES, HAIR OR  
32 OTHER BODY SURFACES WHILE HANDLING FOOD.
- 33 16.14 TASTING FOOD DURING PREPARATION SHALL BE DONE WITH A UTENSIL THAT IS CLEAN AND SANITIZED. THE SAME  
34 UTENSIL MUST BE WASHED, RINSED AND SANITIZED BEFORE IT IS REUSED.
- 35 16.15 UTENSILS USED TO DISPENSE FOOD SHALL HAVE HANDLES. UTENSIL HANDLES SHALL BE KEPT OUT OF FOOD AND  
36 ICE. FOR EXAMPLE, SCOOPING ICE WITH A GLASS IS PROHIBITED.

37 BARE HAND CONTACT



1 16.16 READY-TO-EAT FOODS SHALL NOT BE HANDLED WITH BARE HANDS. INSTEAD GLOVES OR UTENSILS MUST BE  
2 USED TO HANDLE, PREPARE AND SERVE THESE FOODS.

3 PROPER GLOVE USE

4 16.17 DISPOSAL FOOD SERVICE GLOVES SHALL BE USED IN A MANNER THAT PREVENTS CONTAMINATION OF FOOD AND  
5 FOOD CONTACT SURFACES. GLOVES SHALL BE CHANGED WHENEVER SWITCHING FROM HANDLING RAW ANIMAL  
6 PRODUCTS TO READY-TO-EAT FOODS AND WHENEVER ELSE GLOVED HANDS BECOME CONTAMINATED. WHEN  
7 GLOVES ARE CHANGED, HANDS SHALL BE WASHED IN ACCORDANCE WITH SECTION 16.8(A).

8 APPROVED SOURCE

9 16.18 ALL FOODS, INCLUDING RAW INGREDIENTS AND PREPARED FOODS, SHALL BE OBTAINED FROM APPROVED,  
10 LICENSED OR REGISTERED SOURCES OR FOOD MANUFACTURERS. RAW UN CUT PRODUCE CAN BE OBTAINED  
11 FROM OTHER SOURCES, INCLUDING GROWN ONSITE, AS LONG AS GOOD AGRICULTURAL PRACTICES DEFINED BY  
12 THE UNITED STATES DEPARTMENT OF AGRICULTURE ARE USED. FURTHER GUIDANCE FOR PRODUCE GROWN  
13 LONG-TERM CARE FACILITIES, AVAILABLE ONLINE FROM THE DEPARTMENT'S DIVISION OF ENVIRONMENTAL  
14 HEALTH AND SUSTAINABILITY.

15 PROHIBITED FOODS

16 16.19 PROHIBITED FOODS SHALL NOT BE SERVED BY THE ASSISTED LIVING RESIDENCE. PROHIBITED FOODS INCLUDE  
17 RAW OR UNDERCOOKED MEAT, POULTRY, FISH, AND MOLLUSCAN SHELLFISH; RAW UNPASTEURIZED EGGS; RAW  
18 MILK AND RAW SEED SPROUTS. UNPASTEURIZED JUICE IS ALSO PROHIBITED UNLESS IT IS FRESHLY SQUEEZED  
19 AND MADE TO ORDER.

20 16.20 FOODS THAT POSE A GREATER RISK FOR THE LONG-TERM CARE POPULATION INCLUDE DELI MEATS, HOT DOGS,  
21 AND SOFT CHEESES. THESE FOODS ARE ALLOWED, BUT IT IS STRONGLY RECOMMENDED THAT THEY BE HEATED  
22 BEFORE SERVICE TO CONTROL LISTERIA MONOCYTOGENES, A PARTICULARLY DANGEROUS BACTERIA FOR OLDER  
23 ADULTS AND IMMUNE COMPROMISED POPULATIONS.

24 16.21 AN ASSISTED LIVING RESIDENCE SHALL NOT DISTRIBUTE OR DISPENSE RAW MILK PRODUCTS OF ANY KIND.

25 DATE MARKING

26 16.22 REFRIGERATED FOODS OPENED OR PREPARED AND NOT USED WITHIN 24 HOURS MUST BE MARKED WITH A "USE  
27 BY" OR "DISCARD BY" DATE. THE "USE BY" OR "DISCARD BY" DATE IS SEVEN CALENDAR DAYS FOLLOWING  
28 OPENING OR PREPARATION. THE SEVEN DAYS CANNOT SURPASS THE MANUFACTURER'S EXPIRATION DATE FOR  
29 THE PRODUCT OR ITS INGREDIENTS OR SEVEN DAYS SINCE THE DATE ANY OF THE INGREDIENTS IN THE FOOD  
30 WERE OPENED OR PREPARED. THIS REQUIREMENT DOES NOT APPLY TO COMMERCIALY PREPARED  
31 CONDIMENTS AND DRESSINGS.

32 REQUIRED COOKING TEMPERATURES

33 16.23 ANIMAL DERIVED FOODS; MEAT, POULTRY, FISH AND UNPASTEURIZED EGGS MUST BE COOKED TO THE MINIMUM  
34 INTERNAL TEMPERATURES IN THE FOLLOWING TABLE BEFORE BEING SERVED OR HELD HOT.

POULTRY (GROUND OR INTACT), STUFFED MEATS	165°F
EGGS, PORK, LAMB, FISH	145°F
GROUND BEEF, FISH, PORK, LAMB, VEAL	155°F
WHOLE MUSCLE BEEF STEAKS	145°F
WHOLE ROASTS (BEEF, LAMB, PORK)	135°F

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REQUIRED HOLDING TEMPERATURES

16.24 POTENTIALLY HAZARDOUS FOODS SHALL BE MAINTAINED AT THE PROPER TEMPERATURES AT ALL TIMES. POTENTIALLY HAZARDOUS FOODS THAT ARE STORED COLD SHALL BE HELD AT OR BELOW 41°F.

16.25 POTENTIALLY HAZARDOUS FOODS THAT ARE STORED HOT SHALL BE HELD AT OR ABOVE 135°F.

16.26 WHEN FOODS ARE BEING PREPARED, COOLED OR REHEATED, THEY SHALL NOT BE HELD BELOW 135°F OR ABOVE 41°F FOR EXTENDED TIME TO CONTROL THE GROWTH OF HARMFUL BACTERIA.

RAPID REHEATING

16.27 POTENTIALLY HAZARDOUS FOODS THAT ARE BEING REHEATED FROM ROOM TEMPERATURE, SUCH AS OPENING A CAN, OR FROM COLD STORAGE BEFORE HOT HOLDING SHALL BE RAPIDLY HEATED WITHIN 2 HOURS TO 165°F. RAPID HEATING CAN BE ACCOMPLISHED ON A STOVE TOP, IN AN OVEN, MICROWAVE OR ANOTHER APPROVED REHEATING DEVICE.

RAPID COOLING

16.28 POTENTIALLY HAZARDOUS FOODS THAT ARE BEING COOLED FROM ROOM TEMPERATURE, SUCH AS AFTER OPENING A CAN OR PREPARING FOOD FROM ROOM TEMPERATURE INGREDIENTS, SHALL BE COOLED TO 41°F WITHIN FOUR HOURS.

FOLLOWING COOKING OR REMOVAL FROM HOT STORAGE, FOODS MUST BE COOLED WITHIN SIX HOURS TO 41°F. BEGIN ACTIVE COOLING FOODS WHEN FOODS ARE 135°F. COOL TO 70°F WITHIN TWO HOURS OR LESS. THEN COOL FROM 70°F TO 41°F WITHIN FOUR HOURS OR LESS. ACTIVE COOLING MEANS USING UNCOVERED SHALLOW PANS, ICE AS AN INGREDIENT, ICE WANDS, BREAKING FOODS DOWN INTO SMALL PORTIONS AND FULLY SUBMERGING CONTAINERS IN ICE BATHS OR A COMBINATION OF THESE METHODS.

FOOD PREPARATION

16.29 WHEN FOODS ARE BEING ASSEMBLED OR PREPARED OUTSIDE OF TEMPERATURE CONTROL, THE PROCESS SHOULD BE COMPLETED AS QUICKLY AS POSSIBLE AND NO MORE THAN TWO HOURS.

THAWING

16.30 FROZEN FOODS SHALL BE THAWED UNDER REFRIGERATION, UNDER COOL, RUNNING WATER BETWEEN 60-70°F, IN A MICROWAVE OVEN OR AS PART OF THE COOKING PROCESS.

16.31 LEAVING FOOD OUT TO THAW WITHOUT TEMPERATURE CONTROL IS PROHIBITED.

EQUIPMENT

16.32 EQUIPMENT SHALL BE MAINTAINED IN WORKING ORDER AND CLEANABLE. REFRIGERATION EQUIPMENT SHALL MAINTAIN FOODS BELOW 41°F. HOT HOLDING EQUIPMENT MUST HOLD FOOD AT OR ABOVE 135°F.

CLEANING AND SANITIZING

16.33 FOOD CONTACT SURFACES OF EQUIPMENT SHALL BE WASHED, RINSED AND SANITIZED BEFORE USE OR AT LEAST EVERY FOUR HOURS OF CONTINUAL USE. DISH DETERGENT SHALL BE LABELED FOR THE INTENDED PURPOSE. SANITIZER SHALL BE APPROVED FOR USE AS A NO-RINSE FOOD CONTACT SANITIZER. SANITIZERS SHALL BE REGISTERED WITH EPA AND USED IN ACCORDANCE WITH LABELED INSTRUCTIONS.

PLUMBING

1 16.34 A HANDWASHING SINK SUPPLIED WITH SOAP AND DISPOSABLE PAPER TOWELS SHALL BE AVAILABLE IN ALL FOOD  
2 HANDLING AREAS.

3 16.35 SINKS SHALL BE WASHED, RINSED AND SANITIZED WHEN SWITCHING BETWEEN FOOD PREPARATION OR  
4 PRODUCE WASHING AND THAWING ANIMAL DERIVED FOODS.

5 DISH WASHING

6 16.36 DISHES, UTENSILS AND COOKWARE SHALL BE WASHED USING ONE OF THE FOLLOWING METHODS:

7 (A) IN A SINGLE OR MULTIPLE COMPARTMENT SINK USING A DISH DETERGENT THAT IS LABELED FOR THAT  
8 INTENDED PURPOSE. ONCE WASHED, DISHES AND UTENSILS SHALL BE RINSED CLEAN, AND THEN  
9 SUBMERGED IN AN APPROVED NO-RINSE FOOD CONTACT SANITIZER AND ALLOWED TO AIR DRY.  
10 SANITIZER SHALL BE REGISTERED WITH EPA AND USED IN ACCORDANCE WITH LABELED  
11 INSTRUCTIONS; OR

12 (B) A DOMESTIC OR COMMERCIAL DISHWASHING MACHINE WITH A WASH WATER TEMPERATURE THAT  
13 REACHES A MINIMUM OF 155°F OR IS EQUIPPED WITH A CHEMICAL SANITIZING CYCLE.

