



## Department of Health

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Executive Deputy Commissioner

April 9, 2019

DAL#: 19-08 Revised ACF Equivalency List

Dear Administrator:

Please be advised that this Dear Administrator Letter (DAL) supersedes all previous DALs regarding the ACF Equivalency List. The purpose of this letter is to inform Adult Care Facility (ACF) Operators and Administrators that the equivalency list has been revised as follows:

- The addition of a link for the registration materials needed to create a Limited Service Laboratory (under the retention of residents that require injectable medications).
- The combination of language under numbers three and five under Personal Care/In-Room Tray Service/Food Service.
- Under mandated forms, the addition of DOH 4397 (Personal Data Sheet).
- The removal of:
  - **Influenza and pneumococcal immunizations** The Department will no longer accept equivalencies or waivers to allow facility nurses to provide the influenza and pneumococcal immunization to residents and employees of adult care facilities.
  - **Hospital beds with ½ side rails.** Facilities requesting to waive this regulation must now request this through the regular waiver process. Requests must be resident-specific and include an attestation from the resident's physician indicating the medical need for the device and the resident's ability to manage and safely and independently use the device. We recognize that providers with an existing equivalency will need a period of time to comply with this directive. As such, the Department's regional offices will work with you for smooth transition.
  - **Use of an enabling device on a standard bed.** Facilities requesting to waive this regulation must now request this through the established waiver process. Requests must be resident-specific and include an attestation from the resident's physician indicating the medical need for the device and the resident's ability to manage and safely and independently use the device.
  - **Sprinklers in bathrooms and closets in resident rooms or dwelling units.** Facilities wishing to waive this regulation must now request this through the regular waiver process. Requests must include the date that the sprinkler system was installed in the facility and the type of system (i.e., NFPA 13, NFPA 13R).

- **Electronic monitoring devices.** Facilities wishing to waive this regulation must now request this through the regular waiver process.

Facilities with current equivalencies for the items being removed must resubmit under the waiver process. Waiver requests will continue to be reviewed as part of the surveillance process.

Within ninety (90) days of the date of this letter, Operators who choose to adopt an approved equivalency or request an alternative method of complying with a regulation, must submit a completed DOH-4235, Waiver Request/Equivalency Notification form to their respective Regional Office.

If you have any questions related to the revisions to the equivalencies, please contact the Program Manager in your Regional Office.

Sincerely,



Heidi L. Hayes, Acting Director  
Division of Adult Care Facility and Assisted  
Living Surveillance

cc: P. Hasan  
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## Admission Standards

**Issue:** The retention of residents who are otherwise appropriate but require injectable medications and glucose testing.

### Interpretive Guidelines:

Facility RNs and LPNs holding a valid license from the New York State Education Department that authorizes them to administer injectable medications may do so, provided that the medication is one which licensed health care providers would routinely train a patient or family member to administer.

A statement from the resident's physician confirming that the injectable medication(s) is one that the resident and/or their family would be routinely trained to administer must be obtained and on file in the resident's record. There must be current orders from the resident's physician on file for these and all medications.

Glucose testing is permitted by licensed staff, i.e., RNs/LPNs and is limited to administration of the test, interpretation of test results, and adjustment of insulin dosage within the parameters previously established in writing by the resident's physician.

It should be noted that the facility must be registered with the Department of Health as a Limited Service Laboratory. The following application materials needed to create a Limited Service Laboratory Registration may be downloaded from the Department of Health's website at:  
<http://wadsworth.org/regulatory/clep/limited-service-lab-certs>.

### Regulations:

**487.4 (b)** An operator shall not accept nor retain any person who:

(1) is in need of continual medical or nursing care or supervision as provided by facilities licensed pursuant to article 28 of the Public Health Law, or licensed or operated pursuant to articles 19, 23, 29 and 31 of the Mental Hygiene Law;

**487.7 (f) (7)** Medication management - Staff shall not be permitted to administer injectable medications to a resident; except that staff holding a valid license from the State of New York Education Department authorizing them, among other things, to administer injectable medications, may do so, provided that the injectable medication is one which licensed health care providers would customarily train a patient or his family to administer.

**488.4 (b)** An operator must not accept nor retain any person who:

(1) needs continual medical or nursing care or supervision as provided by an acute care facility or a residential health care facility certified by the Department of Health;

**488.7(d) (5)** Staff of an enriched housing program is not permitted to administer injectable medications to a resident, except that staff holding a valid license from the Education Department authorizing them to administer injectable medications may do so, providing that the injectable medication is one which licensed health care providers would customarily train a patient or his/her family to administer.

