

New Applicants or Change of Owner Applicants:

As part of the licensing process, you must submit a set of policies and procedures to Licensing and Certification prior to obtaining your license.

The policies and procedures help to outline the day to day operations of your facility. The development of your policies and procedures should include both the policy and procedures

A policy is defined as a definite course or method of action...to guide and determine present and future decisions (i.e. think of the policy as the goal of what you want to accomplish).

A procedure is defined as a particular way of accomplishing something or of acting, or a series of steps followed in a regular definite order, or a traditional or established way of doing things (i.e. think of the procedure as the steps that staff will need to take to reach the goal/policy).

Some examples may be:

Example #1:

Policy: Facility does not admit or retain residents who are a danger to themselves or others.

Procedure: Prior to admission the administrator will meet in person with the resident and conduct the admission assessment. The administrator will also review previous history and physical and interview former caregivers, caseworkers and/or family to determine if there is any history of the resident exhibiting behaviors that would be a danger to self or others.

Example #2:

Policy: All medications will be maintained in a locked area

Procedure:

1. The facility will keep medications they monitor in a medication cart.
2. The medication cart will be locked each time the medication aide walks away from the cart.
3. When the medication cart is not in use, the cart will be locked in the medication room.
4. Residents who self-administer the medications will store their medication in a lock box located in their rooms.
5. Monthly room checks will be done to ensure residents who self-medicate store their medications in the lock box.

Attached you will find a policy and procedure checklist which will guide you in addressing the policies and procedures required in IDAPA 16.03.22. The checklist contains the requirements for policies and procedures, which can be found throughout the regulations. Therefore, the listed requirements on the checklist may not be in the same order as the rules, but may be gathered together in subject for easier reference to rule requirements.

The checklist has been color coded and marked to help you as you develop your policies and procedures. If you see **font in blue or it begins with “Note”**, these areas help to clarify policy requirements. If you see **font in red or numbered (i.e. 1, 2, 3, etc)** these are areas that will need to be specifically addressed in the policy and procedure.

The rules do not limit the policies and procedures that a facility can develop. As you are developing your policies and procedures you may determine there are other policies and procedures you would like to implement at your facility. Although not specifically listed in the rules, there are some suggested/best practice policies that could be developed to enhance the day to day operations of the facility. These are as follows:

- Quality Assurance Program (s)
- Negotiated Service Agreements
- Uniform Assessment Tool/Assessments
- Coordination of Outside Service Agencies
- Nursing Tasks & Expectations
- Fall Prevention Program

Policy & Procedure Instruction 05/13/2011, U:drive/Licensing/Application Packet/Application Forms

Policy and Procedure Worksheets
ACTIVITY (Refer to 16.03.22.151 & 16.03.22.210)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a policy and a set of procedures that describe how activities will be implemented. Describe how the facility will develop and implement activities which will assist, encourage and promote residents to maintain and develop their highest potential for independent living through their participation in planned recreational and other activities. The policy must also address the following items:				
a.	Describe what activities will be developed to encourage socialization through group discussion, conversation, recreation, visiting, arts and crafts, music.				
b.	How will the facility implement daily living activities to foster and maintain independent functioning				
c.	Describe how physical activities will be implemented at the facility to include: items such as games, sports, and exercises to help develop and maintain strength, coordination, and range of motion				
d.	How will the facility develop and implement education opportunities, e.g. through special classes or activities				
e.	How will the facility ensure residents are allowed leisure time so they may engage in activities of their own choosing				
f.	Describe how the facility will utilize community integration activities to promote resident participation in integrated activities of their choice both in and away from the facility				

Policy and Procedure Worksheets
ADMISSION (Refer to 16.03.22.152)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a policy and a set of procedures that guide personnel on admission requirements. The admission policy must include the following items:				
a.	Describe the purpose, quantity and characteristics of available services				
b.	Describe any restrictions or conditions imposed because of religious or philosophical reasons				
c.	Describe any limitations concerning delivery of routine personal care by persons of the opposite gender (Note: This refers to how and if the facility will meet any requests that personal cares (i.e. hygiene, showers, toileting, etc) be completed by a staff of the same or different gender)				
d.	Describe how the facility will provide notification to residents living in the facility of any residents who are on the sexual offender registry and who live in the facility				
e.	Describe how the facility will determine if residents are an appropriate admission when there are non-resident adults or children living in the facility. (Note: This refers to facilities to family or the administrator who live at the facility-the policy must consider the safety of both the residents and the family members in this situation).				
f.	Describe how the resident needs will be met, when there are non-resident adults or children residing in the facility (Note: How will the facility ensure the needs of all parties, especially the residents are met)				
2	Describe how fees will be handled and documented in the facility. The description should include: 1. How the facility will formulate the monthly price of care and services to the residents (including additional fees) 2. How the facility will provide the pricing information in a clear and transparent manner to the residents 3. When and how the facility will handle notices of billing changes and refunds 4. If the facility takes a resident transitioning to Medicaid; how will they disclose the conditions under which the resident can remain in the facility (include if a shared room is required and how much notice will be given to resident before having to move to another room. (Note: Review rules under admission agreement 16.03.22.220.02 through 220.18 for requirements that need to be in your admission agreement & reflected in your admissions policy & procedure)				

3	Describe how residents' funds will be handled when residents' funds are deposited with the facility or administrator (Note: The facility must manage the residents' funds as provided in Sections 39-3316 (1), (5) & (6), Idaho Code, and Section 505 and Subsections 550.05 and 550.06 of these rules) The following items should be addressed:				
a.	A statement if the facility does not manage resident funds (Note: Address in policy only if applicable)				
b.	If the facility manages resident funds, describe how the facility will handle and safeguard funds (Note: Address in policy only if applicable)				
4	Describe how the facility will proceed when a resident is <u>admitted, discharged or transferred</u> within the facility. The description should include: 1. The admission and discharge processes of the facility, including how and when the facility and/or resident will give notice 2. If the resident needs to be transferred within the home or between company facilities, how will the facility give notice and how long of a notice will be given 3. If refunds are available, under what conditions and time frames 4. How the resident's property will be handled during admission, transfer or discharge				
5	Describe the facility's conditions for <u>admitting and retaining</u> residents at the facility. The following items should be included:				
a.	A resident will be admitted or retained only when the facility has the capability, capacity, and services to provide appropriate care, or the resident does not require a type of service for which the facility is not licensed to provide or which the facility does not provide or arrange for, or if the facility does not have the personnel, appropriate in numbers and with appropriate knowledge and skills to provide such services				
b.	No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility. Such residents include:				
i.	A resident who has a gastrostomy tube, arterial-venous (AV) shunt, or supra-pubic catheter inserted within the previous twenty-one (21) days				
ii.	A resident who is receiving continuous total parenteral nutrition (TPN) or intravenous (IV) therapy				
iii.	A resident who requires physical restraints, <u>including bed rails</u> , an exception is a chair with locking wheels or chair in which the resident cannot get out of				
iv.	A resident who is comatose, except for a resident who has been assessed by a physician or authorized provider who has determined that death is likely to occur within fourteen (14) to thirty (30) days (Note: The physician's determination should be documented in the resident record)				
v.	A resident who is on a mechanically supported breathing system, except for residents who use CPAP (continuous positive airway pressure)				
vi.	A resident who has a tracheotomy who is unable to care for the tracheotomy independently				