14 MOP WATER

15 16.37 MOP WATER SHALL ONLY BE FILLED IN A DEDICATED UTILITY SINK, A BATH TUB OR USING A QUICK RELEASE HOSE  
16 ATTACHMENT ON ANOTHER SINK THAT IS IMMEDIATELY REMOVED AND STORED AWAY FROM THE SINK AFTER  
17 FILLING. MOP WATER SHALL BE DISPOSED IN THE SANITARY SEWER (E.G., TOILET, BATHTUB OR UTILITY SINK).  
18 MOP WATER SHALL NOT BE DISCARDED ON THE GROUND OUTSIDE OR IN A STORM DRAIN.

19 **SECTION 17 - FOOD AND DINING SERVICES**

20 MEALS, DRINKS AND SNACKS

21 17.1 THE ASSISTED LIVING RESIDENCE SHALL PROVIDE AT LEAST THREE MEALS DAILY, AT REGULAR TIMES  
22 COMPARABLE TO NORMAL MEALTIMES IN THE COMMUNITY OR IN ACCORDANCE WITH RESIDENT NEEDS,  
23 PREFERENCES, AND PLANS OF CARE.

24 (A) NOURISHING MEAL SUBSTITUTES AND BETWEEN MEAL SNACKS SHALL BE PROVIDED, IN ACCORDANCE  
25 WITH PLANS OF CARE, TO RESIDENTS WHO WANT TO EAT AT NON-TRADITIONAL TIMES OR OUTSIDE OF  
26 SCHEDULED MEAL SERVICE TIMES.

27 17.2 MEALS SHALL INCLUDE A VARIETY OF FOODS, BE NUTRITIONALLY BALANCED AND SUFFICIENT IN AMOUNT TO  
28 SATISFY RESIDENT APPETITES.

29 (A) APPEALING SUBSTITUTES OF SIMILAR NUTRITIVE VALUE SHALL BE AVAILABLE FOR RESIDENTS WHO  
30 CHOOSE NOT TO EAT FOOD THAT IS INITIALLY SERVED OR WHO REQUEST AN ALTERNATIVE MEAL.

31 17.3 THE ASSISTED LIVING RESIDENCE SHALL OFFER DRINKS, INCLUDING WATER AND OTHER LIQUIDS TO RESIDENTS  
32 WITH EVERY MEAL AND BETWEEN MEALS THROUGHOUT THE DAY. THE ASSISTED LIVING RESIDENCE SHALL ALSO  
33 ENSURE THAT RESIDENTS HAVE INDEPENDENT ACCESS TO DRINKS AT ALL TIMES.

34 17.4 RESIDENT FOOD CONSUMPTION SHALL BE MONITORED FOR UNPLANNED CHANGES SUCH AS WEIGHT GAIN,  
35 WEIGHT LOSS OR DEHYDRATION. CHANGES IN CONSUMPTION THAT MAY INDICATE THE NEED FOR ASSISTANCE  
36 WITH EATING SHALL BE REPORTED TO THE RESIDENT'S PRACTITIONER AND CASE MANAGER, IF APPLICABLE.

37 17.5 IF A RESIDENT REPEATEDLY CHOOSES NOT TO FOLLOW THE DIETARY RECOMMENDATIONS OF HIS OR HER  
38 PRACTITIONER, THE ASSISTED LIVING RESIDENCE SHALL DOCUMENT SUCH IN THE RECORD OR PERSON  
39 CENTERED PLAN AND NOTIFY THE RESIDENT'S PRACTITIONER AND CASE MANAGER, IF APPLICABLE.

1 MENUS

2 17.6 MENUS SHALL VARY DAILY AND INCORPORATE SEASONAL AND/OR HOLIDAY FOODS.

3 17.7 WEEKLY MENUS SHALL BE READILY AVAILABLE FOR RESIDENTS AND PUBLIC VIEWING NO LESS THAN 24 HOURS  
4 PRIOR TO SERVING.

5 17.8 RESIDENTS SHALL BE ENCOURAGED TO PARTICIPATE IN PLANNING MENUS AND THE ASSISTED LIVING RESIDENCE  
6 SHALL MAKE REASONABLE EFFORTS TO ACCOMMODATE RESIDENT SUGGESTIONS.

7 FOOD SUPPLY

8 17.9 EACH ASSISTED LIVING RESIDENCE SHALL HAVE SUFFICIENT FOOD ON HAND TO PREPARE THREE NUTRITIONALLY  
9 BALANCED MEALS PER DAY FOR THREE CALENDAR DAYS.

10 THERAPEUTIC DIETS

11 17.10 AN ASSISTED LIVING RESIDENCE MAY PROVIDE THERAPEUTIC DIETS WHEN THE FOLLOWING CONDITIONS ARE  
12 MET:

13 (A) THE DIET IS PRESCRIBED BY THE RESIDENT'S PRACTITIONER, AND

14 (B) THE ASSISTED LIVING RESIDENCE HAS TRAINED STAFF TO PREPARE THE FOOD IN ACCORDANCE WITH  
15 THE DIET AND ENSURE IT IS BEING SERVED TO THE APPROPRIATE RESIDENT.

16 ASSISTANCE WITH DINING AND FEEDING

17 17.11 IF A RESIDENT DEMONSTRATES DIFFICULTY OPENING, REACHING OR ACCESSING FOOD AND BEVERAGE ITEMS AT  
18 MEAL TIME, STAFF SHALL PROMPTLY ASSIST THAT RESIDENT IN DOING SO REGARDLESS OF THE RESIDENT'S  
19 DINING LOCATION.

20 17.12 STAFF MAY ASSIST RESIDENTS BY CUEING AND PROMPTING THEM TO EAT AND DRINK SO LONG AS THAT  
21 ASSISTANCE IS NOT UNDERTAKEN FOR THE CONVENIENCE OF STAFF.

22 17.13 STAFF MAY ASSIST FEEDING A RESIDENT ONLY IF THE RESIDENT IS ABLE TO MAINTAIN AN UPRIGHT POSITION AND  
23 CHEW AND SWALLOW WITHOUT DIFFICULTY.

24 17.14 STAFF WHO ASSIST FEEDING A RESIDENT SHALL BE TRAINED IN THE PROPER TECHNIQUES FOR SUPPORTING  
25 NUTRITION AND HYDRATION BY A LICENSED OR REGISTERED PROFESSIONAL QUALIFIED BY EDUCATION AND  
26 TRAINING TO ASSESS CHOKING RISKS, SUCH AS A REGISTERED NURSE, SPEECH LANGUAGE PATHOLOGIST OR  
27 REGISTERED DIETITIAN.

28 (A) THE ASSISTED LIVING RESIDENCE SHALL NOT ALLOW STAFF TO ASSIST FEEDING A RESIDENT IF THE  
29 RESIDENT HAS DIFFICULTY CHEWING AND SWALLOWING OR HAS A HISTORY OF CHRONIC CHOKING OR  
30 COUGHING WHILE EATING OR DRINKING.

31 (B) IF A RESIDENT WHO IS RECEIVING FEEDING ASSISTANCE EXPERIENCES A CHANGE IN EATING AND  
32 SWALLOWING THAT IS WORSE THAN BASELINE AS IDENTIFIED IN THE INDIVIDUALIZED RESIDENT CARE  
33 PLAN, STAFF SHALL STOP PROVIDING ASSISTANCE, DOCUMENT THE ISSUE IN THE RESIDENT'S RECORD  
34 AND ENSURE THAT THE RESIDENT'S PRACTITIONER IS NOTIFIED.

35 (1) UNLESS TEMPORARY MEASURES ARE ORDERED BY THE PRACTITIONER, FEEDING ASSISTANCE  
36 SHALL NOT BE RESUMED UNTIL A MEDICAL EVALUATION HAS BEEN PERFORMED AND THE  
37 ASSISTED LIVING RESIDENCE HAS DOCUMENTATION FROM THE PRACTITIONER THAT IT IS SAFE  
38 TO RESUME.

1 DINING AREA AND EQUIPMENT

2 17.15 EACH ASSISTED LIVING RESIDENCE SHALL HAVE A DESIGNATED DINING AREA WITH TABLES AND CHAIRS THAT ALL  
3 RESIDENTS ARE ABLE TO ACCESS AND THAT IS SUFFICIENT IN SIZE TO COMFORTABLY ACCOMMODATE ALL  
4 RESIDENTS. RESIDENTS SHALL BE ALLOWED TO CHOOSE WHERE AND WITH WHOM TO SIT.

5 17.16 NO RESIDENT OR GROUP OF RESIDENTS SHALL BE EXCLUDED FROM THE DESIGNATED DINING AREA DURING MEAL  
6 TIME UNLESS OTHERWISE INDICATED IN THE RESIDENT'S INDIVIDUALIZED CARE PLAN.

7 17.17 MEALS SHALL NOT BE ROUTINELY SERVED IN RESIDENT ROOMS UNLESS OTHERWISE INDICATED IN THE  
8 RESIDENT'S INDIVIDUALIZED CARE PLAN. THE ASSISTED LIVING RESIDENCE SHALL, HOWEVER, MAKE  
9 REASONABLE EFFORTS TO ACCOMMODATE RESIDENTS THAT CHOOSE TO DINE SOMEWHERE OTHER THAN THE  
10 DINING ROOM.

11 17.18 THE LOCATION OF RESIDENT DINING SHALL NOT BE CHOSEN SOLELY FOR STAFF CONVENIENCE.

12 17.19 PAPER OR DISPOSABLE PLASTIC WARE SHALL NOT BE USED FOR REGULAR MEALS WITH THE EXCEPTION OF  
13 EMERGENCIES AND OUTDOOR DINING.

14 **SECTION 18 - RESIDENT HEALTH INFORMATION RECORDS**

15 GENERAL

16 18.1 EACH ASSISTED LIVING RESIDENCE SHALL HAVE A CONFIDENTIAL HEALTH INFORMATION RECORD FOR EACH  
17 RESIDENT AND MAINTAIN IT IN A MANNER THAT ENSURES ACCURACY OF INFORMATION.

18 18.2 HEALTH INFORMATION RECORDS FOR CURRENT RESIDENTS SHALL BE KEPT ON SITE AT ALL TIMES.