**490.4 (b)** An operator must not accept or retain any person who:

(1) is in need of continual medical or nursing care or supervision as provided by facilities licensed pursuant to article 28 of the Public Health Law or licensed or operated pursuant to articles 19, 23, 29 and 31 of the Mental Hygiene Law;

**490.7 (d)(11) (vi)** Staff may not administer injectable medications to a resident; except that staff holding a valid license from the State of New York Education Department authorizing them, among other things, to administer injectable medications may do so, provided that the injectable medication is one which licensed health care providers would customarily train a patient or his or her family to administer.

## **Admission Standards**

**Issue:** Employees, volunteers and residents who chose to have the two-step tuberculin skin test (TST) for TB screening, may have their second TB test read (interpreted) by a facility nurse by a Registered Nurse (RN).

### **Interpretive Guidelines:**

Registered Nurses in an adult care facility may read/interpret the second TST PPD test on facility personnel and residents providing that they have completed an acceptable training program for reading (interpreting) and documenting PPD tests. Content of training must be submitted with the equivalency and documentation of completion of training must be maintained in the employee's file.

### **Conditions for Equivalency Approval:**

Facilities must submit to the Department for review and approval prior to the equivalency being granted, the process/procedure in which they will train their RN(s) to read and document PPD tests.

### **Definition of volunteer:**

All facilities will have a policy and procedure that addresses TB screening for volunteers. The Department provides the following guidance for defining a volunteer: "Volunteers who are consistently in the facility, i.e., 3 or more days a week and share the same air space as the resident for several hours (i.e., 3 hours or more at a time) need to be screened and tested for active TB.

### **Regulations:**

**487.4(b)** An operator shall not accept nor retain any person who:

**(13)** suffers from a communicable disease or health condition which constitutes a danger to other residents and staff.

**487.9(a)(8)** At the time of employment and at least every 12 months thereafter, or more frequently if needed, an employee must provide the operator with a statement from a physician, or, with physician oversight, a physician's assistant (PA) or a registered professional nurse (RN) with special training in primary health care who has physically examined the individual, that:

**(ii)** that the individual has had: **(a)** a PPD (Mantoux) skin test for tuberculosis within 30 days prior to employment and no less frequently than every 2 years after employment begins; positive findings require appropriate clinical follow-up but no repeat skin test.

**488.4(b)** An operator must not accept or retain any person who:

**(13)** suffers from a communicable disease or health condition which constitutes a danger to other residents and staff.

**488.9(a)(5)** At the time of employment and at least every 12 months thereafter, or more frequently if needed, an employee must provide the operator with a statement from a physician, or, with physician oversight, a physician's assistant (PA) or a registered professional nurse (RN) with special training in primary health care who has physically examined the individual, that: **(ii)** that the individual has had:

(a) a PPD (Mantoux) skin test for tuberculosis within 30 days prior to employment and no less frequently than every 2 years after employment begins; positive findings require appropriate clinical follow-up but no repeat skin test.

**1001.7(a)** Unless stated otherwise in this section, an operator of an assisted living residence shall admit and retain only those individuals who meet the admission and retention standards prescribed in sections 487.4(a)-(e) or 488.4(a)-(d) of Title 18 NYCRR, depending upon the facility's certification under Title 18 NYCRR.

**1001.11(q)** In addition to the assessed and documented health status of all new personnel required pursuant to subdivision (d) of this section, the operator shall maintain a record of the following tests for direct care staff of an enhanced assisted living residence or a special needs assisted living residence:

(iv) tuberculin skin test or whole blood assay for tuberculosis screening prior to assuming patient care duties and no less than every year thereafter for negative findings. Positive findings shall require appropriate clinical follow up but no repeat skin test. The residence shall develop and implement policies regarding follow up of positive test results.

## Admission Standards

**Issue:** The retention of residents who are otherwise appropriate dependent upon oxygen equipment.

### Interpretive Guidelines:

This system allows residents to fill their own oxygen cylinders from an oxygen concentrator. The following sixteen conditions must be met in order to use an oxygen refill system:

### Conditions for Equivalency Approval:

- 1) A physician must certify in writing the resident's need for oxygen, the resident's ability to use and maintain the equipment and a re-evaluation done at least every 6 months and more often, if necessary, to ensure the resident remains capable of maintenance and use of the equipment.
- 2) The individual for whom this equipment is prescribed must receive initial training from the supplier of the equipment on the use, maintenance and storage of the oxygen equipment.
- 3) The resident must be able to demonstrate the ability to maintain and use the equipment correctly.
- 4) The operator must agree to the resident's use of the oxygen refill system.
- 5) The operator must retain on file a copy of the operating instructions for the equipment and review all cautions and dangers regarding the equipment with the residents and resident's roommate(s) (if applicable).
- 6) The resident must agree, in writing, to the proper use and cautions of the equipment in the bedroom and adhere to all safety precautions.

