



**City and County of Denver
Rules and Regulations Governing Personal Care Boarding Homes
Chapter 26 DRMC**

Adopted by the Board of Environmental Health on July 15, 1997

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Chapter 1: AUTHORITY

- 1.1 Authority to establish minimum standards through regulations and to administer and enforce such regulations as set forth in Article I, Chapter 26, Denver Revised Municipal Code (DRMC).

Chapter 2: DEFINITIONS

- 2.1 For purposes of this part, the following definitions shall apply unless the context requires otherwise:
- (A) "Activities of daily living" include but are not limited to the following:
- Assisting resident or providing reminders for the following:
 - Bathing, shaving, dental hygiene, caring for hair, dressing, eating, getting in or out of bed.
 - Making available, either directly or indirectly through the provider agreement, at least the following:
 - Meals, laundry, cleaning and housekeeping of all common area, bedrooms, and bathrooms, managing money as necessary and by agreement, making telephone calls, arranging appointments and schedules, shopping, writing letters, recreational and leisure activities.
- (B) "Administration of medication" means assisting a resident in the use of medication in accordance with state law.
- (C) "Auxiliary aid" means any device used by persons to overcome a physical disability and includes but is not limited to a wheel chair, walker or orthopedic appliance.
- (D) "Board" shall mean the Board of the Department of Environmental Health of the City and County of Denver.
- (E) "Board and care plan" means a written description in lay terminology of the functional capabilities of an individual, the individual's need for personal assistance, and the services to be provided by the facility in order to meet the individual's needs and may also mean a service plan for those facilities which are licensed to provide services specifically for persons with mental illness.
- (F) "Department" shall mean the Department of Environmental Health of the City and County of Denver.
- (G) "Facility" means a personal care boarding home which is a residential facility that makes available to three or more adults not related to the owner of such facility, either directly or indirectly through a provider agreement, room and board and personal services, protective oversight, and social care due to impaired capacity to live independently, but not to the extent that regular twenty-four hour medical or nursing care is required. The term "personal care boarding home" does not include a residential care facility for the developmentally disabled.

- (H) "Individualized social supervision" means social care as defined below.
- (I) "Licensee" shall mean any person, firm, company, corporation, or association, whether or not a tax exempt organization, which is required to comply with Article I, Chapter 26, of the Denver Revised Municipal Code.
- (J) "Manager" shall mean the Manager of the Department of Environmental Health of the City and County of Denver. Or his or her authorized representative.
- (K) "Medical or nursing care" means care provided under the direction of a physician and maintained by on-site nursing personnel.
- (L) "Operator" shall mean any person who has responsibility for the daily administration or daily operation of a Personal Care Boarding Home and may also mean "administrator" as the term is used in 25-27-104 (2) (g), C.R.S.
- (M) "Personal services" means those services which the operator and employees of a personal care boarding home provide for each resident, including, but not limited to: an environment which is sanitary and safe from physical harm, individualized social supervision, assistance with transportation whether by providing transportation or assisting in making arrangements for the resident to obtain transportation, and assistance with activities of daily living as herein defined.
- (N) "Protective oversight" means guidance of a resident as required by the needs of the resident or as reasonably requested by the resident including the following: being aware of a resident's general whereabouts, although the resident may travel independently in the community, monitoring the activities of the resident while on the premises to ensure the health, safety, and well being of the resident, including monitoring of prescribed medications, reminding the resident to carry out activities of daily living, and reminding the resident of any important activities, including appointments.
- (O) "Restraints" means any physical or chemical device, application or force of force or medication which is designed or used for the purpose of modifying, altering, or controlling behavior and excludes medication prescribed by a physician as part of an on-going treatment plan or pursuant to a diagnosis. A secured environment that meets the requirements of section 20 of these regulations shall not be considered a restraint.
- (P) "Social care" means the organization, planning, coordination, and conducting of a resident's activity program in conjunction with the resident's board and care plan.
- (Q) "Administration" with respect to medications means assisting a person in the ingestion, application, inhalation of medications including prescription drugs. "Administration" does not include judgment, evaluation, or assessments or the injections of medication, the monitoring of medication or the self-administration of medication.
- (R) "Monitoring" with respect to medications means reminding the resident to take medications at the time ordered by the physician, handing a resident a container or package of medication, visual observation of the individual resident ingesting the medication, making a written record of the resident's compliance.
- (S) "Self Administration" means the ability of a person to take medication independently without any assistance from another person.

Chapter 3: APPLICATION FOR INSPECTION AND CERTIFICATION

- 3.1 Every applicant for a personal care boarding home license shall comply with the general licensing provisions of Chapter 32 of the Denver Revised Municipal Code under the jurisdiction of the Director of Excise and Licenses.
- 3.2 The department shall not recommend for issuance or renewal to the Director of Excise and License any license, if the owner, applicant, or licensee of the personal care boarding home has been convicted of a felony or of a misdemeanor, which felony or misdemeanor involves moral turpitude, as defined by law, or involves conduct that the department determines could pose a risk to the health, safety, and welfare of residents of the personal care boarding home.
- 3.3 The department shall recommend that the Director of Excise and License issue, or renew a license when it is satisfied that the applicant or licensee is in compliance with the requirements set out in these regulations.
- 3.4 **Provisional License.** The department may recommend issuance of a provisional license to an applicant for the purpose of operating a personal care boarding home for a period of ninety days if the applicant is temporarily unable to conform to all the minimum standards required under these regulations, except no license shall be recommended for issuance to an applicant if the operation of the applicant's facility will adversely affect the health, safety, and welfare of the residents of such facility.
 - 3.5.1 In order for a provisions license to be recommended, the applicant shall demonstrate to the department that attempts are being made to conform and comply with applicable standards. The licensee must comply with the terms of the provisional license as specified by the department or the department will recommend a revocation of the license to the Department of Excise and License.
 - 3.5.2 A provisional license shall not be renewed.
- 3.6 **Ombudsman Access.** A facility shall permit access during reasonable hours to the premises and residents by the State Ombudsman and the designated local long-term care Ombudsman in accordance with the federal "Older Americans Acts of 1965", pursuant to C.R.S. 25-27-104 (2) (d).

Chapter 4: LOCAL COMPLIANCE

- 4.1 Facilities shall be in compliance with all applicable zoning, building, housing, fire, and sanitary codes, and ordinances of the City and County of Denver to the extent that such codes are consistent with the federal "Fair Housing Amendment Act of 1988", as amended, 42 U.S.C., sec 3601, et seq.