vii.	A resident who is fed by a syringe				
viii.	A resident with open, draining wounds for which the drainage cannot be contained				
ix.	A resident with a Stage III or IV pressure ulcer				
x.	A resident with any type of pressure ulcer or open wound that is not improving bi-weekly				
xi.	A resident who has MRSA (methicillin-resistant staphylococcus aureus) in an active stage (infective stage)				
xii.	For any resident who has needs requiring a nurse, the facility must assure a licensed nurse is available to meet the needs of the resident				
xiii.	A resident will not be admitted or retained who has physical, emotional, or social needs that are not compatible with the other residents in the facility				
xiv.	A resident that is violent or a danger to himself or others				
xv.	Any resident requiring assistance in ambulation must reside on the first story unless the facility complies with 16.03.22.401 and 16.03.22.401 which is related to the fire extinguishing system				
xvi.	Residents who are not capable of self-evacuation must not be admitted or retained by a facility which does not comply with the NFPA Standard #101, "Life Safety Code, 2000 Edition, Chapter 33, Existing Residential Board and Care Impracticable Evacuation Capability" (fire extinguishing system)				
C.	Residents at risk for wandering. A facility that accepts or retains residents with cognitive impairments must provide a secured interior environment and a secured exterior yard. If the facility does not provide these, the policy must specify how the facility will ensure no residents with cognitive impairments or				

Policy and Procedure Worksheets
ADMISSION AGREEMENT (Refer to 16.03.22.220 & 221)

Item #	Admission Agreement Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	<p>In addition to your admission policy, we would also like to review the facility's admission agreement. The facility and each resident or the resident's legal guardian or conservator must enter into a written admission agreement, prior to or on the day of admission. The admission agreement needs to be transparent, understandable and easily translated into a language the resident or his representative understands. The admission agreement will provide a complete reflection of the facility's charges, commitments agreed to by each party and the actual practices that will occur in the facility. The agreement must be signed by all involved parties and a complete copy provided to the resident and the resident's legal guardian or conservator prior to or on the day of admission. The admission agreement may be integrated within the Negotiated Service Agreement (NSA), provided that all the requirements for the NSA (Refer to section 320) and admission agreements (Refer to section 220.03 - 220.18) are included</p>				
2	<p>The facility must identify the following <u>services</u>, <u>supports</u> and <u>applicable rates</u> in the admission agreements:</p>				
a.	Basic Services must, at a minimum include:				
i.	Rent;				
ii.	Utilities;				
iii.	Food;				
iv.	Activities of daily living services;				
v.	Supervision;				
vi.	First aid;				
vii.	Assistance with and monitoring of medications;				
viii.	Laundering of linens owned by the facility;				
ix.	Emergency interventions and coordination of outside services;				
x.	Routine housekeeping and maintenance of common areas; and				
xi.	Access to basic television in common areas.				

b.	The resident's monthly charges must be specific and describe the services that are included in the basic services rate and the charged rate. (Note: While the facility can use service plans, points systems and other charging methodologies, the systems used must produce a static, basic rate that the resident can expect to pay each month. This rate must include all items described under the basic services rate, and may only be increased upon a re-negotiation of the negotiated service agreement or a 30 written notice. Items not required to be included in the basic services rate, such as transportation to community activities, can be charged on a fee for service basis. The resident's charges for these items could fluctuate each month, depending on usage, as long as the charges had been clearly described in the admission agreement and are itemized on the monthly bill)				
c.	The facility must disclose all prices, formulas and calculation used to determine the resident's basic services rate They include the following:				
i.	Service packages; (For example: Package A: apartment, meals and emergency assistance = \$2000/mo., Package B: Includes Package A + assistance with medications = \$3000/mo.)				
ii.	Fee-for-services rates; (For example: Having medications bubble packed by the nurse: \$20/mo.; Assistance with bathing 3x/wk: \$100/mo.; Escort to and from meals: \$50/mo.) The admission agreement must list each service the facility charges separately for and the amount by which it will increase the monthly basic rate.				
iii.	Assessment forms; If the facility uses an assessment to determine the resident's monthly rate; a copy of that form must be included within or attached to the admission agreement.)				

iv.	Price per assessment point; (Note: This is when each item on the assessment is given a point value, e.g. assistance with showering = 4 points, medication assistance = 6 points. The total points from the assessment are then added together and the resident's rate is based on the total number of points. For example, each point is \$1.50 so the total monthly fee equals \$1.50 times the number of points assessed for the resident's care.) In this case, both the dollar amount that will be charged for each point, and a copy of the assessment must be included in the admission agreement.				
v.	Charges for levels of care determined with an assessment (Note: e.g. 0 - 25 points is a Level I = \$2000/mo. or 26 - 45 points is a Level II = \$3000/mo. and so on.) Both the assessment and the points scale and associated charges must be included in the admission agreement.				
vi.	Move-in fees or similar charges. (Note: Any fees required prior to or upon admission must be disclosed in the admission agreement, including the \$ amount of the fee, what it is for, and the circumstances (if any) under which the fee will be refunded.)				
d.	Services or amenities that are not contained in the description of basic services are considered additional charges. The facility must describe the services and rates charged for additional or optional services, supplies, or amenities that are available through the facility or arranged for by the facility for which the resident will be charged additional fees. (For example: tray service, transportation, housekeeping of resident's room, laundering of resident's personal laundry, etc.)				
e.	Services or rates that are impacted by an updated assessment of the resident must be identified, as well as the assessment tool, the assessor and the frequency of the assessment and when the facility uses this assessment to determine rate changes				
f.	The facility may charge residents for the use of personal furnishings, equipment and supplies provided by the facility for private-pay residents. The facility must provide a detailed itemization of furnishings, equipment, supplies and the rate for those items the resident will be charged. Refer to personal supplies and resident supplies and furnishings at 430.07 and 430.08. If you are going to charge private pay or Medicaid residents any of these fees, it needs to be clearly stated in the admission agreement, and the cost of the supply must be disclosed in the admission agreement)				
3	Staffing. The facility must identify staffing patterns and qualifications of staff on duty during a normal day				