19 18.3 EACH ASSISTED LIVING RESIDENCE SHALL IMPLEMENT A POLICY AND PROCEDURE FOR AN EFFECTIVE  
20 INFORMATION MANAGEMENT SYSTEM THAT IS EITHER PAPER-BASED OR ELECTRONIC. IF THE ALR MAINTAINS  
21 BOTH PAPER-BASED AND ELECTRONIC RECORDS, THERE SHALL BE A METHOD FOR INTEGRATION OF THOSE  
22 RECORDS THAT ALLOWS EFFECTIVE CONTINUITY OF CARE. PROCESSES SHALL INCLUDE EFFECTIVE  
23 MANAGEMENT FOR CAPTURING REPORTING, PROCESSING, STORING AND RETRIEVING CARE/SERVICE DATA AND  
24 INFORMATION.

25 18.4 AT THE TIME OF ADMITTANCE, THE RESIDENT RECORD SHALL CONTAIN, AT A MINIMUM, THE FOLLOWING ITEMS:

26 (A) FACE SHEET,

27 (B) PRACTITIONER ORDERS,

28 (C) INDIVIDUALIZED RESIDENT CARE PLAN,

29 (D) COPIES OF ANY ADVANCE DIRECTIVES, AND

30 (E) A SIGNED COPY OF THE RESIDENT AGREEMENT.

31 CONFIDENTIALITY AND ACCESS

32 18.5 THE ASSISTED LIVING RESIDENCE SHALL HAVE A MEANS OF SECURING RESIDENT RECORDS THAT PRESERVES  
33 THEIR CONFIDENTIALITY AND PROVIDES PROTECTION FROM LOSS, DAMAGE AND UNAUTHORIZED ACCESS.

34 18.6 THE CONFIDENTIALITY OF THE RESIDENT RECORD INCLUDING ALL MEDICAL, PSYCHOLOGICAL AND SOCIOLOGICAL  
35 INFORMATION SHALL BE PROTECTED IN ACCORDANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND  
36 REGULATIONS.

1 18.7 EACH RESIDENT OR PERSONAL REPRESENTATIVE OF A RESIDENT SHALL BE ALLOWED TO INSPECT THAT  
2 RESIDENT'S OWN RECORD IN ACCORDANCE WITH §25-1-801, C.R.S. UPON REQUEST, RESIDENT  
3 RECORDS SHALL ALSO BE MADE AVAILABLE FOR INSPECTION BY THE STATE AND LOCAL LONG-TERM CARE  
4 OMBUDSMAN PURSUANT TO §26-11.5-108, DEPARTMENT REPRESENTATIVES AND OTHER LAWFULLY  
5 AUTHORIZED INDIVIDUALS.

6 CONTENT

7 18.8 RESIDENT RECORDS SHALL CONTAIN, BUT NOT BE LIMITED TO, THE FOLLOWING ITEMS:

8 (A) FACE SHEET;

9 (B) PRACTITIONER ORDER;

10 (C) INDIVIDUALIZED RESIDENT CARE PLAN;

11 (D) PROGRESS NOTES;

12 (E) DOCUMENTATION REGARDING ANY OUT OF THE ORDINARY EVENT OR ISSUE THAT AFFECTS A  
13 RESIDENT'S PHYSICAL, BEHAVIORAL, COGNITIVE AND/OR FUNCTIONAL CONDITION ALONG WITH THE  
14 ACTION TAKEN BY STAFF TO ADDRESS THAT RESIDENT'S CHANGING NEEDS;

15 (1) THE ASSISTED LIVING RESIDENCE SHALL REQUIRE STAFF MEMBERS TO DOCUMENT, BEFORE  
16 THE END OF THEIR SHIFT, ANY OUT OF THE ORDINARY EVENT OR ISSUE REGARDING A RESIDENT  
17 THAT THEY PERSONALLY OBSERVED OR WAS REPORTED TO THEM.

18 (F) MEDICATION ADMINISTRATION RECORD;

19 (G) DOCUMENTATION OF ON-GOING SERVICES PROVIDED BY EXTERNAL SERVICE PROVIDERS INCLUDING,  
20 BUT NOT LIMITED TO, FAMILY MEMBERS, AIDES, PODIATRISTS, PHYSICAL THERAPISTS, HOSPICE AND  
21 HOME CARE SERVICES, AND OTHER PRACTITIONERS, ASSISTANTS AND CAREGIVERS;

22 (H) ADVANCE DIRECTIVES, IF APPLICABLE, WITH EXTRA COPIES; AND

23 (I) FINAL DISPOSITION OF RESIDENT INCLUDING, IF APPLICABLE, DATE, TIME AND CIRCUMSTANCES OF A  
24 RESIDENT'S DEATH ALONG WITH THE NAME OF THE PERSON TO WHOM THE BODY IS RELEASED.

25 18.9 THE FACE SHEET SHALL BE UPDATED AT LEAST ANNUALLY AND CONTAIN THE FOLLOWING INFORMATION:

26 (A) RESIDENT'S FULL NAME, INCLUDING MAIDEN NAME, IF APPLICABLE;

27 (B) RESIDENT'S SEX, DATE OF BIRTH, AND MARITAL STATUS;

28 (C) RESIDENT'S MOST RECENT FORMER ADDRESS;

29 (D) RESIDENT'S SOCIAL SECURITY NUMBER, MEDICAL INSURANCE INFORMATION, AND MEDICAID NUMBER, IF  
30 APPLICABLE;

31 (E) DATE OF ADMITTANCE AND READMITTANCE, IF APPLICABLE;

32 (F) NAME, ADDRESS AND CONTACT INFORMATION FOR FAMILY MEMBERS, LEGAL REPRESENTATIVES,  
33 AND/OR OTHER PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY;

34 (G) NAME, ADDRESS AND CONTACT INFORMATION FOR RESIDENT'S PRACTITIONER AND CASE MANAGER, IF  
35 APPLICABLE;

- 1 (H) RESIDENT'S PRIMARY SPOKEN LANGUAGE AND ANY ISSUES WITH ORAL COMMUNICATION;
- 2 (I) INDICATION OF RESIDENT'S RELIGIOUS PREFERENCE, IF ANY;
- 3 (J) RESIDENT'S CURRENT DIAGNOSES; AND
- 4 (K) NOTATION OF RESIDENT'S ALLERGIES, IF ANY.

5 RECORD TRANSFER AND RETENTION

- 6 18.10 IF A RESIDENT'S CARE IS TRANSFERRED TO ANOTHER HEALTH FACILITY OR AGENCY, A COPY OF THE FACE SHEET,  
7 INDIVIDUALIZED RESIDENT CARE PLAN AND MEDICATION ADMINISTRATION RECORD FOR THE CURRENT MONTH  
8 SHALL BE TRANSFERRED WITH THE RESIDENT.
- 9 18.11 IF AN ASSISTED LIVING RESIDENCE CEASES OPERATION, EACH RESIDENT'S RECORDS MUST BE TRANSFERRED TO  
10 THE LICENSED HEALTH FACILITY OR AGENCY THAT ASSUMES THAT RESIDENT'S CARE.
- 11 18.12 RECORDS OF FORMER RESIDENTS SHALL BE COMPLETE AND MAINTAINED FOR AT LEAST THREE YEARS  
12 FOLLOWING THE TERMINATION OF THE RESIDENT'S STAY IN THE ASSISTED LIVING RESIDENCE.
- 13 18.13 SUCH RECORDS SHALL BE MAINTAINED AND READILY AVAILABLE AT THE ASSISTED LIVING RESIDENCE LOCATION  
14 FOR A MINIMUM OF SIX MONTHS FOLLOWING TERMINATION OF THE RESIDENT'S STAY.

15 **SECTION 19 - INFECTION CONTROL**

16 EDUCATION

- 17 19.1 THE ASSISTED LIVING RESIDENCE SHALL HAVE AN INFECTION CONTROL PROGRAM THAT PROVIDES INITIAL AND  
18 ANNUAL STAFF TRAINING ON INFECTION PREVENTION AND CONTROL. SUCH TRAINING SHALL COVER, AT A  
19 MINIMUM, THE FOLLOWING ITEMS:
  - 20 (A) MODES OF INFECTION TRANSMISSION;
  - 21 (B) THE IMPORTANCE OF HAND-WASHING AND PROPER TECHNIQUES;
  - 22 (C) USE OF PERSONAL PROTECTIVE EQUIPMENT INCLUDING PROPER USE OF DISPOSABLE GLOVES; AND
  - 23 (D) CLEANING AND DISINFECTION TECHNIQUES.

24 POLICIES AND PROCEDURES

- 25 19.2 THE ASSISTED LIVING RESIDENCE SHALL HAVE AND FOLLOW WRITTEN POLICIES AND PROCEDURES THAT  
26 ADDRESS THE TRANSMISSION OF COMMUNICABLE DISEASES WITH A SIGNIFICANT RISK OF TRANSMISSION TO  
27 OTHER PERSONS AND FOR REPORTING DISEASES TO THE STATE AND/OR LOCAL HEALTH DEPARTMENT,  
28 PURSUANT TO 6 CCR 1009-1, RULES AND REGULATIONS PERTAINING TO EPIDEMIC AND COMMUNICABLE  
29 DISEASE CONTROL.
- 30 19.3 THE POLICIES AND PROCEDURES SHALL INCLUDE AT A MINIMUM, ALL OF THE FOLLOWING CRITERIA:
  - 31 (A) THE METHOD FOR MONITORING AND ENCOURAGING EMPLOYEE WELLNESS;
  - 32 (B) THE METHOD FOR TRACKING INFECTION PATTERNS AND TRENDS AND INITIATING A RESPONSE;
  - 33 (C) THE METHOD FOR DETERMINING WHEN TO SEEK ASSISTANCE FROM A MEDICAL PROFESSIONAL AND/OR  
34 THE LOCAL HEALTH DEPARTMENT;

- 1 (D) ISOLATION TECHNIQUES; AND
- 2 (E) APPROPRIATE HANDLING OF LINEN AND CLOTHING OF RESIDENTS WITH COMMUNICABLE INFECTIONS.

3 INFECTIOUS WASTE MANAGEMENT

- 4 19.4 ANY ITEM CONTAINING BLOOD, BODY FLUID OR BODY WASTE FROM A RESIDENT WITH A CONTAGIOUS CONDITION
- 5 SHALL BE PRESUMED TO BE INFECTIOUS WASTE AND SHALL BE DISPOSED OF IN THE ROOM WHERE IT IS USED
- 6 INTO A STURDY PLASTIC BAG, THEN RE-BAGGED OUTSIDE THE ROOM AND DISPOSED OF CONSISTENT WITH THE
- 7 MEDICAL WASTE DISPOSAL REQUIREMENTS AT SECTION 24.2.