Chapter 5: QUALIFICATIONS

- 5.1 The operator shall be at least 21 years of age.
- 5.2 The operator and staff, including volunteers, shall be free of communicable disease. All staff shall be required to have a tuberculin skin test as a condition of employment or prior to commencement of volunteer service. In the event of a positive reaction to the skin test, evidence of a chest x-ray and other appropriate follow-up shall be required.
- 5.3 The operator, staff, and any volunteer who has direct personal contact with the residents of a facility shall be of good, moral, and responsible character. In making such a determination, the owner or licensee of a facility may have access to and shall obtain any criminal history record information from a criminal agency, for any person responsible for the care and welfare of residents of such facility.
- 5.3.1 All operators, substitute operators and employees upon employment shall obtain a physician's written report indicating that he or she has been examined and found to be in satisfactory physical and mental health, and capable of performing duties as required by these rules and regulations. In addition, those employees preparing and handling food will be required to comply with health rules and regulations governing food handlers.
- 5.3.2 Any person who is physically or mentally unable to adequately and safely perform their duties or, as a result of alcohol or substance abuse has that ability impaired, may not be approved as a licensee or employed as an employee.
- 5.4 **Staffing Ratios.** The operator shall employ sufficient staff to ensure the provision of services necessary to meet the needs of the residents. The following minimum staffing ratios shall be maintained:
- (A) FACILITIES with 3 to 5 residents:
1:15 at all times.
 - (B) FACILITIES with 16 to 50 residents:
1:15 daytime hours 8 a.m. to 8 p.m.
1:50 nighttime hours 8 p.m. to 8 a.m.
 - (C) FACILITIES with 51 or more residents:
1:15 daytime hours 8 a.m. to 8 p.m.
2 awake staff nighttime hours 8 p.m. to 8 a.m.
- 5.4.1 Each facility shall ensure that at least one staff member is present in the facility whenever a resident who meets any one of the following criteria as determined by board and care plan is present:
- (A) The resident requires assistance with activities of daily living, as herein defined;
 - (B) The resident requires on-going supervision; or
 - (C) The resident requires assistance with administration of medications.

- 5.5 **Residents as Staff.** Residents who provide services for the facility on a regular basis or on an exchange or fee-for-service basis may not be included in the facility's staffing plan in lieu of facility employees except for trained, tested, and supervised residents in those facilities which are licensed to provide services specifically for the mentally ill.
- 5.5.1 Residents may participate voluntarily in performing housekeeping duties and other tasks suited to the resident's needs and abilities.
- 5.6 **Volunteers.** Volunteers may be utilized in the facility but may not be included in the facility's staffing plan in lieu of facility employees.

Chapter 6: TRAINING

- 6.1 All staff, including volunteers, shall be given on-the-job training or have related experience in the job assigned to them and shall be supervised until they have completed on-the-job training appropriate to their duties and responsibilities or had previous related experience evaluated. Such on-the-job training or evaluation of previous related experience shall be documented in the staff member's permanent personnel file.
- 6.2 All staff, including volunteers, shall have sufficient skill, and ability to perform their respective duties, services, and functions.
- 6.3 All staff, including volunteers, shall have access at all times, to the facility's policies, procedures manuals, and other information necessary to perform their duties and to carry out their responsibilities.
- 6.3.1 Training and orientation in emergency procedures shall be provided each new staff member, including volunteers, within three (3) days of employment or commencement of volunteer service. The facility shall document such training in the staff member's permanent personnel file.
- 6.4 The operator and staff, excluding volunteers, shall meet the minimum educational, training, and experience standards established herein.
- 6.5.1 Any person commencing service as an operator after the effective date of these regulations may meet the minimum education, training, and experience requirements in one of the following ways:
 - (A) Successful completion of a program approved by the department pursuant to 6.5.3 below; or
 - (B) Previous job related experience equivalent to successful completion of such program.
- 6.5.2 Any person already serving as an operator on the effective date of these regulations may meet the minimum education, training, and experience requirements in one of the following ways:
 - (A) Successful completion of a program approved by the department, pursuant to 6.5.3 below, if completed within a period of eighteen (18) months following the effective date of these regulations;

- (B) Submission of evidence of successful completion of such a program within five (5) years immediately prior to the effective date of these regulations; or
- (C) Previous job related experience equivalent to successful completion of such a program.

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

- (A) The program is conducted by:
 - (1) An accredited college, university, or vocational school, or
 - (2) Is a program, seminar, or in-service training sponsored by an organization, association, corporation, group, or agency with specific expertise in that area; and
- (B) The curriculum includes at least thirty (30) actual clock hours of which at least fifteen (15) hours are comprised of a discussion of each of the following topics:
 - (1) Resident rights;
 - (2) Environment and fire safety, including emergency procedures and first-aid;
 - (3) Assessment skills;
 - (4) Identifying and dealing with difficult situations and behaviors;
 - (5) Nutrition
- (C) The remaining fifteen (15) hours shall provide emphasis on meeting the personal, social, and emotional care needs of the resident population served.

6.6 Staff members not serving as operator who have direct responsibility for the provision of personal care, i.e. hygiene, of residents or for the supervision or training of residents in the resident's own personal care, shall provide documentation of either successful completion of course work in the provision of personal care or previous and related job experience in providing personal care to residents.

Chapter 7: ADMISSIONS

7.1.1 Only residents whose needs can be met by the facility within its licensure category shall be admitted. A facility may not admit or keep any resident requiring a level of care of type of service which the facility does not provide or is unable to provide, but in no event may admit or keep a resident who:

- (A) Is consistently, uncontrollably incontinent of bladder unless the resident or staff is capable of preventing such incontinence from becoming a health hazard. Residents with urinary catheters may be admitted if the resident is capable of maintaining and managing the catheter without the assistance of staff;
- (B) Is consistently, uncontrollably incontinent of bowel unless the resident is totally capable of self care;
- (C) Is totally bedfast with limited reasonable potential for improvement;

- (D) Needs medical or nursing services, as defined herein, on a twenty four hour basis, except for care provided by a psychiatric nurse in those facilities which are licensed to provide services specifically for the mentally ill.
- (E) Needs restraints, as defined herein, of any kind except as otherwise provided in section 27-10-101. et seq. C.R.S. for those facilities which are licensed to provide services specifically for the mentally ill; or
- (F) Has a communicable disease or infection unless the resident is receiving medical or drug treatment for the condition and poses no threat to others.
- (G) Demonstrates repeated acts of destructive, violent or overt aggressive behavior toward self or others may not be permitted to remain in Personal Care Boarding Homes.

7.1.2 **Restraints.** Restraints as defined within these regulations are prohibited except as otherwise provided in Section 27-10-101, et seq. C.R.S. for those facilities which are licensed to provide services specifically for the mentally ill.

7.2 The facility shall develop and implement criteria for admission and discharge based upon the identified care needs of residents which the facility is capable of meeting according to factors including but not limited to the facility's physical plant, financial resources, and availability of sufficient numbers of available and adequately trained staff.