4	Notification of Liability Insurance Coverage. The administrator of a residential care or assisted living facility must disclose in writing at the time of admission or before a resident's admission if the facility does not carry professional liability insurance. If the facility cancels the professional liability insurance all residents must be notified of the change in writing				
5	Medication Responsibility. The facility's and resident's roles and responsibilities relating to assistance with medications including the reporting of missed doses or those taken on a PRN basis				
6	Resident Personal Fund Responsibilities. Who is responsible for the resident's personal funds				
7	Resident Belongings Responsibility. The agreement must identify responsibility for protection and disposition of all valuable belonging to the resident and provision for the return of resident's valuables if the resident leaves the facility.				
8	Emergency Transfers. The agreement must identify conditions under which emergency transfers will be made as provided in Section 152 of these rules. (Refers to acceptable admission and retention of residents)				
9	Billing Practices, Notices, and Procedures for Payments and Refunds. The facility must provide a description of the facility's billing practices, notices and procedures for payments and refunds. The following procedures must be included:				
	a. Arrangement for payments; (Note: When payments are due, if there is a late fee after so many days, any late charges, etc.)				
	b. Under what circumstances and time frames a partial month's resident fees are to be refunded when a resident no longer resides at the facility; (For Example: if the resident goes to the hospital, a nursing home, another facility, or passes away, how many days will be refunded? How will the notice period be determined)				
	c. Written notice to vacate the facility must be given thirty (30) calendar days prior to transfer or discharge on the part of either party except in the case of the resident's emergency discharge or death. The facility may charge up to fifteen (15) days prorated rent from the date of the resident's emergency discharge or death.				
10	Resident Permission to Transfer Information. The agreement must clarify permission to transfer information from the resident's records to any facility to which the resident transfers (Note: The admission agreement needs to include under what terms the resident's personal information can be transferred and whom it can be transferred to)				
11	Resident Responsibilities. Resident responsibilities, as appropriate				

12	Restrictions of Choice of Care of Service Providers. Any restriction on choice of care or service providers, such as pharmacy, home health agency, hospice agency, physician or authorized provider (Note: Restrictions on any outside services need to be clearly described in the admission agreement. If a facility has gone through a CHOW and the residents resided at the facility prior to the CHOW, they have to be grandfathered in and cannot be limited on the choice of their outside service provider, unless they sign and agree to the new admission agreement terms. However, they cannot be forced to do this as it would be a violation of resident rights)				
13	Advance Directive. The agreement must identify written documentation of the resident's preference regarding the formulation of an Advanced Directive in accordance with Idaho State law. When a resident has an Advanced Directive, a copy must be immediately available for staff and emergency personnel				
14	Notification of Payee Requirements. Notification if the facility requires as a condition of admission that the administrator or an employee of the facility be named as payee				
15	Contested Charges. The facility must provide the methods by which a resident may contest charges or rate increases that include contacting the Ombudsman for the Elderly. The facility must respond as provided under Section 711.02 of these rules (Note: The facility must have a clear complaint process where contested charges can be addressed. The facility needs to ensure the complaint process is being utilized when complaints are received)				
16	Transition to Publicly-Funded Program. The facility must disclose the conditions under which the resident can remain at the facility, if payment for the resident shifts to a publicly-funded program (Note: The facility must disclose under which conditions residents will be able to remain at the facility when transitioning from private pay to public assistance/Medicaid. Include if a shared room is required, how much notice will be given to residents before having to move to another room and any other requirements)				
17	Other information. The agreement must identify other information that the facility may deem appropriate.				
18	Requirements For Termination of Admission Agreement. Each admission agreement needs to include the conditions in which it can be terminated and how and when an appeal can be requested. Refer to section 221.01 through 221.05 for requirements for discharges and the process of appealing discharges.				

Policy and Procedure Worksheets
ADDITIONAL POLICIES (Refer to 16.03.22.153)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> to assure that allegations of abuse, neglect and exploitation are 1. identified 2. reported 3. documented 4. investigated 5. interventions to prevent reoccurrence are implemented 6. protection of the resident is ensured				
2	The facility must develop a <i>policy and a set of procedures</i> that describe how staff are to respond in the following emergency situations:				
a.	Describe how the facility will instruct staff on what steps to take when a medical and/or a psychiatric emergency occurs (Note: The facility needs to instruct staff on how and when to contact 911 and in what emergency conditions/situations to contact the facility nurse. If 911 is called, when will the facility nurse be notified of the situation. If the nurse is called during the situation, when will she/he assess the situation and in what time frame will she/he instruct the caregivers on how to respond to situation)				
b.	Describe how the facility will instruct staff on what steps to take when there is a resident's absence (Note: These situations may include, but are not limited to: elopement, resident left the building and is unaccounted for, etc)				
c.	Describe how the facility will instruct staff on what steps to take when there is a criminal situation (Note: Criminal situations can be related to many issues, it is important for the facility to instruct staff on when to report situations that may be criminal and who they should report these incidents to)				
d.	Describe how the facility will instruct staff on steps to take when there is a presence of law enforcement officials at the facility				
3	The facility must develop a <i>policy and a set of procedures</i> to guide staff when there is a change in a resident's health or mental status and what the facility's professional licensed nurse (RN) role is when there is a change in condition. If it is not an emergency situation, but the resident needs a medical assessment describe: 1. How the facility staff will contact the nurse 2. When will the facility staff contact the nurse 3. How the nurse will assess the resident 4. What timeframe will the nurse respond to the staff/resident				
4	The facility must develop a <i>policy and a set of procedures</i> that include how the facility will provide for and ensure the following care and services are provided to residents:				