8 **SECTION 20 – PHYSICAL PLANT STANDARDS**

9 COMPLIANCE WITH STATE AND LOCAL REQUIREMENTS

- 10 20.1 EACH ASSISTED LIVING RESIDENCE SHALL BE IN COMPLIANCE WITH ALL APPLICABLE LOCAL ZONING, HOUSING,
- 11 FIRE AND SANITARY CODES AND ORDINANCES OF THE CITY, CITY AND COUNTY, OR COUNTY WHERE THE ALR IS
- 12 SITUATED, TO THE EXTENT THAT SUCH CODES AND ORDINANCES ARE CONSISTENT WITH THE FEDERAL “FAIR
- 13 HOUSING AMENDMENT ACT OF 1988” AS AMENDED, AT 42 U.S.C. §3601, ET SEQ.

14 COMPLIANCE WITH FIRE SAFETY, CONSTRUCTION AND DESIGN STANDARDS

- 15 20.2 AN ASSISTED LIVING RESIDENCE SHALL BE CONSTRUCTED IN CONFORMITY WITH THE STANDARDS ADOPTED BY
- 16 THE DIRECTOR OF THE DIVISION OF FIRE PREVENTION AND CONTROL (DFPC) AT THE COLORADO DEPARTMENT
- 17 OF PUBLIC SAFETY.

- 18 20.3 AN ASSISTED LIVING RESIDENCE APPLYING FOR AN INITIAL LICENSE ON OR AFTER JUNE 1, 2019, SHALL COMPLY
- 19 WITH PARTS 1.1 THROUGH 1.4, ANY CROSS-REFERENCED PART 2 SYSTEMS, AND 4.1 OF THE GUIDELINES
- 20 FOR DESIGN AND CONSTRUCTION OF RESIDENTIAL HEALTH, CARE AND SUPPORT FACILITIES, FACILITY
- 21 GUIDELINES INSTITUTE (FGI) (2018 EDITION).

- 22 20.4 RENOVATION OF AN ASSISTED LIVING RESIDENCE THAT IS INITIATED ON OR AFTER DECEMBER 1, 2019, SHALL
- 23 COMPLY WITH PARTS 1.1 THROUGH 1.4, ANY CROSS-REFERENCED PART 2 SYSTEMS, AND 4.1 OF THE
- 24 GUIDELINES FOR DESIGN AND CONSTRUCTION OF RESIDENTIAL HEALTH, CARE AND SUPPORT FACILITIES,
- 25 FACILITY GUIDELINES INSTITUTE (FGI) (2018 EDITION).

- 26 20.5 THE GUIDELINES FOR DESIGN AND CONSTRUCTION OF RESIDENTIAL HEALTH, CARE AND SUPPORT FACILITIES,
- 27 FACILITIES GUIDELINES INSTITUTE (2018 EDITION), IS HEREBY INCORPORATED BY REFERENCE CONSISTENT
- 28 WITH SECTION 1 OF THIS CHAPTER AND EXCLUDES ANY LATER AMENDMENTS TO OR EDITIONS OF THE
- 29 GUIDELINES. FGI APPENDIX MATERIAL IS ADVISORY ONLY AND NOT INCORPORATED UNLESS EXPLICITLY STATED
- 30 OTHERWISE IN THIS CHAPTER. THE 2018 FGI GUIDELINES ARE AVAILABLE AT NO COST IN READ-ONLY VERSION
- 31 AT: <http://fgiguidelines.org>

32 **SECTION 21 – EXTERIOR ENVIRONMENT**

- 33 21.1 THE ASSISTED LIVING RESIDENCE GROUNDS SHALL BE KEPT FREE OF HIGH WEEDS, GARBAGE AND RUBBISH.

- 34 21.2 THE ASSISTED LIVING RESIDENCE GROUNDS SHALL BE MAINTAINED TO PROTECT RESIDENTS FROM SLOPES,
- 35 HOLES OR OTHER HAZARDS AND SHALL BE CONSISTENT WITH ANY LANDSCAPE PLAN APPROVED BY THE LOCAL
- 36 JURISDICTION.

- 37 21.3 EXTERIOR STAIRS SHALL BE LIGHTED AT NIGHT.

- 38 21.4 PORCHES, STAIRS, HANDRAILS AND RAMPS SHALL BE MAINTAINED IN GOOD REPAIR.



- 1 21.5 FOR NEW CONSTRUCTION INITIATED ON OR AFTER JUNE 1, 2019, PORCHES AND EXTERIOR AREAS WITH MORE  
2 THAN ONE STEP WITHIN A SIX FOOT LINEAR RUN SHALL HAVE A HANDRAIL. FOR RENOVATION INITIATED ON OR  
3 AFTER DECEMBER 1, 2019, PORCHES AND EXTERIOR AREAS WITH MORE THAN ONE STEP WITHIN A SIX FOOT  
4 LINEAR RUN SHALL HAVE A HANDRAIL.
- 5 21.6 FOR NEW CONSTRUCTION INITIATED ON OR AFTER JUNE 1, 2019, THE TOTAL NUMBER OF PARKING SPACES TO  
6 BE PROVIDED SHALL BE BASED ON LOCAL REQUIREMENTS AND THE FUNCTIONAL NEED OF THE RESIDENT  
7 POPULATION. FOR RENOVATION INITIATED ON OR AFTER DECEMBER 1, 2019, THE TOTAL NUMBER OF PARKING  
8 SPACES TO BE PROVIDED SHALL BE BASED ON LOCAL REQUIREMENTS AND THE FUNCTIONAL NEED OF THE  
9 RESIDENT POPULATION.
- 10 21.7 THE ASSISTED LIVING RESIDENCE SHALL SUBMIT BUILDING PLANS, IN THE FORM AND MANNER SPECIFIED, TO THE  
11 DEPARTMENT FOR PLAN REVIEW AND APPROVAL.
- 12 (A) APPLICANTS FOR AN INITIAL ALR LICENSE SHALL SUBMIT BUILDING PLANS FOR NEWLY CONSTRUCTED  
13 OR EXISTING BUILDINGS BEFORE THE ISSUANCE OF THE INITIAL LICENSE.
- 14 (B) EXISTING LICENSEES SHALL SUBMIT PLANS FOR RENOVATIONS, ADDITIONAL SQUARE FOOTAGE, AND  
15 REPLACEMENT BUILDINGS BEFORE BEGINNING CONSTRUCTION.

## 16 **SECTION 22 – INTERIOR ENVIRONMENT**

### 17 GENERAL

- 18 22.1 ALL INTERIOR AREAS INCLUDING ATTICS, BASEMENTS AND GARAGES SHALL BE FREE FROM ACCUMULATIONS OF  
19 EXTRANEOUS MATERIAL SUCH AS REFUSE, UNUSED OR DISCARDED FURNITURE AND POTENTIAL COMBUSTIBLE  
20 MATERIALS.
- 21 22.2 COMBUSTIBLES SUCH AS CLEANING RAGS AND COMPOUNDS SHALL BE KEPT IN CLOSED METAL CONTAINERS.
- 22 22.3 CLEANING COMPOUNDS AND OTHER HAZARDOUS SUBSTANCES (INCLUDING PRODUCTS LABELED “KEEP OUT OF  
23 REACH OF CHILDREN” ON THEIR ORIGINAL CONTAINERS) SHALL BE CLEARLY LABELED TO INDICATE CONTENTS  
24 AND (EXCEPT WHEN A STAFF MEMBER IS PRESENT) SHALL BE STORED IN A LOCATION SUFFICIENTLY SECURE TO  
25 DENY ACCESS TO CONFUSED RESIDENTS.
- 26 (A) THE ALR SHALL MAINTAIN A READILY AVAILABLE LIST AND THE SAFETY DATA SHEET OF POTENTIALLY  
27 HAZARDOUS SUBSTANCES USED BY HOUSEKEEPING AND OTHER STAFF.
- 28 (B) UTILITY ROOMS USED FOR STORING DISINFECTANTS AND DETERGENT CONCENTRATES, CAUSTIC BOWL  
29 AND TILE CLEANERS AND INSECTICIDES SHALL BE LOCKED.
- 30 22.4 DESIGNATED AREAS WHERE SMOKING IS ALLOWED SHALL BE EQUIPPED WITH FIRE RESISTANT WASTEBASKETS.  
31 RESIDENT ROOMS OCCUPIED BY SMOKERS, EVEN WHEN HOUSE RULES PROHIBIT SMOKING IN RESIDENT ROOMS,  
32 SHALL HAVE FIRE RESISTANT WASTEBASKETS.

### 33 HEATING, LIGHTING AND VENTILATION

- 34 22.5 EACH ROOM SHALL HAVE HEAT, LIGHTING AND VENTILATION SUFFICIENT TO MEET THE USE OF THE ROOM AND  
35 THE NEEDS OF THE RESIDENTS.
- 36 22.6 ALL INTERIOR STAIRS AND CORRIDORS SHALL BE ADEQUATELY LIGHTED.

### 37 WATER

- 38 22.7 THERE SHALL BE AN ADEQUATE SUPPLY OF SAFE, POTABLE WATER AVAILABLE FOR DOMESTIC PURPOSES.

- 1 22.8 THERE SHALL BE A SUFFICIENT SUPPLY OF HOT WATER DURING PEAK USAGE DEMAND.
- 2 22.9 HOT WATER SHALL NOT MEASURE MORE THAN 120 DEGREES FAHRENHEIT AT TAPS WHICH ARE ACCESSIBLE BY  
3 RESIDENTS.

4 COMMON AREAS

- 5 22.10 COMMON AREAS SHALL BE SUFFICIENT IN SIZE TO REASONABLE ACCOMMODATE ALL RESIDENTS.
- 6 22.11 ALL COMMON AND DINING AREAS SHALL BE ACCESSIBLE TO A RESIDENT USING AN AUXILIARY AID WITHOUT  
7 REQUIRING TRANSFER FROM A WHEELCHAIR TO WALKER OR FROM A WHEELCHAIR TO A STATIONARY CHAIR FOR  
8 USE IN THE DINING AREA. ALL DOORS TO THOSE ROOMS REQUIRING ACCESS SHALL BE AT LEAST 32 INCHES  
9 WIDE.
- 10 22.12 EFFECTIVE JULY 1, 2018, AN ASSISTED LIVING RESIDENCE THAT HAS ONE OR MORE RESIDENTS USING AN  
11 AUXILIARY AID SHALL HAVE A MINIMUM OF TWO MEANS OF ACCESS AND EGRESS FROM THE BUILDING UNLESS  
12 LOCAL CODE REQUIRES OTHERWISE.