7.3 **Board and Care Plan.** A written board and care plan for each resident shall be completed by the facility staff, with input from the resident at the time of admission and shall identify the resident's needs and the services which the facility will provide to meet those needs and shall include at least the following:

- (A) A list of current prescribed medications that includes: dosage, time of administration of medications, and route of administration of medication;
- (B) whether medication is self-administered or whether assistance, if any, is required from staff;
- (C) dietary restrictions or special instructions, if any;
- (D) allergies, if any; and
- (E) limitations, if any, or whether assistance is required from staff for ambulating, bathing, incontinence or other personal care needs, or restrictions due to physical, cognitive, or mental impairment; and
- (F) Plan for activities of daily living; participation in self care, daily routine and participation in social programs and activities.

7.3.1 The resident may request additional services or request a modification of the board and care plan at any time.

- 7.3.2 The board and care plan shall be reviewed and updated at least yearly or more frequently, if necessary, to note significant changes in the resident's physical, mental, social condition or needs.
- 7.4 All facilities shall adopt and follow a written policy which identifies when a physician's assessment will be required. Such a policy shall include at least the following indicators:
- (A) a significant change in the resident's condition;
 - (B) Evidence of possible infection (open sores, etc.);
 - (C) Injury or accident sustained by the resident which might cause a change in the resident's condition;
 - (D) Known exposure of the resident to a communicable disease; and
 - (E) Development of any condition which would have initially precluded admission to the facility.

Chapter 8: RESIDENT'S RIGHTS

- 8.1 The facility shall adopt and follow a written policy regarding resident's rights. This policy shall not exclude, take precedence over, or in any way abrogate legal and constitutional rights enjoyed by all adult citizens and shall include but not be limited, to the following:
- (A) The right to be treated with respect and dignity.
 - (B) The right to privacy.
 - (C) The right not to be isolated or kept apart from other residents.
 - (D) The right not to be sexually, verbally, physically or psychologically abused, humiliated, intimidated, or punished.
 - (E) The right to live free from involuntary confinement, or financial exploitation and to be free from physical or chemical restraints as defined within these regulations except as otherwise provided in Section 27-10-101, et seq. C.R.S. for those facilities which are licensed to provide services specifically for the mentally ill.
 - (F) The right to full use of the facility common areas, in compliance with the documented house rules.
 - (G) The right to voice grievances and recommend changes in policies and services.
 - (H) The right to communicate privately including but not limited to communicating by mail or telephone with anyone.
 - (I) The right to reasonable use of the telephone, in accordance with house rules, which includes access to operator assistance for placing collect telephone calls.

- (J) At least one telephone accessible to residents utilizing an auxiliary aid shall be available if the facility is occupied by one or more residents utilizing such an aid.
- (K) The right to have visitors, in accordance with house rules, including the right to privacy during such visits.
- (L) The right to make visits outside the facility in which case the administrator and the resident shall share responsibility for communicating with respect to scheduling.
- (M) The right to make decisions and choices regarding their care and treatment, in the management of personal affairs, funds, and property in accordance with their abilities.
- (N) The right to expect the cooperation of the facility in achieving the maximum degree of benefit from those services which are made available by the facility.
- (O) The right to exercise choice in attending and participating in religious activities.
- (P) The right to be reimbursed at an appropriate rate for work performed on the premises for the benefit of the administrator, staff, or other residents, in accordance with the resident's care plan.
- (Q) The right to 30 days written notice of changes in services provided by the facility, including but not limited to changes in charges for any or all services. Exceptions to this notice are:
 - a. Changes in the resident's medical acuity that result in a documented decline in condition and that constitute an increase in care necessary to protect the health and safety of the resident; and
 - b. requests by the resident or the family for additional services to be added to the care plan.
- (R) The right to have advocates, including members of community organizations whose purposes includes rendering assistance to the residents.
- (S) The right to wear clothing of choice unless otherwise indicated in the resident's care plan and in accordance with reasonable house rules.
- (T) The right to choose to participate in social activities, in accordance with the care plan.
- (U) The right to receive services in accordance with the resident agreement and the care plan.

8.1.1 **Grievance Procedure.** The facility shall establish a written grievance procedure which shall be posted in a conspicuous place and there shall be posted in the resident's record that the resident has read or had such policy for handling grievances and problem explained upon admission. Such policy shall indicate that residents may contact any of the following agencies and shall provide the telephone number and address of each of the following:

- (A) The state long term care ombudsman (state ombudsman) through the Legal Center;
 - (B) The local long term care ombudsman, (local ombudsman) through the Denver Regional Council of Governments, Area Agency on Aging Office;
 - (C) The Adult Protection Services of the Denver County Department of Social Services;
 - (D) The Advocacy Services of the Area's Agency on Aging;
 - (E) The Colorado Department of Public Health and Environment;
 - (F) The Colorado Department of Human Services in those cases where the facility is licensed to provide services specifically for the mentally ill; the right to communicate privately including but not limited to communicating by mail or telephone with anyone;
- 8.2 The policy on resident's rights shall be posted in a conspicuous place, and there shall be documentation in the resident's record that the resident has read or had explained the policy on resident's rights.
- 8.3 **House Meetings.** In facilities with less than seventeen (17) beds, house meetings shall be held at least quarterly with residents, the operator and appropriate staff, family and friends of residents in order that residents have the opportunity to voice grievances and make recommendations concerning facility policies. Notice of such meetings shall be at least fourteen days prior to the meeting unless meetings are held on a regular basis. Written minutes of such meetings shall be maintained for review by residents at any time.
- 8.4 **Resident Council.** In facilities with seventeen (17) or more beds, a residents' council shall be established. Such council shall consist of at least three (3) members from the facility's residents.
- 8.4.1 The residents' council shall be elected and conducted by the residents and shall have full opportunity to meet without the presence of staff. The council shall meet at least monthly with the operator and a staff representative to make recommendations concerning facility policies, grievances, incidents, and other matters of concern to the residents. Staff shall respond to these suggestions in writing prior to the next regularly scheduled meeting. Minutes of council meetings shall be maintained and either posted or be otherwise available to residents upon request.
- 8.5 **Smoking Policy.** There shall be a written policy on smoking which shall apply to residents, visitors and staff, including volunteers. Residents and staff shall be informed prior to admission or employment of any prohibitions. This policy must comply with Revised Municipal Code Section 24-37 and the Denver Department of environmental Health Environmental Tobacco Smoke Control Ordinance Sec. 24-301, et. Seq.
- 8.6 **House Rules.** The facility shall establish and prominently post written house rules which shall be available at all times to residents. A copy of such rules shall be provided to the residents prior to admission. Such rules shall list all possible actions which may be taken by the facility if any rule is knowingly violated by a resident. House rules may not violate or contravene any regulation herein, or in any way discourage or hinder a resident's exercise of those rights guaranteed herein. Such rules shall include at least the following:

- (A) Smoking;
- (B) Cooking;
- (C) Protection of valuables on premises;
- (D) Visitors;
- (E) Telephone usage including frequency and duration of calls;
- (F) Use of common areas, including the use of television, radio, etc.;
- (G) Consumption of alcohol;
- (H) Dress.