a.	How will the facility ensure residents' activities of daily living needs are met				
b.	How will the facility ensure residents' dietary needs are met, including what the facility will do when a resident refuses to eat or follow a prescribed diet				
c.	How will the facility maintain residents' dignity				
d.	How will the facility ensure each individual's rights are upheld				
e.	How will the facility provide medication assistance to residents				
f.	How will the facility provide for and protect residents' privacy				
g.	How will the facility provide for social activities				
h.	How will the facility ensure supervision is provided to the residents				
i.	How will the facility support residents' independence				
j.	How will the facility provide residents with telephone access				
5	The facility must develop a <i>policy and a set of procedures</i> that describe how the residents' property will be identified and kept safe				
6	The facility must develop a <i>policy and a set of procedures</i> that describe what interventions staff are to use to keep residents safe during unsafe situations i.e. physical or behaviorally caused. (Note: If you have identified interventions in other sections of your facility's policies and procedures, reference those procedures on how the facility will provide for resident safety. If you have not addressed elsewhere in your policies, include staff training, procedures and interventions staff will use to protect residents during unsafe situations)				
7	The facility must develop a <i>policy and a set of procedures</i> that describe the behavior management plan process which needs to include: 1. How a timely assessment will be completed and documented 2. How will the least restrictive interventions be implemented to address behaviors 3. How the facility will document and monitor the effectiveness of the interventions				
8	The facility must develop a <i>policy and a set of procedures</i> that ensure accidents and incidents address the following: 1. How the incidents and accidents will be defined and identified 2. How the incidents and accidents will be reported 3. How the investigation will be conducted for incidents and accidents 4. How the incidents and accidents will be documented 5. How interventions/prevention plans will be utilized to help reduce reoccurrence and how will they be documented to assure the resident's protection				
9	The facility must develop a <i>policy and a set of procedures</i> for the operation, periodic inspection, and maintenance of the physical plant, which includes utilities, fire safety and plant maintenance/testing for all areas of the facility's campus				

10	The facility must develop a <i>policy and a set of procedures</i> for the handling of hazardous materials. (Note: Describe how the facility will handle hazardous materials as well as store them safely)				
11	The facility must develop a <i>policy and a set of procedures</i> on how potentially dangerous mechanical equipment will be handled. (Note: Describe how safe practices will be implemented in association with the care and storage of the equipment)				

Policy and Procedure Worksheets
EMERGENCY PREPAREDNESS (Refer to 16.03.22.154)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> that describes how the facility will implement their emergency preparedness plan in the event of: 1. Fire 2. Explosion 3. Flood 4. Earthquake 5. High wind or 6. Other emergency. The written procedures must contain the following information related to a natural/man-made disaster event:				
	a. A plan that describes who will respond				
	b. A descriptive list of each person's responsibilities				
	c. Description of where and how residents will be evacuated				
	d. Description of how emergency agencies will be notified and who will notify them				
2	The facility must develop policies and procedures on when and how they will implement a fire watch. When a required fire alarm or automatic fire extinguishing system is rendered inoperable for a period of 4 hours or more, the facility administrator is responsible to assure a fire watch is in place. The following items need to be addressed in the fire watch policy:				
	a. Include: 1. Who the facility will notify if the system is inoperable 2. How the facility will relay the estimated time of repair 3. When will they notify the parties the system is back in service				
	i. The local fire department				
	ii. Licensing & Certification (FLS survey team at (208) 334-6626)				
	b. Describe how the facility will assign a competent and reliable person with access to communications, who will patrol the facility on a complete set of rounds every 30 minutes. (Note: This person should have no duties other than the patrol; this individual should be trained in fire prevention observation and in notifying occupants and the local fire department, should a fire occur. Duties include: checking all areas affected by the fire system outage, storage areas, hazardous areas, resident rooms, employee work areas, break rooms, exit corridors and the exterior of the facility)				
	c. Describe how the facility will document the fire watch. A log needs to be kept of each round of patrol identifying who conducted the fire watch, the date, the time and situations encountered during the fire watch				
	d. Describe what training has been completed for the personnel assigned to complete fire watch duties (Note: Training needs to include the identification and control of fire hazards including: open flames, electrical hazards, cooking hazards, heating equipment hazards, and other specialized equipment or process hazards in the facility, as well as alerting residents and staff of a fire and evacuation				

Policy and Procedure Worksheets

HOURLY ADULT CARE (Refer to 16.03.22.155, 16.03.22.345, 16.03.22.720 & 16.03.22.725.02)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> of how hourly adult care will be provided. Provide a description of the services that will be offered i.e. transportation services, meals, activities, and supervision				
a.	Describe how the facility will ensure all medications and treatments are ordered by a physician or authorized provider				
b.	Describe how the facility will provide assistance with medications to hourly adult care individuals: 1. How will the facility provide assistance and monitoring of medications 2. How will the facility ensure medications are brought to the facility 3. How will the facility store the medications while medications are at the facility				
2	The facility must develop policies and procedures to specify what types of individuals may or may not be accepted for hourly care. Include what limitations there are to participate in hourly care at your facility. No individual will be admitted to the hourly adult care program that requires skilled nursing or for whom the facility cannot adequately provide services and supervision. Also address the following:				
a.	1. How adult care services will be provided to such a number of individuals that the facility can handle without interference with the normal activities of the facility 2. How will staffing be determined (Note: Staffing must be based upon the needs of all residents in the facility to include full-time residents and hourly adult care individuals)				
b.	Describe how the facility will provide hourly adult care individuals' with provisions of time appropriate accommodations; which include: napping furniture for day time hours, 6 AM through 10 PM, such as lounge chairs, recliners and couches				
i.	Describe the layout of the facility and how the facility will ensure they have the ability to space napping furniture at least 3 feet apart				
ii.	Describe how the facility will ensure the availability of beds and bedrooms during sleeping hours when needed by the hourly adult care individual				
iii.	Describe how the facility will ensure that beds and bedrooms of non-hourly residents' will not be utilized by hourly adult care individuals				
3	The facility must develop policies and procedures to describe what the cost of the program is to the individual. Include a description of the cost of the program and how it is determined within your P & P				

4	The facility must develop policies and procedures to describe what health documents and other pertinent information is required for the individual. 1. How the individual's record will be maintained 2. How pertinent health and social information relevant to the supervision of the individual will be documented/maintained 3. How the care and services provided to the individual will be documented and 4. How the records will be kept/stored for 3 years				
5	The facility must develop policies and procedures to describe how the facility will maintain identification information i.e. emergency telephone numbers of family members and physician/authorized provider				
6	The facility must develop policies and procedure to describe how the hours of care will be determined and what the availability of time periods will be for individual's participating in adult hourly care; which cannot exceed fourteen (14) consecutive hours in a twenty-four (24) hour period				
7	The facility must develop policies and procedures on how an hourly adult log will be kept. The log must include at a minimum, the name of the resident, the dates they attended and the hours they were there for. The log must be kept for 3 years.				