13 SLEEPING ROOM

- 14 22.13 NO RESIDENT SHALL BE ASSIGNED TO RESIDE IN ANY ROOM OTHER THAN ONE REGULARLY DESIGNATED FOR  
15 SLEEPING.
- 16 22.14 NO MORE THAN TWO RESIDENTS SHALL OCCUPY A SLEEPING ROOM.
- 17 (A) AN ASSISTED LIVING RESIDENCE INITIALLY LICENSED PRIOR TO JULY 1, 1986 IS PERMITTED TO HAVE UP  
18 TO FOUR RESIDENTS PER ROOM UNLESS THE ALR UNDERTAKES RENOVATION OR CHANGES  
19 OWNERSHIP, AT WHICH TIME THE NEWER, MORE STRINGENT REQUIREMENT SHALL APPLY.
- 20 22.15 SLEEPING ROOMS, EXCLUSIVE OF BATHROOM AREAS AND CLOSETS, SHALL HAVE THE FOLLOWING MINIMUM  
21 SQUARE FOOTAGE:
- 22 (A) 100 SQUARE FEET FOR SINGLE OCCUPANCY, AND
- 23 (B) 60 SQUARE FEET PERSON FOR DOUBLE OCCUPANCY.
- 24 22.16 EACH RESIDENT SHALL HAVE STORAGE SPACE, SUCH AS A CLOSET, FOR CLOTHING AND PERSONAL ARTICLES.
- 25 22.17 EACH SLEEPING ROOM SHALL HAVE AT LEAST ONE WINDOW OF 8 SQUARE FEET WHICH SHALL HAVE OPENING  
26 CAPABILITY.
- 27 (A) AN ASSISTED LIVING RESIDENCE INITIALLY LICENSED PRIOR TO JANUARY 1, 1992, IS PERMITTED TO  
28 HAVE A WINDOW OF SMALLER DIMENSIONS UNLESS THE ALR UNDERTAKES RENOVATION OR CHANGES  
29 OWNERSHIP, AT WHICH TIME THE NEWER, MORE STRINGENT REQUIREMENT SHALL APPLY.
- 30 22.18 IN ASSISTED LIVING RESIDENCES THAT PROVIDE FURNISHINGS FOR RESIDENTS PURSUANT TO A RESIDENT  
31 AGREEMENT, EACH RESIDENT SHALL BE PROVIDED, AT A MINIMUM, WITH THE FOLLOWING ITEMS:
- 32 (A) A STANDARD-SIZED BED WITH A COMFORTABLE, CLEAN MATTRESS, MATTRESS PROTECTOR, PAD, AND  
33 PILLOW (ROLLAWAY TYPE BEDS, COTS, FOLDING BEDS, FUTONS, OR BUNK BEDS ARE PROHIBITED), AND
- 34 (B) A STANDARD-SIZED CHAIR IN GOOD CONDITION.

35 BATHROOM

1 22.19 THERE SHALL BE AT LEAST ONE FULL BATHROOM FOR EVERY SIX RESIDENTS.

2 22.20 A FULL BATHROOM SHALL CONTAIN THE FOLLOWING:

3 (A) TOILET,

4 (B) HAND-WASHING STATION,

5 (C) MIRROR,

6 (D) PRIVATE INDIVIDUAL STORAGE FOR RESIDENT PERSONAL EFFECTS; AND

7 (E) SHOWER.

8 22.21 ALL BATHTUBS AND SHOWER FLOORS SHALL HAVE NON-SKID SURFACES.

9 22.22 TOILET SEATS SHALL BE CONSTRUCTED OF NON-ABSORBENT MATERIAL AND FREE OF CRACKS.

10 22.23 EACH ASSISTED LIVING RESIDENCE SHALL PROVIDE TOILET PAPER IN EACH RESIDENT BATHROOM, EXCEPT  
11 WHERE A RESIDENT HAS A SPECIFIC PREFERENCE AND AGREES TO SUPPLY IT.

12 22.24 TOILET PAPER IN A DISPENSER, LIQUID SOAP AND PAPER TOWELS OR HAND DRYING DEVICES SHALL BE  
13 AVAILABLE AT ALL TIMES IN EACH COMMON BATHROOM.

14 22.25 IN AN ASSISTED LIVING RESIDENCE THAT HAS ONE OR MORE RESIDENTS USING AUXILIARY AIDS, THE ALR SHALL  
15 PROVIDE AT LEAST ONE FULL BATHROOM WITH FIXTURES POSITIONED SO THAT THEY ARE FULLY ACCESSIBLE TO  
16 ANY RESIDENT UTILIZING AN AUXILIARY AID.

17 22.26 GRAB BARS SHALL BE PROPERLY INSTALLED AT EACH TUB AND SHOWER, AND ADJACENT TO AT LEAST ONE  
18 TOILET IN EVERY MULTI-STALL TOILET ROOM IN AN ALR IF ANY RESIDENT USES AN AUXILIARY AID OR AS  
19 OTHERWISE INDICATED BY THE NEEDS OF THE RESIDENT POPULATION.

20 (A) WHEN RESIDENTS CAN UNDERTAKE INDEPENDENT TRANSFERS, ALTERNATIVE GRAB BAR  
21 CONFIGURATIONS ARE PERMITTED.

## 22 HEATING DEVICES

23 22.27 THE ASSISTED LIVING RESIDENCE SHALL PROHIBIT THE USE OF PORTABLE HEATERS IN RESIDENT ROOMS. THE  
24 USE OF FIREPLACES, SPACE HEATERS AND LIKE UNITS THAT GENERATE HEAT SHALL BE PROHIBITED IN THE  
25 COMMON AREAS OF THE ASSISTED LIVING RESIDENCE UNLESS THE ALR IS ABLE TO ENSURE THAT SUCH DEVICES  
26 HAVE A UL (UNDERWRITERS LABORATORY) OR SIMILAR CERTIFICATION LABEL, DO NOT PRESENT A RESIDENT  
27 BURN RISK, AND ARE USED IN ACCORDANCE WITH MANUFACTURER INSTRUCTIONS.

28 22.28 THE ASSISTED LIVING RESIDENCE SHALL PROHIBIT THE USE OF ELECTRIC BLANKETS AND/OR HEATING PADS IN  
29 RESIDENT ROOMS UNLESS THERE IS STAFF SUPERVISION OR WRITTEN DOCUMENTATION THAT THE  
30 ADMINISTRATOR HAS ASSESSED THE RESIDENT AND DETERMINED HE OR SHE IS CAPABLE OF USING SUCH DEVICE  
31 IN A SAFE AND APPROPRIATE MANNER.

## 32 OXYGEN USE, HANDLING AND STORAGE

33 22.29 THE ASSISTED LIVING RESIDENCE'S HANDLING AND STORAGE OF OXYGEN SHALL COMPLY WITH ALL APPLICABLE  
34 LOCAL, STATE AND FEDERAL REQUIREMENTS.

35 22.30 THE ASSISTED LIVING RESIDENCE SHALL PROHIBIT SMOKING IN AREAS WHERE OXYGEN IS STORED AND/OR USED  
36 AND SHALL POST A CONSPICUOUS "NO SMOKING" SIGN IN THOSE AREAS.

- 1 22.31 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT OXYGEN TANKS ARE NOT ROLLED ON THEIR SIDE OR  
2 DRAGGED.
- 3 22.32 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT OXYGEN TANKS ARE SECURED UPRIGHT AT ALL TIMES IN A  
4 MANNER THAT PREVENTS TANKS FROM FALLING OVER, BEING DROPPED OR STRIKING EACH OTHER.
- 5 22.33 OXYGEN TANK VALVES SHALL BE CLOSED EXCEPT WHEN IN USE.
- 6 22.34 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT OXYGEN TANKS ARE NOT PLACED AGAINST ELECTRICAL  
7 PANELS, LIVE ELECTRICAL CORDS OR NEAR RADIATORS OR HEAT SOURCES. IF STORED OUTDOORS, TANKS  
8 SHALL BE PROTECTED FROM WEATHER EXTREMES AND DAMP GROUND TO PREVENT CORROSION.

9 SMOKING

- 10 22.35 ASSISTED LIVING RESIDENCES SHALL COMPLY WITH THE COLORADO CLEAN INDOOR AIR ACT AT § 25-14-201  
11 THROUGH 25-14-209, C.R.S.
- 12 22.36 DESIGNATED OUTDOOR SMOKING AREAS SHALL BE MONITORED AT ALL TIMES WHEN RESIDENTS ARE PRESENT.
- 13 22.37 DESIGNATED OUTDOOR SMOKING AREAS SHALL HAVE FIRE RESISTANT WASTE DISPOSAL CONTAINERS.

14 COOKING

- 15 22.38 COOKING SHALL NOT BE PERMITTED IN SLEEPING ROOMS.
- 16 22.39 RESIDENTS SHALL HAVE ACCESS TO AN ALTERNATIVE AREA WHERE MINIMAL FOOD PREPARATION IS PERMITTED.
- 17 22.40 IN ASSISTED LIVING RESIDENCES WHERE RESIDENTS HAVE DWELLING UNITS RATHER THAN SIMPLY SLEEPING  
18 ROOMS, COOKING MAY BE ALLOWED IN ACCORDANCE WITH HOUSE RULES.
- 19 (A) ONLY RESIDENTS WHO ARE CAPABLE OF COOKING SAFELY SHALL BE ALLOWED TO DO SO AND THE ALR  
20 SHALL DOCUMENT SUCH ASSESSMENT.
- 21 (B) IF COOKING EQUIPMENT IS PRESENT IN DWELLING UNITS, THE ALR SHALL HAVE A DEFINITIVE WAY OF  
22 DISABLING SUCH EQUIPMENT IF THEY BECOME UNSAFE FOR RESIDENTS TO USE.

23 ELECTRICAL EQUIPMENT

- 24 22.41 ELECTRICAL SOCKET ADAPTORS OR CONNECTORS DESIGNED TO MULTIPLY OUTLET CAPACITY SHALL BE  
25 PROHIBITED.
- 26 22.42 EXTENSION CORDS ARE PERMITTED FOR TEMPORARY USE ONLY.
- 27 22.43 POWER STRIP SURGE PROTECTORS ARE PERMITTED THROUGHOUT THE ASSISTED LIVING RESIDENCE WITH THE  
28 FOLLOWING LIMITATIONS:
- 29 (A) THE POWER STRIP SHALL HAVE OVERCURRENT PROTECTION IN THE FORM OF A CIRCUIT BREAKER OR  
30 FUSE;
- 31 (B) THE POWER STRIP SHALL HAVE AN UL (UNDERWRITERS LABORATORIES) OR SIMILAR CERTIFICATION  
32 LABEL; AND
- 33 (C) POWER STRIPS SHALL NOT BE LINKED TOGETHER.