8.7 **Pets.** A facility may keep household pets including dogs, cats, birds, fish, and other animals as permitted by Denver Ordinance, with evidence of compliance with state and local vaccination, inoculation, and licensing requirements and in accordance with house rules. In no event shall such rules prohibit service or guide dogs.

Chapter 9: SERVICES PROVIDED

- 9.1 The facility shall make available, either directly or indirectly through a provider agreement, at least the following: a physically safe and sanitary environment; room and board; personal services; protective oversight; and social care as those terms are defined herein, sufficient to meet the needs of the residents.
- 9.2 The facility, in consultation with the residents, shall provide opportunities for social and recreational activities both within and outside the facility and shall coordinate community resources and promote resident participation in activities both in and away from the facility.
 - 9.2.1 The facility shall encourage resident participation in planning, organizing, and conducting the resident's activity program, taking into consideration the individual interests and wishes of the residents.

Chapter 10: PROVIDER AGREEMENT

- 10.1 A written agreement shall be executed between the licensee and the resident at the time of admission. Such agreement may be executed between the licensee and the legal guardian of the resident, where proof is offered that such guardian has been duly appointed by a court of law.
 - 10.2.1 A written agreement shall specify the understanding between the parties regarding, at a minimum, the following:
 - (A) admission, retention, discharge, eviction, and termination policies;
 - (B) charges, refunds and deposit policies;
 - (C) services included in the rates and charges, including optional services for which there will be an additional, specified charge;
 - (D) types of services which are not provided, and those which the facility will assist the resident in obtaining;
 - (E) board and care plan outlining functional capability and needs;

(F) residents' rights, grievance policies, house rules; and

(G) Policies and procedures utilized when the facility manages the personal funds of the resident.

- 10.3 The agreement may be amended by the parties provided such agreement is evidenced by the written consent of both parties.
- 10.4 No agreement shall be construed to relieve the facility of any requirement or obligation imposed by law or regulation.
- 10.5 The facility shall establish and follow written policies and procedures for discharge, transfer, or eviction of residents which policy shall include at a minimum that the resident shall be discharged, transferred, or evicted only for one or more of the following reasons:
- A. When the facility is no longer able to meet the resident's identified needs;
 - B. Nonpayment for basic services, in accordance with the provider agreement;
 - C. Failure of the resident to comply with written policies or rules of the facility which contain notice that discharge, transfer, or eviction may result from violation of such policy or rule; or
 - D. When a resident poses a danger to self or other residents.
- 10.6.1 **Resident Funds.** There shall be no requirement for the facility to handle resident funds or property; however, a resident or the legal guardian, where proof is offered that such guardian has been duly appointed by a court of law, of a resident may authorize the operator to handle the resident's personal funds or property. Such authorization shall be in writing and witnessed and shall specify the financial management services to be performed.
- 10.6.2 In the event such an agreement for financial management services is entered into, the operator shall exercise fiduciary responsibility for these funds and property, including, but not limited to, maintaining any funds over the amount of one hundred dollars (\$100) in an interest bearing account, separate from the general operating fund of the facility, which interest shall accrue to the resident.
- 10.6.3 Facilities, which accept responsibility for residents' personal funds shall post a surety bond in an amount sufficient to protect the residents' personal funds.
- 10.6.4 A running account dated and in ink, shall be maintained of all financial transaction. There shall be a least a quarterly accounting provided to the resident or legal guardian itemizing in writing all transactions including at least the following: the date on which any money was received from or disbursed to the resident; any and all deductions for room and board and other expenses; any advancements to the resident; and the balance.
- 10.6.5 Residents shall receive a receipt for and sign to acknowledge disbursed funds.
- 10.6.6 An account shall begin with the date of the first handling of the personal funds of the resident and shall be kept on file for at least one year following termination of the resident's stay in the facility. Such record shall be available for inspection by the department.

10.6.7 The facility shall not, in the management of finances for the resident:

- (A) engage in the practice of making loans to the resident;
- (B) deduct fines from the resident account without the resident's signature;
- (C) use resident funds for any improvements to the facility which should be provided by the facility; or
- (D) Engage in using money management as part of a behavior modification program unless the program is approved by a mental health professional.

Chapter 11: RECORDS

11.1 **Resident Record.** A confidential record in an individual file shall be maintained of the premise, for each resident and shall contain at least, but not limited to the following:

- (A) resident's full name, including maiden name if applicable;
- (B) resident's sex, date of birth, marital status and social security number where needed for Medicaid or employment purposes, and also the Medicaid and Medicare numbers, where needed;
- (C) date of admission;
- (D) name, address and telephone number of relatives or legal guardian or agent, where proof is offered that such third party has authority to act, or other person to be notified in an emergency;
- (E) name, address and telephone number of resident's primary physician, or case manager if applicable, and an indication of religious preference, if any, for use in emergency;
- (F) a current record of the resident's special dietary needs, allergies, special physical conditions, or other health considerations;
- (G) the resident's admission agreement;
- (H) resident's most recent former address of residence;
- (I) The board and care plan, as that term is defined herein;
- (J) An anecdotal record of any accidents, injuries, illness or incidents of violent behavior towards self or others occurring after admission to the facility; and
- (K) Documentation of on-going services provided or contact made by other governmental agencies.

- 11.2 Records shall be legibly recorded in ink, recorded by word processor or typewritten, dated and, except in an emergency, shall be available for inspection by or release to the resident or the resident's legal guardian, where proof is offered that such guardian has been duly appointed by a court of law, the resident's attorney of record, the state or local ombudsman with the permission of the resident and in accordance with Section 25-1-801, C.R.S., the department, and those otherwise authorized by law.
- 11.3 Records shall be maintained and stored in such a manner as to be protected from loss, damage or unauthorized use.
- 11.4 The confidentiality of all medical, psychological and sociological information shall be protected at all times.
- 11.5 Records shall be maintained for a period of one year following the termination of the resident's stay in the facility.
- 11.6 **Occurrence Reporting.** Each facility must immediately report in writing to the Department of Environmental Health any incident, accident or illness occurring at the facility that resulted in medical treatment by a physician or other health care professional, hospitalization, or death. This report must be made within 48 hours after the incident, accident or illness occurred. The report is to include the following information:
- (A) the resident's name, room number and birth date;
 - (B) date of the incident, accident or fatality;
 - (C) brief description of the incident, accident or fatality;
 - (D) names and addresses of any persons who may have been present at the time of the incident, accident or fatality; and
 - (E) Name and address of police department or authority to which the report was made.