Policy and Procedure Worksheets
INFECTION CONTROL (Refer to 16.03.22.156 & 16.03.22.335)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> to describe what infection control guidelines will be followed at the facility to protect both staff and residents. 1. What infection control guidelines will be used at the facility 2. How staff will be trained 3. How staff will implement the infection control procedures 4. How the administrator will assure the infection control policy is implemented				
2	The facility must develop a <i>policy and a set of procedures</i> to follow when a staff member has an infectious disease. 1. What infectious diseases may impact the staff members ability to work at the facility 2. Address how it will be determined: if a staff will not be able to work or if they will need to be reassigned due to having an infectious disease 3. If staff can work in another area, where would that be and how would contact or transmission be limited				
3	The facility must develop a <i>policy and a set of procedures</i> of how and when they will notify the local public health office of a resident or staff member who has a reportable disease listed in IDAPA 16.02.10, "Idaho Reportable Diseases". The policies and procedures should also take into consideration the immediacy of implementing the infection control measures as instructed by the local public health office. (Refer to www.epi.idaho.gov for the reportable disease list)				
4	The facility must develop a <i>policy and a set of procedures</i> to describe how universal precautions will be used in the facility to prevent the transmission of infectious disease. (Refer to the guidelines for disease control and prevention at this website: www.cdc.gov/ncidod/hip/Blood/universa.htm. Also, use the website www.cdc.gov/handhygiene as a resource tool to help develop policies and procedures on how staff can use proper hand washing techniques)				

Policy and Procedure Worksheets

MEDICATION (Refer to 16.03.22.157, 16.03.22.305, 16.03.22.310, 16.03.22.711, & 16.03.22.735)

Board of Nursing Rules (BON)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> that guide staff on how medications will be handled in the facility. The policy should include the following items:				
a.	Describe what medication distribution system will be used at the facility. (Note: The facility must use medi-sets or blister packs. The facility may use multi-dose medication distribution systems that are provided for residents receiving medications from the Veterans Administration or Railroad benefits. The medication system must be filled by a pharmacist and appropriately labeled in accordance with pharmacy standards and physician or authorized provider instructions. A licensed nurse may fill medi-sets, blister packs, or other Licensing and Survey Agency approved system as provided in Section 39-3326, Idaho Code and Section 157 of these rules)				
b.	Describe the process of how the facility will receive medications				
c.	Describe how the medications will be stored:				
i.	Describe how the facility will ensure all medications will be kept in a locked area, i.e. a locked box or room				
ii.	Describe how the facility will store poisons, toxic chemicals, and cleaning agents in separate locked areas apart from medications, i.e. a locked medication cart, locked box or room				
iii.	Describe how the facility will store biologicals and other medications that require cold storage and need to be refrigerated. Also, how the facility will monitor and document the daily temperatures to ensure the medication is maintained at thirty-eight to forty-five degrees (38-45°F) Fahrenheit				
2	Describe how the facility will instruct staff on 1. How to respond 2. How they will document the steps they take for each of the following events:				
a.	When a resident refuses a medication				
b.	When a resident misses a medication and the reason				
c.	When a resident's medication is not available				
d.	When medications are missing				
e.	When a resident receives an incorrect medication or dose				
3	Describe how the facility staff will document when residents have taken their medications				
4	Describe how the facility will monitor and discard unused medications. (Note: Unused, discontinued, or outdated medications cannot accumulate at the facility for longer than thirty (30) days):				

a.	If the facility enters into agreement with a pharmacy to return unused, unopened medications to the pharmacy for proper disposition and credit. Describe: 1. When the facility plans on returning medications to the pharmacy 2. What conditions need to be met to return medications to the pharmacy 3. How will it be determined the conditions have been met 4. When will the medication be returned 5. How it will be done (Refer to IDAPA 16.03.09, "Rules Governing the Medicaid Assistance Program," Section 817, and IDAPA 27.01.01, "Rules of the Idaho Board of Pharmacy" to review rules associated with entering into an agreement with a pharmacy)				
b.	Describe the process of how the facility will dispose of unused medications in a manner that assures it cannot be retrieved				
c.	Describe how a written record of all drug disposals will be maintained in the facility. The written record needs to include the following items:				
i.	A description of the drug, including the amount				
ii.	Name of resident for prescription medication				
iii.	The reason for disposal				
iv.	The method of disposal				
v.	The date of disposal				
vi.	Signatures of a responsible facility personnel and a witness				
5	Describe how the facility will monitor/track, store and document controlled substances when in the facility (Refer to Title 37, Chapter 27, Idaho Code, and IDAPA 27.01.01, "Rules of the Idaho Board of Pharmacy," Section 495, and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing Rules," Section 490 for more information about requirements)				
6	Describe how the facility will handle psychotropic or behavior modifying medication. The following items will need to be addressed:				
a.	Describe how the facility will ensure that psychotropic or behavior modifying medication 1. Will not be used as the first resort to address behaviors. 2. How will the facility attempt non-drug interventions to assist and redirect the resident's behavior prior to implementing psychotropic medications. (Note: If this has been addressed in the behavior management policy at section 153.07, please reference that policy and procedure. If it is not addressed, please address least restrictive interventions at this location)				
b.	Describe the facility's process on how they will ensure psychotropic or behavior modifying medications have been prescribed by a physician or authorized provider; include how it will be documented and where the information will be accessible to staff				

c.	Describe how the facility will monitor the resident's behaviors to determine if the psychotropic medication needs to be continued based on the resident's demonstrated behaviors (Note: If this has been addressed in the behavior management policy at section 153.07, please reference that policy and procedure. If it is not addressed, please address least restrictive interventions at this location)				
d.	Describe how the facility will monitor the resident for any side effects (e.g. tardive dyskinesia, extrapyramidal syndrome, over sedation, increase in gait imbalance, neuroleptic malignant syndrome, etc) of psychotropic medication that could impact the resident's health and safety: 1. What side effects will the facility monitor 2. Who/how will the facility staff be trained to watch for side effects 3. How will it be determined if consultation with a physician or authorized provider for side effects is needed				
e.	Describe what process the facility will use to 1. Ensure psychotropic or behavior modifying medications are reviewed by the physician or authorized provider at least every six (6) months 2. Describe how the facility will provide behavior updates (what will this look like) to the physician or authorized provider to help facilitate an informed decision on the continuing use of the psychotropic or behavior modifying medication: a. How will information be sent to the physician or authorized provider b. What documentation will be sent c. How often will the information be sent d. How will the facility communicate residents' behaviors and use of medications to the physician or authorized provider				
7	Describe how the facility will determine when unlicensed assistive personnel will provide assistance with residents' medications (Refer to Board of nursing rules IDAPA 23.01.01.490.05 for further detailed information. This policy and procedure can also be referenced in the nurse delegation policy 157.02) The policy and procedure must include the following:				
a.	Describe how the facility will ensure staff have successfully completed a Board of Nursing approved medication assistance course prior to assisting residents with medications (Refer to IDAPA 16.03.22.645 for requirements associated with medication assistance certification)				
b.	Describe how the facility will provide assistance with medications to residents, i.e. will each medication be given to the resident directly from the medi-set, blister pack or medication container				
c.	Describe how staff will monitor to ensure residents have taken their medications, i.e. how will they observe residents taking the medication				