34 PERSONAL ELECTRIC APPLIANCES

- 1 22.44 PERSONAL ELECTRIC APPLIANCES ARE ALLOWED IN RESIDENT ROOMS ONLY THE FOLLOWING CRITERIA ARE MET:
- 2 (A) SUCH APPLIANCES DO NOT REQUIRE THE USE OF AN EXTENSION CORD OR MULTIPLE USE ELECTRICAL
- 3 SOCKETS;
- 4 (B) SUCH APPLIANCE IS IN GOOD REPAIR AS EVALUATED BY THE ADMINISTRATOR OR DESIGNEE; AND
- 5 (C) THERE IS WRITTEN DOCUMENTATION THAT THE RESIDENT HAS BEEN ASSESSED AND DETERMINED TO BE
- 6 CAPABLE OF USING SUCH APPLIANCE IN A SAFE AND APPROPRIATE MANNER.

7 **SECTION 23 – ENVIRONMENTAL PEST CONTROL**

- 8 23.1 THE ASSISTED LIVING RESIDENCE SHALL HAVE WRITTEN POLICIES AND PROCEDURES THAT PROVIDE FOR
- 9 EFFECTIVE CONTROL AND ERADICATION OF INSECTS, RODENTS AND OTHER PESTS.
- 10 23.2 THE ASSISTED LIVING RESIDENCE SHALL HAVE A CONTRACT WITH A LICENSED PEST CONTROL COMPANY OR AN
- 11 EFFECTIVE MEANS FOR PEST CONTROL USING THE LEAST TOXIC AND LEAST FLAMMABLE EFFECTIVE PESTICIDES.
- 12 THE PESTICIDES SHALL NOT BE STORED IN RESIDENT OR FOOD AREAS AND SHALL BE KEPT UNDER LOCK AND
- 13 ONLY PROPERLY TRAINED RESPONSIBLE PERSONNEL SHALL BE ALLOWED TO APPLY THEM.
- 14 23.3 SCREENS OR OTHER PEST CONTROL MEASURES SHALL BE PROVIDED ON ALL EXTERIOR OPENINGS EXCEPT
- 15 WHERE PROHIBITED BY FIRE REGULATIONS. ASSISTED LIVING RESIDENCE DOORS, DOOR SCREENS AND WINDOW
- 16 SCREENS SHALL FIT WITH SUFFICIENT TIGHTNESS AT THEIR PERIMETERS TO EXCLUDE PESTS.

17 **SECTION 24 – WASTE DISPOSAL**

18 SEWAGE AND SEWER SYSTEMS

- 19 24.1 ALL SEWAGE SHALL BE DISCHARGED INTO A PUBLIC SEWER SYSTEM, OR IF SUCH IS NOT AVAILABLE, DISPOSED OF
- 20 IN A MANNER APPROVED BY THE STATE AND LOCAL HEALTH AUTHORITIES AND THE COLORADO WATER QUALITY
- 21 CONTROL COMMISSION.
- 22 A) WHEN PRIVATE SEWAGE DISPOSAL SYSTEMS ARE IN USE, RECORDS OF MAINTENANCE AND THE SYSTEM
- 23 DESIGN PLANS SHALL BE KEPT ON THE PREMISES.
- 24 B) NO UNPROTECTED EXPOSED SEWER LINE SHALL BE LOCATED DIRECTLY ABOVE WORKING, STORAGE OR
- 25 EATING SURFACES IN KITCHENS, DINING ROOMS, PANTRIES, FOOD STORAGE ROOMS, OR WHERE
- 26 MEDICAL OR NURSING SUPPLIES ARE PREPARED, PROCESSED OR STORED.

27 MEDICAL WASTE

- 28 24.2 ASSISTED LIVING RESIDENTS SHALL NOT TRANSPORT, MANAGE OR DISPOSE OF MEDICAL WASTE UNLESS IN
- 29 ACCORDANCE WITH THE 6 CCR 1007-2, PART 1, REGULATIONS PERTAINING TO SOLID WASTE DISPOSAL SITES
- 30 AND FACILITIES, SECTION 13, MEDICAL WASTE.
- 31 24.3 ASSISTED LIVING RESIDENCES THAT GENERATE WASTE INCLUDING MEDICAL WASTE SHALL MAKE A HAZARDOUS
- 32 WASTE DETERMINATION IN ACCORDANCE WITH PART 261 OF THE STATE HAZARDOUS WASTE REGULATIONS AT 6
- 33 CCR 1007-3. IF THE FACILITY GENERATES HAZARDOUS WASTE, IT SHALL MANAGE, TRANSPORT AND DISPOSE
- 34 OF SUCH WASTE IN ACCORDANCE WITH 6 CCR 1007-3.

35 REFUSE

- 36 24.4 ALL GARBAGE AND RUBBISH THAT IS NOT DISPOSED OF AS SEWAGE SHALL BE COLLECTED IN IMPERVIOUS
- 37 CONTAINERS IN SUCH MANNER AS NOT TO BECOME A NUISANCE OR A HEALTH HAZARD AND SHALL BE REMOVED
- 38 TO AN OUTSIDE STORAGE AREA AT LEAST ONCE A DAY.

- 1           A)     THE REFUSE STORAGE AREA SHALL BE KEPT CLEAN, AND FREE FROM NUISANCE.
- 2           B)     A SUFFICIENT NUMBER OF IMPERVIOUS CONTAINERS WITH TIGHT FITTING LIDS SHALL BE PROVIDED AND  
3           KEPT CLEAN AND IN GOOD REPAIR.
- 4           C)     CARTS USED TO TRANSPORT REFUSE SHALL BE CONSTRUCTED OF IMPERVIOUS MATERIALS, ENCLOSED,  
5           USED SOLELY FOR REFUSE AND MAINTAINED IN A SANITARY MANNER.

6     **SECTION 25 – SECURE ENVIRONMENT**

- 7     25.1    AN ASSISTED LIVING RESIDENCE MAY CHOOSE TO PROVIDE A SECURE ENVIRONMENT AS THAT TERM IS DEFINED  
8           IN SECTION 2. A SECURE ENVIRONMENT, WHICH MAY BE PROVIDED THROUGHOUT AN ENTIRE ALR OR IN A  
9           DISTINCT PART OF AN ALR, SHALL COMPLY WITH SECTIONS 1 THROUGH 24 OF THIS CHAPTER IN ADDITION TO  
10          THE REQUIREMENTS IN THIS SECTION 25.
- 11   25.2    An ASSISTED LIVING RESIDENCE THAT USES ANY METHODS OR DEVICES TO LIMIT, RESTRICT OR PROHIBIT FREE  
12          EGRESS OF ONE OR MORE RESIDENTS TO MOVE UNSUPERVISED OUTSIDE OF THE ALR OR ANY SEPARATE AND  
13          DISTINCT SECTION OF THE ALR SHALL COMPLY WITH THIS SECTION REGARDING SECURE ENVIRONMENT.
- 14   25.3    AN ASSISTED LIVING RESIDENCE WITH A SECURE ENVIRONMENT SHALL INCLUDE ALL THE SERVICES PROVIDED IN  
15          AN UNSECURED ENVIRONMENT PLUS ANY ADDITIONAL SERVICES SPECIFIED IN THIS SECTION 25.

16   WRITTEN DISCLOSURE

- 17   25.4    IN ADDITION TO THE INFORMATION LISTED IN SECTION 11.7, AN ASSISTED LIVING RESIDENCE SHALL ALSO  
18          DISCLOSE THE FOLLOWING INFORMATION TO EACH POTENTIAL RESIDENT AND HIS OR HER LEGAL  
19          REPRESENTATIVE BEFORE SUCH INDIVIDUAL MOVES INTO A SECURE ENVIRONMENT:
  - 20          (A)     THE CRITERIA FOR ADMITTANCE INCLUDING THE TYPES OF ASSESSMENT TOOLS USED TO DETERMINE  
21                  UNIQUE RESIDENT NEEDS;
  - 22          (B)     THE LOCATION OF THE SECURE ENVIRONMENT AND THE METHODS OF RESTRICTIONS THAT ARE USED;
  - 23          (C)     HOW THE SAFETY OF RESIDENTS IS MONITORED WITHIN THE BUILDING AND THE OUTDOOR AREA; AND
  - 24          (D)     INFORMATION ON ANY SPECIALTY SERVICES SUCH AS MEMORY CARE AND/OR SPECIAL CARE SERVICES,  
25                  INCLUDING, BUT NOT LIMITED TO, A DESCRIPTION OF DAILY ENGAGEMENT OPPORTUNITIES.

26   PRE-ADMITTANCE ASSESSMENT

- 27   25.5    BEFORE AN INDIVIDUAL MOVES IN, THE ASSISTED LIVING RESIDENCE SHALL COMPLETE A PRE-ADMITTANCE  
28          ASSESSMENT TO DETERMINE THE APPROPRIATENESS AND NEED FOR SECURE ENVIRONMENT RESIDENCY. THE  
29          PRE-ADMITTANCE ASSESSMENT SHALL INCLUDE ALL THE ITEMS REQUIRED FOR THE COMPREHENSIVE  
30          ASSESSMENT IN SECTION 12.7, PLUS THE FOLLOWING:
  - 31          (A)     A FACE TO FACE EVALUATION BY A LICENSED PRACTITIONER WHICH HAS OCCURRED WITHIN THE  
32                  PREVIOUS 90 CALENDAR DAYS AND WHICH DESCRIBES THE RESIDENT’S MEDICAL CONDITION AND ANY  
33                  COGNITIVE DEFICITS THAT CONTRIBUTE TO WANDERING, COMPROMISED SAFETY AWARENESS AND  
34                  OTHER TYPES OF CONDUCT; AND
  - 35          (B)     DETAILED INFORMATION FROM THE RESIDENT’S FAMILY AND/OR REPRESENTATIVE CONCERNING THE  
36                  RESIDENT’S RECENT RELEVANT HISTORY AND PATTERNS OF REDUCED SAFETY AWARENESS AND  
37                  WANDERING ALONG WITH ANY STRATEGIES USED TO PREVENT UNSAFE WANDERING OR SUCCESSFUL  
38                  EXITING AND ANY OTHER KNOWN TYPES OF CONDUCT.

1 RESIDENT ADMITTANCE

2 25.6 NO INDIVIDUAL SHALL BE REQUIRED TO MOVE IN TO A SECURE ENVIRONMENT AGAINST THEIR WILL UNLESS LEGAL  
3 AUTHORITY FOR THE ADMITTANCE OF THE INDIVIDUAL HAS BEEN ESTABLISHED BY GUARDIANSHIP, COURT ORDER,  
4 MEDICAL DURABLE POWER OF ATTORNEY, HEALTH CARE PROXY OR OTHER MEANS ALLOWED BY COLORADO LAW.