Chapter 12: MEDICATIONS

- 12.1.1 **Policies and Procedures:** All licensed facilities shall maintain and follow written policies and procedures for the administration of medication. Policies must be consistent with the regimen taught in the medication administration course. (Medication Administration Law, Section 22-1-107, C.R.S.).
- 12.1.2 Unlicensed, qualified medication administration staff members and their employing facilities shall administer medication according to the regimen taught in the medication administration course.
- 12.1.3 **Medication Administration Record:** When resident's medications are administered, a written current master list indicating the resident's name, physician name, drug and dosage for those residents receiving administration of medications shall be maintained. The operator will indicate on the master list when a resident takes medication.

- 12.2.1 All personal medication is the property of the resident and no resident shall be required to surrender the right to possess or self-administer any personal medication described in the board and care plan, except as otherwise specified in the board and care plan of a resident of a facility which is licensed to provide service specifically for the mentally ill.
- 12.2.2 Personal medication shall be returned to the resident or legal guardian, where proof is offered that such guardian has been duly appointed by a court of law, upon transfer, discharge, or death, except that return of medication to the resident may be withheld if specified in the board and care plan of a resident of a facility which is licensed to provide services specifically for the mentally ill. The return of medication shall be documented by the facility.
- 12.2.3 Any operator, employee, or qualified medication administration staff member of the facility shall bring misuse or inappropriate use of medication for persons who are self-administering to the attention of the resident's physician or other authorized practitioner.
- 12.2.4 Non-prescription medications must be labeled with resident's full name.
- 12.2.5 No resident shall be allowed to take another person's medication nor shall staff be allowed to give one resident's medication to another resident.
- 12.2.6 Each facility shall document the disposal of discontinued, out-dated, or expired medications.
- 12.2.7 A licensed nurse may accept telephone orders for medication from a physician or other authorized practitioner.
- 12.3 **Administration of Medication.** Unless self-administered, medication, both prescription and non-prescription (over-the-counter), shall be administered only by qualified medication administration staff members and only upon the written order of a licensed physician or other authorized practitioner. Such orders must be current for all medications.
- 12.3.1 Qualified medication administration staff members may assist the resident in administration of medication providing such staff has completed the medication training course given by a licensed nurse, physician's assistant, or pharmacist, and approved by the department and/or shall have passed an approved department competency test for assisting with medications in accordance with Section 25-1-107 (1) (ee). C.R.S. and the regulations promulgated thereto. A copy of the certificate of completion of such training shall be maintained in the qualified medication administration staff member's personnel file at all times.
- 12.3.2 A licensed nurse may accept telephone orders for medication from a physician or other authorized practitioner.
- 12.3.3 All telephone orders for medication received from a physician or other authorized practitioner shall be evidenced by a written and signed order within fourteen (14) days and documented in resident's records.
- 12.4 Every qualified medication administration staff member who administers medication, whether prescribed or non-prescribed, shall be able to read and understand the information and directions printed or written on the label.
- 12.5 Psychotropic drugs may not be administered by unlicensed persons as a "PRN" or "as needed" medication, except those residential treatment facilities which are licensed to provide services for the mentally ill.

- 12.7.1 Prescription medications shall be labeled pursuant to Section 12-22-101 C.R.S. and the regulations promulgated thereto. Non-prescription medications shall be labeled with resident's full name and may be labeled by facility staff.
- 12.7.2 Any prescription medication container which has a detached, excessively soiled or damaged label shall be returned to the issuing pharmacy for re-labeling.
- 12.7.3 The contents of any medication container having no label or with an illegible label shall be destroyed immediately.
- 12.7.4 Medication which has a specified expiration date shall not be administered after that date.
- 12.8.1 **Qualified Medication Administration Staff Members.** Pursuant to Section 25-1-107 (1) (ee) (I) (A), C.R.S., regarding the administration of medication in personal care boarding homes, the term qualified medication administration staff member will be defined as follows.
- A. A person who is trained and employed by the licensed facility on a full or part-time basis to provide direct care services, which includes medication administration services to the resident. Evidence which establishes employment by the facility may be payment records or other employment documents; or
 - B. A person employed by a licensed facility on a contractual, full or part-time basis to provide direct care services, which includes medication administration services to the resident evidence which establishes contractual employment by the facility will include the actual contract naming the specific employee who is trained in medication administration and will be providing service on that basis; provisions in the contract that indicate that this employee will be serving only the residents of the facility with regard to direct care and medication administration; and provisions which demonstrate that the facility is paying for this person's services.
 - C. A person employed by a home health agency who functions as permanent direct care staff to licensed facilities and is trained in medication administration shall be considered a qualified medication administration staff member and administer medication only to the residents of the licensed facility. The home health agency must meet the conditions of contractual employment. Evidence which established the condition of contractual employment shall include the conditions established in paragraph (2).
- 12.8.2 The term qualified medication administration staff member does not apply to intermittent, temporary, pool staffing services provided by agencies offering such services.
- 12.9 **Monitoring.** The term 'lawfully labeled", as provided in C.R.S. 25-1-107 (1) (ee) (III) (A), means labeled pursuant article 22 of title 12, C.R.S., (pharmacy practice law) and the regulations promulgated therefore by the state.
- 12.13 **Medication Reminder Boxes or Systems.** A medication reminder box or system ("med minder") or customized patient medication package is a device which is compartmentalized and designed to house medications according to some time element (day or week or portions thereof). Medication reminder boxes or systems will also be referred to as medication reminder(s).