d.	Describe the level of assistance with medications UAPs/staff will be able to implement in the facility, i.e. will it include: breaking a scored tablet, crushing a tablet, instilling eye, ear or nose drops, giving medication through a pre-mixed nebulizer inhaler or gastric (non-nasogastric) tube, assisting with oral or topical medications and insertion of suppositories				
8	Describe how the facility will implement nurse delegation at the facility. It will need to include: 1. What process the nurse will use to delegate assistance with medication and other nursing functions (e.g. vitals, blood pressure checks) to UAP/staff 2. How will the facility RN determine what tasks she/he will delegate to the unlicensed caregivers 3. How will the RN assure unlicensed caregivers are competent prior to delegation of nursing functions and medication assistance 4. How will the delegation be documented at the facility 5. How will the RN monitor to ensure delegation and assistance is being followed appropriately, per BON rule 23.01.01.400.03 The nurse delegation policy should also address the following items:				
a.	Describe how the licensed professional nurse (RN) will develop a plan of care to determine if staff can be delegated to provide assistance to the resident (Note: The RN can prepare the section for assistance with medications of the negotiated service agreement or sign off on the entire NSA)				
b.	Describe what process the RN will use to provide written and oral instructions to the unlicensed assistive personnel prior to delegating, i.e. the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency				
c.	Describe what process the RN will use to ensure proper measuring devices are available to UAP/staff for medications that are poured from a container				
9	Describe what process the facility will use to determine which residents can self-administer medication: 1. Who will be determining the resident's ability to safely self-administer their medications 2. How it will be determined (assessed) that a resident is capable of safely self-administering medications 3. How will the assessment be documented, i.e. Initial assessment from the RN, 90 day re-assessment 4. How the facility will manage the resident's current medication orders and/or current list of medications, if they self-administer medications				

Policy and Procedure Worksheets

FOOD AND NUTRITIONAL CARE (Refer to: 16.03.22.158, 16.03.22.450, 16.03.22.451, 16.03.22.455, 16.03.22.460 & 16.03.22.740)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> that describe how the menu will be implemented to ensure residents nutritional needs are met. The following items should be addressed:				
a.	Describe how the facility will ensure there is a planned or approved menu available which has been signed and dated by a registered dietician				
b.	Describe how the facility will ensure menus: 1. Offer a sufficient variety of foods in adequate amounts at each meal 2. Offer foods that are particular to the community, in season and meet the residents' preferences, food habits and physical abilities 3. That menus are prepared in advance and are available to residents upon their request. 4. Document any substitutions given (Refer to 16.03.22.740.02 on how substitutions will be documented and how long the facility is required to keep them.)				
i.	For facilities licensed for 16 beds or less (Address in policy only if applicable): Describe how the facility will ensure menus are planned in writing at least a week in advance				
ii.	For facilities licensed for 17 beds or more (Address in policy only if applicable): Describe: 1. How the facility will develop and implement a cycle menu which covers a minimum of 2 seasons and is 4 to 5 weeks in length? 2. How the facility will ensure the recipes are standardized? 3. How will the facility ensure that a current diet manual (The Idaho Diet Manual) is available in the kitchen?				
2	Describe how the facility will implement therapeutic diets/menus and how it will be ensured residents nutritional needs are met. The following items should be included:				
a.	Describe how the therapeutic diets will meet nutritional standards				
b.	Describe how the therapeutic diet menu will be as close as possible to the regular diet menu				
c.	Describe how the facility will ensure an order for a therapeutic diet from a physician or authorized provider is obtained				
d.	Describe what steps the facility will take when a resident refuses food or refuses to follow a prescribed diet				
3	Describe how the facility will ensure residents receive adequate amounts of food and fluids to meet their nutritional needs. The following items will need to be included:				
a.	Describe how the facility will ensure residents receive at least 3 meals a day at regular times; which are comparable to the mealtimes in the community				

b.	Describe how the facility will meet the needs of a resident who was not at the facility for the noon meal, i.e. if not at noon meal a substantial evening meal must be served				
c.	Describe how the facility will ensure that there is no more than 14 hours between the substantial evening meal and breakfast				
d.	Describe how the facility will ensure residents are provided snacks between mealtimes and at bedtime; which includes an evening snack (Note: Describe how the facility will provide fluids during snack times and throughout the day/evening/night)				
4	Describe how the facility will maintain an appropriate food supply (Note: The policy should address the food supply requirements, i.e. The facility must contain 7 days of nonperishable foods and 2 days of perishable foods. The facility must also have the appropriate amounts and types of food available to follow the planned menu)				
5	Describe how the facility will determine if and when it is appropriate to use disposable or single use items, i.e. paper plates, paper cups, plastic silverware, etc				
6	Describe how the facility will ensure no live animals of or fowl are kept in the food preparation or service areas and that food preparation or food service areas will not be used as staff living quarters				

Policy and Procedure Worksheets
RECORDS (Refer to: 16.03.22.159 & 16.03.22.700)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> to ensure that records are complete and accurate: 1. How will documentation be completed within the facility and by whom 2. How the records will be maintained or updated appropriately 3. How the records will be stored at the facility				
2	Describe the process of: 1. How a resident can request access to their records 2. How the facility will ensure residents' access, within 1 business day to their records upon request				
3	Describe how the facility will determine who has access to the residents' records. This should include those authorized by law and allow for immediate access to records by surveyors				
4	Describe how the facility will maintain electronic records. The policy and procedure should include the following items: (Note: If the facility does not utilize electronic records, a statement to this effect is sufficient)				
a.	Describe how security measures will be put in place to ensure the authenticity of the electronic signatures				
b.	Describe how the records privacy and integrity will be maintained				
c.	Describe how the electronic records will be maintained and signed electronically				
d.	Describe the process of how an e-signature code is assigned to an individual and how the identities of those individuals with e-signature codes will be protected				
e.	Describe how passwords will be assigned and the frequency the passwords will be changed				