5 25.7 AN INDIVIDUAL MAY VOLUNTARILY AGREE TO RESIDE IN A SECURE ENVIRONMENT EVEN THOUGH HIS OR HER  
6 PHYSICAL OR PSYCHOSOCIAL STATUS DOES NOT REQUIRE SUCH PLACEMENT. IN SUCH CIRCUMSTANCES, THE  
7 ASSISTED LIVING RESIDENCE SHALL ASSURE THAT THE RESIDENT HAS INDEPENDENT FREEDOM OF MOVEMENT  
8 INSIDE AND OUTSIDE OF THE SECURE ENVIRONMENT AT ALL TIMES AND THAT THERE IS A SIGNED RESIDENT  
9 AGREEMENT TO THAT EFFECT.

10 25.8 IN ADDITION TO THE GENERAL ADMITTANCE CRITERIA AND RESTRICTIONS IN SECTION 11, THE ASSISTED LIVING  
11 RESIDENCE SHALL ALSO COMPLY WITH THE FOLLOWING ADMITTANCE REQUIREMENTS FOR ANY RESIDENT  
12 MOVING INTO A SECURE ENVIRONMENT:

13 (A) THE ASSISTED LIVING RESIDENCE SHALL ASSIST A RESIDENT WHO EXPRESSES THE DESIRE TO MOVE  
14 OUT OF A SECURE ENVIRONMENT BY CONTACTING THE RESIDENT'S LEGAL REPRESENTATIVE,  
15 PRACTITIONER AND THE STATE AND/OR LOCAL LONG-TERM CARE OMBUDSMAN;

16 (B) THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT ADMITTANCE TO AND CONTINUING RESIDENCE IN  
17 A SECURE ENVIRONMENT IS THE LEAST RESTRICTIVE ALTERNATIVE AVAILABLE AND IS NECESSARY FOR  
18 THE PHYSICAL AND PSYCHOSOCIAL WELL-BEING OF THE RESIDENT; AND

19 (C) IF AT ANY TIME A RESIDENT IS DETERMINED TO BE A DANGER TO SELF OR OTHERS, THE ASSISTED LIVING  
20 RESIDENCE SHALL BE RESPONSIBLE FOR DEVELOPING AND IMPLEMENTING A TEMPORARY PLAN TO  
21 MONITOR THE RESIDENT'S SAFETY ALONG WITH THE PROTECTION OF OTHERS UNTIL THE ISSUE IS  
22 APPROPRIATELY RESOLVED AND/OR THE RESIDENT IS DISCHARGED FROM THE ASSISTED LIVING  
23 RESIDENCE.

24 RE-ASSESSMENT

25 25.9 EACH RESIDENT SHALL BE RE-ASSESSED TO DETERMINE HIS OR HER CONTINUED NEED FOR A SECURE  
26 ENVIRONMENT EVERY SIX MONTHS AND WHENEVER THE RESIDENT'S CONDITION CHANGES FROM BASELINE  
27 STATUS.

28 (A) AS PART OF THE SECURE ENVIRONMENT RE-ASSESSMENT, THE ASSISTED LIVING RESIDENCE SHALL  
29 CONSULT WITH THE RESIDENT'S ATTENDING PRACTITIONER, FAMILY AND/OR RESIDENT REPRESENTATIVE  
30 AND REVIEW SERVICE DOCUMENTATION DATING BACK TO THE MOST RECENT COMPREHENSIVE  
31 ASSESSMENT.

32 ENHANCED RESIDENT CARE PLAN

33 25.10 IN ADDITION TO THE INFORMATION REQUIRED FOR A RESIDENT CARE PLAN AT SECTION 12.10, THE CARE PLAN  
34 FOR EACH RESIDENT IN A SECURE ENVIRONMENT SHALL INCLUDE THE FOLLOWING:

35 (A) A DESCRIPTION OF THE RESIDENT'S WANDERING PATTERNS AND KNOWN BEHAVIORAL EXPRESSIONS  
36 ALONG WITH SPECIFIC INTERVENTIONS TO BE IMPLEMENTED BY STAFF TO PROTECT THE RESIDENT AND  
37 OTHER RESIDENTS WITH WHOM THEY HAVE CONTACT;

38 (B) A DESCRIPTION OF HOW THE RESIDENT WILL HAVE CONTINUOUS INDEPENDENT ACCESS TO HIS OR HER  
39 INDIVIDUAL ROOM ALONG WITH THE ALR'S PLAN TO PROTECT THE RESIDENT FROM UNWANTED  
40 VISITATION BY OTHER RESIDENTS;

- 1 (C) IDENTIFICATION OF THE TYPE AND LEVEL OF STAFF OVERSIGHT, MONITORING AND/OR ACCOMPANIMENT  
2 THAT THE ALR DEEMS NECESSARY TO MEET THE NEEDS OF THE RESIDENT WITHIN THE SECURE  
3 ENVIRONMENT AND SECURE OUTDOOR AREA; AND
- 4 (D) DOCUMENTATION DESCRIBING THE PERSONAL GROOMING AND HYGIENE ITEMS THAT ARE DETERMINED  
5 SAFE FOR THE RESIDENT TO HAVE IN THEIR OWN POSSESSION FOR SELF-CARE AND HOW THOSE ITEMS  
6 ARE STORED TO PREVENT UNAUTHORIZED ACCESS BY OTHER RESIDENTS.
- 7 25.11 THE ENHANCED RESIDENT CARE PLAN SHALL BE UPDATED TO REFLECT CHANGES IN THE STAFF APPROACH TO  
8 MEETING RESIDENT NEEDS AND WHEN ANY MEDICAL ASSESSMENT, APPRAISAL OR OBSERVATIONS INDICATE THE  
9 RESIDENT'S CARE NEEDS HAVE CHANGED.

10 STAFF TRAINING

- 11 25.12 THE ASSISTED LIVING RESIDENCE SHALL HAVE A POLICY AND PROCEDURE REGARDING THE TRAINING OF STAFF  
12 WHO PROVIDE SERVICES IN A SECURE ENVIRONMENT. THE POLICY SHALL INCLUDE, AT A MINIMUM, INFORMATION  
13 ON THE APPROPRIATE STAFF RESPONSE WHEN THERE IS A MISSING RESIDENT OR RESIDENT  
14 INCIDENT/ALTERCATION ALONG WITH DISTRIBUTION OF STAFF WHEN RESPONDING TO SUCH AN EVENT TO  
15 ENSURE THAT THERE IS SUFFICIENT STAFF PRESENCE FOR THE CONTINUED SUPERVISION OF OTHER  
16 RESIDENTS.
- 17 25.13 IN ADDITION TO THE TRAINING REQUIREMENTS IN SECTION 7, STAFF ASSIGNED TO A SECURE ENVIRONMENT  
18 SHALL RECEIVE TRAINING AND EDUCATION ON ASSISTED LIVING RESIDENCE POLICIES AND PROCEDURES  
19 SPECIFIC TO THE SECURE ENVIRONMENT RESIDENT CARE, SERVICES AND PROTECTIONS. SUCH TRAINING SHALL  
20 INCLUDE, AT A MINIMUM, THE FOLLOWING:
- 21 (A) INFORMATION ON THE SECURE ENVIRONMENT THAT IDENTIFIES AND DESCRIBES THE AREAS WHERE  
22 RESIDENT HAVE FREE PASSAGE, WHERE PASSAGE MAY BE RESTRICTED AND WHERE PASSAGE IS  
23 PROHIBITED;
- 24 (B) INFORMATION REGARDING THE CURRENT MOBILITY STATUS OF ALL RESIDENTS SO THAT STAFF ARE  
25 PREPARED TO SUCCESSFULLY EVACUATE ALL RESIDENTS IN THE EVENT OF AN EMERGENCY;
- 26 (C) INFORMATION ON THE LOCATION OF THE STORAGE AREA WHICH IS NOT ACCESSIBLE TO RESIDENT  
27 INCLUDING A DESCRIPTION OF WHAT ITEMS OR CONTENTS ARE REQUIRED TO BE KEPT IN THE STORAGE  
28 AREA; AND
- 29 (D) INFORMATION ON THE EQUIPMENT AND DEVICES USED TO SECURE THE ENVIRONMENT INCLUDING HOW  
30 TO OVERRIDE OR DISARM SUCH DEVICES, ALONG WITH EXPECTATIONS FOR RESPONSE IF STAFF ARE  
31 ALERTED TO AN ALARM.
- 32 25.14 BEFORE A STAFF MEMBER IS ALLOWED TO WORK INDEPENDENTLY IN THE SECURE ENVIRONMENT, THE ASSISTED  
33 LIVING RESIDENCE SHALL PROVIDE EACH STAFF MEMBER WITH A MINIMUM OF EIGHT HOURS OF TRAINING AND  
34 EDUCATION ON THE PROVISION OF CARE AND SERVICES FOR RESIDENTS WITH DEMENTIA/COGNITIVE  
35 IMPAIRMENT.
- 36 (A) THE TRAINING SHALL BE PROVIDED THROUGH STRUCTURED, FORMALIZED CLASSES, CORRESPONDENCE  
37 COURSES, COMPETENCY-BASED COMPUTER COURSES, TRAINING VIDEOS OR DISTANCE LEARNING  
38 PROGRAMS.
- 39 (B) THE TRAINING CONTENT SHALL BE PROVIDED OR RECOGNIZED BY AN ACADEMIC INSTITUTION, A  
40 RECOGNIZED STATE OR NATIONAL ORGANIZATION OR ASSOCIATION, OR AN INDEPENDENT CONTRACTOR  
41 OR GROUP THAT EMPHASIZES DEMENTIA/COGNITIVE IMPAIRMENT CARE.
- 42 (C) THE TRAINING SHALL COVER, AT A MINIMUM, THE FOLLOWING TOPICS:



- 1 (1) INFORMATION ON DISEASE PROCESSES ASSOCIATED WITH DEMENTIA AND COGNITIVE  
2 IMPAIRMENT INCLUDING PROGRESSION OF THE DISEASES, TYPES AND STAGES OF MEMORY  
3 LOSS, FAMILY DYNAMICS, BEHAVIORAL SYMPTOMS AND LIMITATIONS TO NORMAL ACTIVITIES OF  
4 DAILY LIVING;
- 5 (2) INFORMATION ON NON-PHARMACOLOGICAL TECHNIQUES AND APPROACHES USED TO GUIDE  
6 AND SUPPORT RESIDENTS WITH DEMENTIA/COGNITIVE IMPAIRMENT, WANDERING AND SOCIALLY  
7 CHALLENGING BEHAVIORAL EXPRESSIONS OF NEED OR DISTRESS;
- 8 (3) INFORMATION ON COMMUNICATION TECHNIQUES THAT FACILITATE SUPPORTIVE AND  
9 INTERACTIVE STAFF-RESIDENT RELATIONS;
- 10 (4) POSITIVE THERAPEUTIC INTERVENTIONS AND ACTIVITIES SUCH AS EXERCISE, SENSORY  
11 STIMULATIONS, ACTIVITIES OF DAILY LIVING AND SOCIAL, RECREATION AND REHABILITATIVE  
12 ACTIVITIES;
- 13 (5) INFORMATION ON RECOGNIZING PHYSICAL SYMPTOMS THAT MAY CAUSE A CHANGE IN  
14 DEMENTIA/COGNITIVE IMPAIRMENT SUCH AS DEHYDRATION, URINARY TRACT INFECTIONS AND  
15 SWALLOWING DIFFICULTY; ALONG WITH INTERVENTIONS TO ASSIST OR ADDRESS ASSOCIATED  
16 SYMPTOMS SUCH AS PAIN, DECREASED APPETITE AND FLUID INTAKE AND/OR ISOLATION; AND
- 17 (6) BENEFITS AND IMPORTANCE OF PERSON-CENTERED CARE PLANNING AND COLLABORATIVE  
18 APPROACHES TO DELIVERY OF CARE.