- 12.14 Medication reminder boxes or systems may be used by residents who are self-administering. Facilities using medication reminders for persons who are not self-administering must have qualified medication administration staff member available to assist with or administer from the medication reminder.
- 12.15 Medication reminder boxes or systems may be used if such containers have been filled and properly labeled by a pharmacist, a licensed nurse or through the gratuitous care by members of one's family or friends. Unlicensed persons may physically assist a person who is physically impaired if such impairment affects the ability of the person to use the medication reminder, if such unlicensed person is a qualified medication administration staff member.
- 12.16 Only qualified medication administration staff members may assist residents with the administration of medications from the reminders.
- 12.17 The facility's qualified medication administration staff members assisting with or administering from medication reminders shall record each assist or administration on medication record forms developed or acquired and maintained by the facility.
- 12.18 A licensed pharmacist shall prepare medications for the medication reminder in a registered prescription drug outlet or other outlet and in accordance with Section 12-22-121 (4) and 12-22-123, C.R.S. After a physician or other authorized practitioner orders a change in medications for the resident, the facility shall discontinue use of the medication reminder until the pharmacist has refilled the medication reminder according to the change so ordered. The facility will be responsible for administering the correct medications to the residents in a manner consistent with the provisions of Section 25-1-107 (1) (ee), C.R.S.
- 12.19 **MRB Label.** The facility shall ensure that when a licensed nurse fills the medication reminder or a family member or friend gratuitously fills the medication reminder, a label shall be attached to the medication reminder box. If the medication reminder box has a labeling system, such labeling system may be used. The label shall include the name of the resident, each medication, the dosage, the quantity, the route of administration, and the time that each medication is to be administered. Each medication reminder shall have a medication record or sheet where all administrations will be recorded. After a physician or other authorized practitioner orders a change in medications for the resident, the facility shall discontinue use of the medication reminder until the nurse or family member or friend has refilled the medication reminder according to the change so ordered. The facility will be responsible for administering the correct medications to the resident in a manner consistent with the provisions of Section 25-1-107 (1) (ee), C.R.S.
- 12.20 If medications in the medication reminder are not consistent with the labeling, administration or assistance to the resident shall not proceed and the qualified medication administration staff member shall immediately notify the proper persons as outlined in the policies and procedures of the facility. For purposes of this paragraph, the proper persons will be the licensed nurse or pharmacist who filled the medication reminder, the family member or friend who gratuitously filled the medication reminder, or the resident's physician or other licensed practitioner who prescribed the medication(s), once the problem with the medications is resolved and the medications are correctly assigned to the various compartments of the medication reminder, the qualified medication administration staff member may resume the administration or assistance to the resident from the medication reminder.
- 12.21 All medication problems must be resolved prior to the next administration.

- 12.22 PRN or “as needed” medications of any kind shall not be placed in medication reminders. Only medication intended for oral ingestion shall be placed in the medication reminder. Medications that must be administered according to special instructions, including but not limited to such instructions as “30 minutes or an hour before meals”, rather than administered routinely (unspecified—one, two, three, or four times a day, etc.), may not be placed in a medication reminder.
- 12.23 Any medication reminder day packs or individual trip packs must be filled pursuant to part V of the regulations or the Colorado Department of Public Health and Environment.
- 12.24 **Storage of Medications.** Medication which is kept in a central location shall be kept under lock and shall be stored in separate or compartmentalized packages, containers, or shelves, for each resident in order to prevent intermingling of medication.
- 12.25 Medications which require refrigeration shall be stored separately in closed containers and shall be refrigerated as necessary.
- 12.26 Residents shall not have access to medications which are kept in a central location.
- 12.27 Prescription and non-prescription medication shall not be kept in stock quantities or supplies.
- 12.28 **Contract Instructors.** The medication administration Colorado curriculum may be taught by a person who contracts with the Colorado Department of Public Health and Environment or is otherwise approved by the Colorado Department of Public Health and Environment to teach an approved curriculum and holds a valid license in good standing as a physician nurse, or pharmacist or holds a valid certification in good standing as a physician assistant.
- 12.29.1 **Oxygen Use.** Qualified medication administration staff members may assist residents with the administration of oxygen if trained in such administration.
- 12.29.2 Oxygen tanks shall be secured and safely stored at all times.
- 12.29.3 Smoking shall be prohibited in rooms where oxygen is stored or in use.
- 12.29.4 Rooms in which oxygen is used or stored shall be posted with a conspicuous “No Smoking” sign. In posted “Non-Smoking” facilities, a “No Smoking” sign will only be required in an oxygen storage area.

Chapter 13: DIETARY

- 13.1 At least three nutritionally balanced meals in adequate portions, using a variety of foods from the basic four food groups shall be made available, either directly or indirectly through provider agreement, at regular times daily. In the event the meal provided is unpalatable, a substitute shall be provided.
- 13.2 A minimum of three meals in each 24-hour period shall be provided each resident with not more than a fourteen-hour span between the evening meal and breakfast, or not less than ten hours between breakfast and the evening meal. If evening snacks are provided there may be an adjustment of time between the evening meal and the following breakfast.
- 13.2.1 **Snacks.** Between meals snacks of nourishing quality shall be available.

- 13.3.1 **Menu.** Menus shall vary daily and shall be adjusted for seasonal changes and holidays. Weekly menus shall be available for review by residents in advance of the day of preparation. Residents shall be encouraged to participate in planning of means and in making suggestions as to menus and the facility shall make reasonable efforts to accommodate such suggestions.
- 13.3.2 Menus, which shall include a written plan of breakfast, lunch, and dinner, shall be written for the current week.
- 13.3.3 There shall be enough food on hand to prepare the menus for two days.
- 13.3.4 All food shall be free from spoilage, filth, or other contamination, and shall be safe for human consumption. Facilities licensed for 20 beds or more shall comply with the Rules and Regulations Governing Food Establishments and the Sanitation of Food Establishments in the City and County of Denver.
- 13.3.5 No disinfectants, insecticides, bleaches, rubbing alcohol, medications or household cleaning solutions or poisons shall be stored with food supplies.
- 13.4.1 **Therapeutic Diet.** In facilities capable of and willing to provide therapeutic diets, the menus shall be reviewed by appropriately qualified dietary consultant.
- 13.4.2 Where such therapeutic diets are indicated, they shall be prescribed by a physician or other authorized practitioner.
- 13.4.3 Recipes used for therapeutic diet shall be available for review.
- 13.5.1 **Dining Area.** A designated dining area accessible by all residents shall be provided in a separate area or areas capable of comfortably seating all residents, either at one seating or in no more than two seatings.
- 13.5.2 No resident or group or residents shall be excluded from the designated dining area during meal time unless otherwise indicated in the resident's board and care plan.
- 13.5.3 Meals shall not be routinely served in resident rooms unless otherwise indicated in the resident's board and care plan.
- 13.6 **Dishwashing facilities.** A two compartment sink and a domestic dish washing machine shall be required in facilities not regulated under the Rules and Regulations Governing Food Establishments and the Sanitation of Food Establishments in the City and County of Denver. When a domestic dish-washing machine is used, the method is to use the hot dry cycle or sanitizing cycle. Water or heat cycle must reach a minimum of 160 degrees Fahrenheit.

Chapter 14: LAUNDRY

- 14.1 The facility shall provide for the necessary washing, drying, and ironing of residents' laundry in one of the following ways:
- (A) providing the laundry service for the residents;
 - (B) providing access to laundry equipment so that the residents may do their own laundry; or

(C) By making arrangements with a commercial laundry.

- 14.2 Separate storage for soiled linen and clothing shall be provided. Such storage may consist of individual plastic bags or hampers.
- 14.3 In facilities which provide the appropriate bed and bath linen as required in these regulations, at least two clean sheets, one clean pillow case, two clean bath towels, and three clean washcloths shall be provided at least weekly or more frequently if needed; clean blankets shall be provided as necessary. All bed and bath linen shall be in good condition.