Policy and Procedure Worksheets
RESIDENT RIGHTS (Refer to 16.03.22.160 & 16.03.22.550)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop policies and procedures to ensure that residents rights are promoted and protected in the facility. This should include a description of how the rights will be observed and protected. The following items should be addressed:				
2	Resident Records: The facility must maintain and keep current a record of specific information on each resident. Upon request, a resident must be provided access to information in his/her record				
a.	A copy of the resident's current Negotiated Service Agreement and physician or authorized provider's order				
b.	Written acknowledgement that the resident has received copies of the rights				
c.	A record of all personal property and funds that the resident has entrusted to the facility, including copies of receipts for the property				
d.	Information about any specific health problems of the resident that may be useful in a medical emergency				
e.	The name, address, and telephone number of an individual identified by the resident who should be contacted in the event of an emergency or death of the resident				
f.	Any other health-related, emergency, or pertinent information which the resident requests the facility to keep on record				
g.	The current admission agreement between the resident and the facility				
2	Privacy: Each resident must be assured the right to privacy with regard to accommodations, medical and other treatment, written and telephone communications, visits and meetings of family and resident groups				
3	Humane Care and Environment: Each resident has the right to humane care and a humane environment, including the following:				
a.	The right to a diet that is consistent with any religious or health-related restrictions				
b.	The right to refuse a restricted diet				
c.	The right to a safe and sanitary living environment				
d.	Each resident has the right to be treated with dignity and respect, including:				
i.	The right to be treated in a courteous manner by staff				
ii.	The right to receive a response from the facility to any request of the resident within a reasonable time				

iii.	The right to be communicated with, orally or in writing, in a language they understand. If the resident's knowledge of English or the predominant language of the facility is inadequate for comprehension, a means to communicate in a language familiar to the resident must be available and implemented. There are many possible methods such as bilingual staff, electronic communication devices, family and friends to translate. The method implemented must assure the resident's right of confidentiality, if the resident desires				
4	Personal Possessions: Each resident the right to:				
a.	Wear his own clothing				
b.	Determine his own dress or hair style				
c.	Retain and use their own personal property in their living area so as to maintain individuality and personal dignity				
d.	Be provided a separate storage area in his own living area and at least one (1) locked cabinet or drawer for keeping personal property				
5	Personal Funds: Residents whose board and care is paid for by public assistance will retain, for their personal use, the difference between their total income and the applicable board and care allowance established by Department rules				
a.	A facility must not require a resident to deposit his personal funds with the facility				
b.	Once the facility accepts the written authorization of the resident, it must hold, safeguard and account for such personal funds under a system established and maintained by the facility in accordance with this paragraph				
6	Management of Personal Funds: Upon a facility's acceptance of written authorization of a resident, the facility must manage and account for the personal funds of the resident deposited with the facility as follows:				
a.	The facility must deposit any amount of a resident's personal funds in excess of five (5) times the personal needs allowance in an interest bearing account (or accounts) that is separate from any of the facility's operating and credit all interest earned on such separate account to such account. The facility must maintain any other personal funds in a non-interest bearing account or petty cash fund				
b.	The facility must assure a full and complete separate accounting of each resident's personal funds, maintain a written record of all financial transactions involving each resident's personal funds deposited with the facility and afford the resident (or a legal representative of the resident) reasonable access to such record				
c.	Upon the death of a resident with such an account, the facility must promptly convey the resident's personal funds (and a final accounting of such funds) to the individual administering the resident's estate. For clients of the Department, the remaining balance of the funds must be refunded to the Department				

7	Access and Visitation Rights: Each facility must permit:				
a.	Immediate access to any resident by any representative of the Department, by the state ombudsman for the elderly or his designees, or by the resident's individual physician				
b.	Immediate access to a resident, subject to the resident's right to deny or withdraw consent at any time, by immediate family or other relatives				
c.	Immediate access to a resident, subject to the reasonable restrictions and the resident's right to deny or withdraw consent at any time, by others who are visiting with the consent of the resident				
d.	Reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time				
8	Employment: Each resident must have the right to refuse to perform services for the facility except as contracted for by the resident and the administrator of the facility. If the resident is hired by the facility to perform services as an employee of the facility, the wage paid to the resident must be consistent with state and federal law				
9	Confidentiality: Each resident must have the right to confidentiality of personal and clinical records				
10	Freedom from Abuse, Neglect and Restraints: Each resident must have the right to be free from physical, mental or sexual abuse, neglect, corporal punishment, involuntary seclusion, and any physical or chemical restraints				
11	Freedom of Religion: Each resident must have the right to practice the religion of his choice or to abstain from religious practice. Residents must also be free from the imposition of the religious practices of others				
12	Control and Receipt of Health-Related Services: Each resident must have the right to control his receipt of health-related services, including:				
a.	The right to retain the services of his own personal physician, dentist and other health care professionals				
b.	The right to select the pharmacy or pharmacist of his choice so long as it meets the statute and rules governing residential care or assisted living and the policies and procedures of the residential care or assisted living facility				
c.	The right to confidentiality and privacy concerning his medical or dental condition and treatment				
d.	The right to refuse medical services based on informed decision making. Refusal of treatment does not relieve the facility of its obligations under this chapter				
i.	The facility must document the resident and his legal guardian have been informed of the consequences of the refusal				
ii.	The facility must document that the resident's physician or authorized provider has been notified of the resident's refusal (MD should be contacted immediately if the resident's refusal could jeopardize their health or				

13	Grievances: Each resident must have the right to voice grievances with respect to treatment or care that is (or fails to be) furnished, without discrimination or reprisal for voicing the grievances and the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents				
14	Participation in Resident and Family Groups: Each resident must have the right to organize and participate in resident groups in the facility and the right of the resident's family to meet in the facility with the families of other residents in the facility				
15	Participation in Other Activities: Each resident must have the right to participate in social, religious and community activities that do not interfere with the rights of other residents in the facility				
16	Examination of Survey Results: Each resident must have the right to examine, upon reasonable request, the results of the most recent survey conducted by the Licensing and Survey Agency with respect to the facility and any plan of correction in effect with respect to the facility				
17	Access by Advocates and Representatives: A residential care or assisted living facility must permit advocates and representatives of community legal services programs, whose purpose include rendering assistance without charge to residents, to have access to the facility at reasonable times in order to:				
	a. Visit, talk with, and make personal, social, and legal services available to all residents				
	b. Inform residents of their rights and entitlements and their corresponding obligations, under state, federal and local laws by distribution of educational materials and discussion in groups and with individuals				
	c. Assist residents in asserting their legal rights regarding claims for public assistance, medical assistance and social security benefits, and in all other matters in which residents are aggrieved, this may be provided individually, or in a group basis, and may include organizational activity, counseling and litigation				
	d. Engage in all other methods of assisting, advising and representing residents so as to extend to them the full enjoyment of their rights				
	e. Communicate privately and without restrictions with any resident who consents to the communication				
	f. Observe all common areas of the facility				
18	Access by Protection and Advocacy System: A residential care or assisted living facility must permit advocates and representatives of the protection and advocacy system designated by the governor under 42 U.S.C. Section 15043 and 42 U.S.C. Section 10801 et seq., access to residents, facilities, and records in accordance with applicable federal statutes and regulations				