19 25.15 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT EACH STAFF MEMBER ASSIGNED TO THE SECURE  
20 ENVIRONMENT COMPLETES EIGHT CLOCK HOURS OF CONTINUING EDUCATION WITHIN EACH 12-MONTH PERIOD  
21 BEGINNING WITH THE DATE OF INITIAL ASSIGNMENT. THE EDUCATION SHALL INCLUDE TOPICS COVERED IN THE  
22 INITIAL TRAINING AND MAY INCLUDE OTHER TOPICS RELEVANT TO THE POPULATION SERVED AT THE ASSISTED  
23 LIVING RESIDENCE.

#### 24 STAFFING

25 25.16 THE ASSISTED LIVING RESIDENCE SHALL HAVE A SUFFICIENT NUMBER OF TRAINED STAFF MEMBERS ON DUTY IN  
26 THE SECURE ENVIRONMENT TO ENSURE EACH RESIDENT'S PHYSICAL, SOCIAL AND EMOTIONAL HEALTH CARE AND  
27 SAFETY NEEDS ARE MET IN ACCORDANCE WITH THEIR INDIVIDUALIZED CARE PLAN.

28 25.17 THE ASSISTED LIVING RESIDENCE SHALL CONSIDER THE DAY TO DAY RESIDENT NEEDS AND ACTIVITY, INCLUDING  
29 THE INTENSITY OF STAFF ASSISTANCE, ON AN INDIVIDUAL RESIDENT BASIS TO DETERMINE THE APPROPRIATE  
30 LEVEL OF STAFFING. AT A MINIMUM, THERE SHALL BE ONE TRAINED, AWAKE STAFF MEMBER ON DUTY AT ALL  
31 TIMES.

32 25.18 STAFF MEMBERS SHALL BE FAMILIAR WITH EACH RESIDENT'S SPECIFIC CARE-PLANNED NEEDS AND THE UNIQUE  
33 APPROACHES FOR ASSISTING WITH CARE AND SAFETY.

#### 34 CARE AND SERVICES

35 25.19 IN ADDITION TO THE REQUIREMENTS FOR RESIDENT CARE SERVICES IN SECTION 12, EACH ASSISTED LIVING  
36 RESIDENCE WITH A SECURE ENVIRONMENT SHALL ESTABLISH POLICIES AND PROCEDURES FOR THE DELIVERY OF  
37 RESIDENT CARE AND SERVICES THAT INCLUDE, AT A MINIMUM, THE FOLLOWING:

38 (A) A SYSTEM OR METHOD OF ACCOUNTING FOR THE WHEREABOUTS OF EACH RESIDENT;

39 (B) THE SYSTEM OR METHOD STAFF MEMBERS ARE TO USE FOR OBSERVATION, IDENTIFICATION,  
40 EVALUATION, INTERVENTION AND DOCUMENTATION OF RESIDENT BEHAVIORAL EXPRESSION; AND

1 (C) ASSISTANCE WITH THE TRANSITION OF RESIDENTS TO AND FROM THE SECURE ENVIRONMENT AND WHEN  
2 CHANGING ROOMS WITHIN A SECURE ENVIRONMENT.

3 25.20 RESIDENTS WHO INDICATE A DESIRE TO GO OUTSIDE THE SECURED AREA SHALL BE PERMITTED TO DO SO WITH  
4 STAFF SUPERVISION EXCEPT IN THOSE SITUATIONS WHERE IT WOULD BE DETRIMENTAL TO THE RESIDENT'S  
5 HEALTH, SAFETY OR WELFARE.

6 (A) IF THE ASSISTED LIVING RESIDENCE IS AWARE OF AN ONGOING ISSUE OR PATTERN OF BEHAVIORAL  
7 EXPRESSION THAT WOULD BE EXACERBATED BY ALLOWING A RESIDENT TO GO OUTSIDE THE SECURE  
8 AREA, IT SHALL BE DOCUMENTED IN THE RESIDENT'S ENHANCED, INDIVIDUALIZED CARE PLAN.

9 FAMILY COUNCIL

10 25.21 THE ASSISTED LIVING RESIDENCE SHALL MEET THE REQUIREMENTS OF SECTION 13.10 REGARDING THE  
11 INTERNAL GRIEVANCE AND COMPLAINT RESOLUTION PROCESS. IN ADDITION, THE ALR SHALL HOLD REGULAR  
12 MEETINGS TO ALLOW RESIDENTS, THEIR FAMILY MEMBERS, FRIENDS, AND REPRESENTATIVES TO PROVIDE  
13 MUTUAL SUPPORT AND SHARE CONCERNS AND/OR RECOMMENDATIONS ABOUT THE CARE AND SERVICES WITHIN  
14 EACH SEPARATE SECURE ENVIRONMENT.

15 (A) SUCH MEETINGS SHALL BE HELD AT LEAST QUARTERLY AT A PLACE AND TIME THAT REASONABLY  
16 ACCOMMODATES PARTICIPATION; AND

17 (B) THE ASSISTED LIVING RESIDENCE SHALL PROVIDE ADEQUATE ADVANCE NOTICE OF THE MEETING AND  
18 ENSURE THAT DETAILS REGARDING ANY MEETING IS READILY AVAILABLE IN A COMMON AREA WITHIN THE  
19 SECURE ENVIRONMENT.

20 RESIDENT RIGHTS

21 25.22 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT RESIDENTS IN A SECURE ENVIRONMENT HAVE ALL THE  
22 SAME RESIDENT RIGHTS AS SET FORTH IN SECTION 13 OF THIS CHAPTER INCLUDING, BUT NOT LIMITED TO, THE  
23 RIGHT TO PRIVACY AND CONFIDENTIALITY.

24 DISCHARGE

25 25.23 THE ASSISTED LIVING RESIDENCE SHALL FOLLOW THE REQUIREMENTS OF SECTIONS 11.11 THROUGH 11.17  
26 REGARDING RESIDENT DISCHARGE WHEN MOVING A RESIDENT OUT OF A SECURE ENVIRONMENT UNLESS THE  
27 MOVE IS VOLUNTARILY INITIATED BY THE RESIDENT'S LEGAL REPRESENTATIVE.

28 PHYSICAL DESIGN, ENVIRONMENT AND SAFETY

29 25.24 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT RESIDENTS HAVE FREEDOM OF MOVEMENT TO COMMON  
30 AREAS AND RESIDENT PERSONAL SPACES.

31 25.25 FOR SAFETY AND TO ENSURE ACCESS TO OUTDOOR SPACE AND SAFE EVACUATION, ALL PARTS OF THE SECURE  
32 ENVIRONMENT SHALL BE LOCATED ON THE GROUND LEVEL OF THE BUILDING. THIS REQUIREMENT APPLIES TO  
33 ASSISTED LIVING RESIDENCES APPLYING FOR AN INITIAL LICENSE ON OR AFTER JUNE 1, 2019 AND/OR  
34 CONSTRUCTION OR RENOVATION INITIATED ON OR AFTER DECEMBER 1, 2019.

35 25.26 A SECURE ENVIRONMENT SHALL MEET THE FOLLOWING CRITERIA:

36 (A) THERE SHALL BE A MULTIPURPOSE ROOM FOR DINING, GROUP AND INDIVIDUAL ACTIVITIES AND FAMILY  
37 VISITS;

38 (B) RESIDENT ACCESS TO APPLIANCES SHALL ONLY BE ALLOWED WITH STAFF SUPERVISION;

- 1 (C) THERE SHALL BE A STORAGE AREA WHICH IS INACCESSIBLE TO RESIDENTS FOR STORAGE OF ITEMS  
2 THAT COULD POSE A RISK OR DANGER SUCH AS CHEMICALS, TOXIC MATERIALS AND SHARP OBJECTS;
- 3 (D) THE CORRIDORS AND PASSAGEWAYS SHALL BE FREE OF OBJECTS OR OBSTACLES THAT COULD POSE A  
4 HAZARD;
- 5 (E) THERE SHALL BE DOCUMENTATION OF ROUTINE MONTHLY TESTING OF ALL EQUIPMENT AND DEVICES  
6 USED TO SECURE THE ENVIRONMENT; AND
- 7 (F) THERE SHALL BE A SECURE OUTDOOR AREA THAT IS AVAILABLE FOR RESIDENT USE YEAR-ROUND THAT:
- 8 (1) IS DIRECTLY SUPERVISED BY STAFF;
- 9 (2) IS INDEPENDENTLY ACCESSIBLE TO RESIDENTS WITHOUT STAFF ASSISTANCE FOR  
10 ENTRANCE OR EXIT;
- 11 (3) HAS COMFORTABLE SEATING AREAS;
- 12 (4) HAS ONE OR MORE AREAS THAT PROVIDE PROTECTION FROM WEATHER ELEMENTS;  
13 AND
- 14 (5) HAS A FENCE OR ENCLOSURE AROUND THE PERIMETER OF THE OUTDOOR AREA THAT  
15 IS NO LESS THAN 6 FEET IN HEIGHT AND CONSTRUCTED TO REDUCE THE RISK OF  
16 RESIDENT WANDERING OR ELOPEMENT FROM THE AREA.
- 17 (a) IF THE FENCE OR ENCLOSURE HAS GATED ACCESS WHICH IS LOCKED, ALL  
18 STAFF ASSIGNED TO THE SECURE ENVIRONMENT SHALL HAVE A READILY  
19 AVAILABLE MEANS OF UNLOCKING THE GATE IN CASE OF EMERGENCY.
- 20 .....