Chapter 15: COMMON AREAS

- 15.1 Common areas sufficient to reasonably accommodate all resident shall be provided.
- 15.1.2 All common areas and dining area shall be accessible to resident utilizing an auxiliary aid without requiring transfer from a wheelchair for use in dining area. All doors to those rooms requiring access by a resident utilizing an auxiliary aid shall be at least 32 inches wide.
- 15.2 A minimum of two entry ways shall be provided for access and egress from the building by residents utilizing an auxiliary aid if the facility is occupied by one or more residents utilizing such an aid.

Chapter 16: BEDROOMS

- 16.1 **Square Footage.** Single occupancy bedroom shall have at least 100 square feet; double occupancy bedrooms shall have at least 60 square feet per person. Bathroom areas shall not be included in the determination of square footage.
- 16.2 Any facility licensed prior to the adoption of these regulations may have bedrooms of not less than 80 square feet for one occupant until either substantial remodeling or a change of ownership occurs.
- 16.3 **Room Occupancy Load.** No more than two (2) residents shall occupy a bedroom (except for facilities licensed prior to July 1, 1986, which may have up to four (4) residents per room until either a substantial remodeling or a change of ownership occurs).
 - 16.3.1 Doors and entry ways to sleeping rooms shall be legibly numbered or lettered in conformance with the numbering or lettering system shown on floor plans submitted to and approved by the department.
 - 16.3.2 Resident rooms may be locked with only a keyed lock. The operator must have possession of a duplicate key.
- 16.4 Each bedroom shall have at least one window of eight (8) square feet which shall have opening capability.
 - 16.4.1 Any facility licensed prior to the adoption of these regulations may have a window of smaller dimensions until either a substantial remodeling or a change of ownership occurs.
 - 16.4.2 Light fixture covers and adequate window coverings shall be supplied.

- 16.5 No resident shall be assigned to any room other than a regularly designated bedroom.
- 16.5.1 **Floor Coverings.** Carpets or other floor coverings shall either be securely fastened to the floor or have non-skid backing, and shall not be permitted to become hazardous because of curling edges or tattered sections.
- 16.5.2 All sleeping rooms occupied or used by residents shall be kept in a sanitary condition at all times. It shall be the operator's responsibility to supervise the sanitary maintenance of sleeping rooms, and, if residents are unwilling or unable to properly care for their own rooms, the operator shall provide such maintenance service.
- 16.6 Cooking shall not be allowed in bedrooms; residents shall have access to an alternative area where minimal food preparation such as heating or reheating food or making hot beverages is allowed. Food that is kept in resident rooms shall be kept in a covered metal, plastic or glass container.
- 16.6.1 In those facilities which make housing available to residents through apartments rather than resident bedrooms, cooking may be allowed in accordance with house rules.
- 16.7 **Extension Cords.** Extension cords and multiple use electrical sockets, including power strips, shall be prohibited.
- 16.8 **Personal Appliances.** Personal appliances shall be allowed in resident bedrooms only under the following circumstances:
- (A) Such appliances are not used for cooking;
 - (B) Such appliances do not require use of an extension cord or multiple use electrical sockets;
 - (C) Such appliance is in good repair as evaluated by the operator; and
 - (D) Such appliance is used by a resident who the operator believes to be capable of appropriate and safe use.
- 16.8.1 In no event shall a heating pad or electric blanket be used in a resident room without either staff supervisor or documentation that the operator believes the resident to be capable of appropriate and safe use.
- 16.9 **Bedroom Equipment.** In facilities which provide furnishings for resident bedrooms pursuant to a provider agreement, each resident bedroom shall be equipped as follows for each resident:
- (A) A comfortable, standard-sized bed equipped with a comfortable, clean mattress, mattress protector and pad, and pillow. Roll away type beds, cots, folding beds or bunk beds shall not be permitted.
 - (B) A standard-sized chair in good condition;
 - (C) A fire resistant waste basket;
 - (D) At least two clean bath towels and three washcloths;

(E) Soap sufficient for personal hygiene; and

(F) A towel rack.

16.10 **Storage.** Each resident shall have separate storage facilities adequate for clothing and personal articles such as a closet or locker. Such storage facilities shall be adequately maintained in good condition.

Chapter 17: BATHROOMS

17.1 There shall be at least one fully functional, complete bathroom for every six (6) residents.

17.1.1 Any facility licensed to provide services specifically for the mentally ill prior to the adoption of these regulations may have one bathroom for every eight (8) residents until either a substantial remodeling or a change of ownership occurs.

17.1.2 There shall be a fully functional, complete bathroom on each floor having resident bedrooms which is accessible without requiring access through an adjacent bedroom.

17.1.3 A complete bathroom shall consist of at least the following fixtures: toilet, hand wash sink, toilet paper dispenser, mirror, tub or shower, and towel rack.

17.1.4 A shower must be made easily accessible for all residents.

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

17.3 The use of common personal care articles, including soap and towels, is prohibited.

17.4 Bathtubs and shower floors shall have non-skid surfaces.

17.5 Toilet seats shall be constructed of non-absorbent material and free of cracks.

17.6 Toilet paper in a dispenser shall be available at all times in each bathroom or the facility.

17.7 In any facility which is occupied by one or more residents utilizing an auxiliary aid, the facility shall provide at least one full bathroom as defined herein with fixtures positioned so as to be fully accessible to any resident utilizing an auxiliary aid.

17.8 All toilet rooms and bathrooms shall be ventilated to the outside air. Unless windows in these rooms can be safely and easily opened and closed by all residents, ventilation shall be accomplished by acceptable ducts and fans.

Chapter 18: ENVIRONMENT

- 18.1 The facility shall provide a clean, sanitary environment free of hazards to health and safety.
- 18.2 **Grounds Maintenance.** Exterior premises shall be kept free of high weeds and grass, garbage and rubbish; Grounds shall be maintained to prevent hazardous slopes, holes, or other potential hazards. All wood and lumber shall be stored at least eighteen (18) inches above ground to prevent rodent harborage.
- 18.3 **Outside stairs.** Exterior staircases of three (3) or more steps and porches shall have handrails and be kept in good repair.
- 18.4 **Pests.** The facility shall be maintained free of infestations of insects and rodents and all openings to the outside shall be screened.
- 18.5 All interior and exterior steps and interior hallways and corridors shall be adequately illuminated.
- 18.6 All interior areas including attics, basements, and garages shall be safely maintained and free from accumulations of extraneous materials such refuse, discarded furniture, and old newspapers. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers. Solutions, cleaning compounds, and hazardous substances shall be labeled and stored in a safe manner.
- 18.7 Each room in the facility shall be installed with heat, lighting and ventilation sufficient to accommodate its use and the needs of the residents.
- 18.8 There shall be an adequate supply of safe, potable water available for domestic purpose including a sufficient supply of hot water during peak usage demands.
- 18.8.1 **Hot Water.** Hot water shall not measure more than 120 degrees Fahrenheit at taps which are accessible by residents

Chapter 19: FIRE SAFETY

- 19.1 The facility shall have a portable fire extinguisher of the ABC type of at least 3 pound capacity located in the kitchen area, common area, and at least one on each floor of the facility.
- 19.2 Kerosene (fuel fired) heaters shall not be permitted within the facility. Electric or space heaters shall not be permitted within resident bedrooms and may only be used in common areas of the facility if owned provided, and maintained by the facility.
- 19.3 Any fire or smoke detection equipment shall be fully operational and functional.
- 19.4 **Fire and Emergency Escape Plans and Procedures.** There shall be a written fire escape plan including a diagram developed with Denver fire department officials which shall be posted in a conspicuous place. The plan and diagram shall be explained to each resident within three (3) days of admission. The facility shall document such review in the resident's file.
- 19.4.1 Training and orientation in emergency procedures shall be provided each new staff member, including volunteers, within three (3) days of employment or commencement of volunteer service. The facility shall document such training in the employee's permanent personnel file.