19	Access by the Long Term Care Ombudsman: A residential care or assisted living facility must permit advocates and representatives of the long term care ombudsman program pursuant to 42 U.S.C. Section 3058, Section 67 5009, Idaho Code, and IDAPA 15.01.03, "Rules Governing the Ombudsman for the Elderly Program," access to residents, facilities and records in accordance with applicable federal and state law, rules, and regulations				
20	Transfer or Discharge: Each resident must have the right to be transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment of their stay. In non-emergency conditions, the resident must be given at least thirty (30) calendar days notice of discharge. A resident has the right to appeal any involuntary discharge				
21	Citizenship Rights: Each resident has a right to be encouraged and assisted to exercise their rights as a citizen, including the right to be informed and to vote				
22	Advanced Directive: Residents have the right to be informed, in writing, regarding the formulation of an advanced directive to include applicable State law, Section 39-4510, Idaho Code				
23	Fee Changes: Each resident has the right to written notice of any fee change not less than thirty (30) days prior to the proposed effective date of the fee change, except:				
	a. When a resident needs additional care, services, or supplies, the facility must provide to the resident, the resident's legal guardian, or conservator written notice within five (5) days of any fee change taking place; and				
	b. The resident, the resident's legal guardian, or conservator must be given the opportunity to agree to the amended negotiated service agreement. If the two parties do not reach an agreement on the proposed fee change, the facility is entitled to charge the changed rate after five (5) days have elapsed from the date of the facility's written notice.				

Policy and Procedure Worksheets
SMOKING (refer to: 16.03.22.161 & 16.03.22.550.03.a.iii)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> that outline if and when smoking is allowed at the facility. Also, how the facility will notify all facility personnel, residents, and the visiting public of the smoking rules within the facility (Note: A facility may prohibit smoking completely; however, this must be addressed in your admission policy.) The following items will need to also be addressed in the smoking policy:				
	a. How will the facility ensure prohibition of smoking in any area where flammable liquids, gases, or oxidizers are in use or stored				
	b. How will the facility enforce prohibition of smoking in bed				
	c. How will the facility determine when residents cannot be left unsupervised while smoking. Such residents could include those classified as not mentally or physically responsible and residents affected by medication. If residents meet the above classification, what steps will the facility staff take to provide supervision while smoking and how will cigarettes and lighters be securely stored (This includes residents who choose to smoke with oxygen on, as this is a dangerous behavior and could cause harm)				
	d. How will the facility enforce prohibition of smoking in areas where combustible supplies or materials are stored				
	e. 1. How will the facility determine designated smoking areas 2. Where are the designated smoking areas 3. How will the facility notify individuals where appropriate smoking areas are located				

Policy and Procedure Worksheets

STAFFING (Refer to 16.03.22.162, 16.03.22.600, 16.03.22.625, 16.03.22.630 & 16.03.22.640)

Item #	Policy & Procedure Requirements	Facility must write page number where rule text is discussed in submitted P & P's	Rule Met	Rule Not Met	Rule N/A
1	The facility must develop a <i>policy and a set of procedures</i> that detail the level of staffing required at the facility, which should be based on the numbers of residents, residents needs, and the configuration of the facility, i.e. 1. Describe the facility's layout (how many beds) 2. How the level of staffing is determined, including up and awake staff 3. How the staff will be configured if there are detached units/multiple building				
2	For facilities licensed for fifteen (15) beds or less (Address in policy only if applicable): The facility should describe how they will have at least one (1) or more qualified and trained staff, immediately available, in the facility during resident sleeping hours. Additionally, describe what plan the facility will have if at any time any resident has been assessed as having night needs or is incapable of calling for assistance (Note: In this case, staff must be up and awake)				
3	For facilities licensed for sixteen (16) beds or more (Address in policy only if applicable): Describe how the facility will ensure qualified and trained staff are up and awake and immediately available in the facility during resident sleeping hours				
4	Facilities with residents housed in detached buildings or units (Address in policy only if applicable): How will the facility ensure at least one (1) staff is present and available in each building or unit when residents are present in the building or unit. Also, how will the facility ensure that each building or unit complies with the requirements for on duty staff during resident sleeping hours in accordance with the facility's licensed bed capacity as provided in Subsections 600.01 and 600.02 of these rules.				
5	Facilities that have entered into a Mental Health Bed contract with the Department (Address in policy only if applicable): How will the facility ensure there is at least one (1) staff up and awake at night to assure the safety of all residents?				
6	Describe how the facility will ensure the administrator has provided supervision for all personnel which includes contract personnel. The policy should address: 1. How the facility will provide and deliver orientation training to caregivers, contract personnel, facility nurse and volunteers 2. How the facility will ensure that staff who have not completed the orientation training requirements will work under the supervision of a staff who has completed the orientation training				
7	Describe how the administrator will schedule sufficient personnel to meet the following needs:				

a.	<p>1. How will the administrator/facility ensure there are adequate staff to provide cares to all residents during all hours, to meet the terms of each resident's Negotiated Service Agreement 2. How will the facility ensure residents' health, safety, comfort, and supervision needs are met by having adequate staffing 3. How will the facility ensure there is adequate staffing to maintain the interior and exterior of the facility in a safe and clean manner</p>				
b.	<p>1. How will the facility ensure that there is at least one (1) direct care staff with certification in first aid and cardio-pulmonary resuscitation (CPR) in the facility at all times 2. How will a facility with multiple buildings or units (Address in policy only if applicable) ensure that there is at least one (1) direct care staff with certification in first aid and CPR in each building or each unit at all times 3. Describe the facility's process/system to ensure staff have their CPR and First Aid certification</p>				