- 19.4.2 Fire exit drills shall be conducted at least six (6) times per year; at least twice per year on each shift. Twelve (12) drills shall be conducted during the first year of operation.
- 19.4.3 There shall be at least two (2) fire drills between 10:00 pm and 6:00am annually. Monitored fire drills shall be arranged with the Denver Fire Prevention Bureau as required.
- 19.4.4 There shall be documentation every two (2) months of a review of the emergency plan and procedures with staff of each shift and with residents.
- 19.4.5 The drills may be announced in advance to the residents. The drills may involve the actual evacuation of all residents to a selected assembly point in accordance with Denver Fire department rules and recommendations. Such drills shall be designed to provide residents with experience in exiting through all exits required by the National Life Safety Code, although exiting through egress windows shall not be required.
- 19.4.6 Exits not used in any fire drill shall not be credited in meeting the requirements of the Life Safety code.
- 19.5 There shall be a written emergency plan including planned responses to fire, gas explosion, bomb threat, power outages, and tornado. Such plan shall include provisions for alternate housing in the event evacuation is necessary.
- 19.7 First aid equipment shall be maintained on the premises in a readily available location and staff shall be instructed to its use
- 19.8 There shall be at least one telephone which may be used by staff. Volunteers, residents, and visitors at all times for use in emergencies, in addition to being available for regular telephone usage by residents and staff. The police, fire, ambulance, and poison control center telephone numbers shall be posted at such telephone.

Chapter 20: SECURED ENVIRONMENT

- 20.1 Facilities choosing to operate a secured environment must comply with all state and local regulations for residential care facilities.
- 20.2 For purposes of this section only, the following definition shall apply, unless the context requires otherwise: secured environment means any grounds, buildings or part thereof, method or device that prohibits free egress of residents. An environment is secured when the right of any resident thereof to move outside the environment during any hours is limited.
- 20.3 **Admission Transfer.** A resident shall not be admitted or transferred to a secure environment unless legal authority for admitting the resident has been established by guardianship, court order, medical durable power or attorney, health proxy or other means allowed by Colorado law. However, a resident may voluntarily be admitted or remain in a secured environment if his or her egress is not restricted.
- 20.4 A facility must give at least 30 days written notice to the resident and the resident's legal representative when moving a resident out of a secured environment, unless the move is made at the request of or voluntarily by the person who is legally responsible for the resident or in accordance with these regulations.

- 20.5 **Assessments.** A resident shall not be admitted to a secured environment unless an assessment has been completed by a qualified professional such as the resident's physician, a social worker, physician's assistant or nurse practitioner. If the qualified professional is a member of the facility staff or has been hired by the facility to conduct the evaluation, the qualified professional shall consult with the resident's physician or other independent person qualified to review the care needs of resident.
- 20.6 Prior to admission, there shall be an assessment of the resident that evaluates the need for placement in a secured environment. The resident shall not be admitted to the secured environment unless the assessment includes an evaluation of less restrictive alternatives documented in the resident record.
- 20.7 Upon completion of the assessment, a resident who has been determined to be a danger to self or others shall not be admitted to the secured environment.
- 20.8 Prior to admission, a review of the services available at the facility shall be made to determine that such facility can meet the needs of the resident.
- 20.9 An assessment must be completed by a qualified professional such as the resident's physician, or a social worker, a physician assistant or nurse practitioner within 10 days when there is a significant change in the medical or physical condition of the resident or when the resident becomes a danger to self or others to determine whether the resident's stay in the secured environment is still appropriate.
- 20.10 **Documentation.** Written findings and their basis regarding the admission or transfer of the resident to the secured environment, including the assessment and the legal authority for admission shall be documented in the resident's record and maintained in the facility.
- 20.11 **Staffing.** The facility shall provide a sufficient number of trained staff members to meet the needs of the residents in the secured environment, but there shall always be at least one trained staff member in attendance in the secured environment at all times.
- 20.12 In addition to the requirements of section 6, staff and the owner or operator who have day-to-day contact with the residents in the secured environment shall be trained in the particular needs and care of the residents to perform their duties in the secured environment.
- 20.13 **Buildings, Grounds, and Fire Safety.** In addition to the interior common areas required by this regulation, the facility shall provide a safe and secure outdoor area for the use of residents year round.
- 20.14 Locking devices used to secure facility exits must be in compliance with sections 22-3.2.2.2, 23-2.2.2, and 5-2.1.6 of the N.F.P.A. Life Safety Code 101, 1991, for new or existing facilities as applicable, and approved by the department.
- 20.15 **Submission of Plans.** A facility planning to open a secured environment under these regulations shall have 30 days to submit its plans for physical plant and locking devices for exits to the department prior to opening the secured environment. Facilities with secured environments in operation as of the date of adoption of the regulations shall have 30 days to submit to the department plans for physical plant and locking devices.

- 20.16 **Exceptions and Prohibitions.** Facilities that serve residents who are mentally ill shall not admit such residents into a secured environment unless there is no less restrictive alternative and unless they are otherwise in compliance with the requirements of article 10 of title 27, Colorado Revised Statutes.
- 20.17 Facilities that serve residents with developmental disabilities as defined in article 10.5 of title 27, Colorado Revised Statutes shall not admit such residents into a secured environment, unless the facility is in compliance with the requirements of such article.
- 20.18 **Disclosure.** A facility that operates a secured environment shall disclose to the resident and the resident's legal representative, if applicable, prior to the resident's admission to the facility, that the facility operates a secured environment. The disclosure shall include information about the types of resident diagnoses or behaviors that the facility serves and for which staff of the secured environment is trained to provide services.
- 20.19 **Requests for Assistance.** The resident who believes that he or she has been inappropriately admitted to the secured environment may request the assistance of the facility in contacting the local ombudsman or the resident's legal representative. Upon such request the facility shall assist the resident in making such contact.