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- 7) Equipment must have an Underwriters Laboratories (UL) rating and cylinders must meet industry standards and must be so identified.
- 8) Equipment should be inspected by the provider every 6 months unless otherwise specified by the manufacturer and, if necessary, an appropriate supplier must be available to service the equipment.
- 9) The resident's roommate(s) (if applicable) must agree to the use and cautions of the equipment in the bedroom and adhere to all safety precautions.
- 10) If any resident uses the oxygen refill system in the facility, then facility staff must be trained by the supplier of the equipment in the use of the equipment, and at least one facility staff person who is trained in the use of the oxygen refill system must be on duty and on-site at all times.
- 11) The compressor must not be placed, stored or operated next to a heater, radiator, hot air register or in a closet.
- 12) The compressor must sit on a hard, flat stable surface, such as a table to allow the ventilation system to function properly.
- 13) Prohibit smoking and keep all matches, lighters, cigarettes, or the sources of ignition out of the room where this equipment is located/used.
- 14) The operator must notify, in writing, the local Fire Department or local Code Enforcement official, as appropriate, that the facility has this oxygen refill system, in addition to the storage and use of oxygen supply. This notice must be appropriately updated in a timely manner in terms of storage locations or numbers of containers. The storage and/or use of oxygen equipment must also comply with all other applicable local or state statutes, codes and regulations.
- 15) The resident must be able to participate in activities of daily living and facility life, including daily meal attendance in the dining room.
- 16) The use of the oxygen equipment must not interfere with the life, safety, care or comfort of other residents of the facility.

## Regulations:

**487.4(b)** An operator shall not accept nor retain any person who:

**487.4(b)(14)** is dependent on medical equipment, unless it has been demonstrated that: (i) the equipment presents no safety hazard; (ii) use of the equipment does not restrict the individual to his room, impede the individual in the event of evacuation, or inhibit participation in the routine activities of the home; (iii) use of the equipment does not restrict or impede the activities of other residents; (iv) the individual is able to use and maintain the equipment with only intermittent or occasional assistance from medical personnel; (v) such assistance, if needed, is available from approved community resources; and (vi) each required medical evaluation attests to the individual's ability to use and maintain the equipment.

**488.4(b)** An operator shall not accept nor retain any person who:

**488.4(b)(14)** is dependent on medical equipment, unless it has been demonstrated that: (i) the equipment presents no safety hazard; (ii) use of the equipment does not restrict the individual to his room, impede the individual in the event of evacuation, or inhibit participation in the routine activities of the home; (iii) use of the equipment does not restrict or impede the activities of other residents; (iv) the individual is able to use and maintain the equipment with only intermittent or occasional assistance

from medical personnel; (v) such assistance, if needed, is available from approved community resources; and (vi) each required medical evaluation attests to the individual's ability to use and maintain the equipment.

**490.4(b)** An operator shall not accept nor retain any person who:

**490.4(b)(16)** is dependent on medical equipment, unless it has been demonstrated that: (i) the equipment presents no safety hazard; (ii) use of the equipment does not restrict the individual to his room, impede the individual in the event of evacuation, or inhibit participation in the routine activities of the facility; (iii) use of the equipment does not restrict or impede the activities of other residents; (iv) the individual is able to use and maintain the equipment with only intermittent or occasional assistance from medical personnel; and such assistance is available from local social service agencies or approved community resources; and (v) each required medical evaluation attests to the individual's ability to use and maintain the equipment.

## Admission Agreements

**Issue:** The signing of admission agreements by cognitively impaired residents.

### Interpretive Guidelines:

The applicant/ resident should always be afforded the opportunity to sign the admission agreement; if refused, the offering of the opportunity and refusal must be noted.

Legally appointed conservators, committees or guardians may sign on behalf of the resident. It is acceptable for individuals with a durable Power of Attorney that allows them to sign contracts, to sign the admission agreement for a resident who is physically or cognitively unable to sign the admission agreement.

Residents who wish to review and sign their admission agreements must be allowed to do so at any time.

### Regulations:

**487.5** (d)(1) (ii) The admission agreement shall be dated and signed by the operator, the resident and, if appropriate, another person acting as an agent for the resident.

**488.5** (c)(2) The admission agreement must be dated and signed by the operator, the resident and, if appropriate, another person acting as an agent for the resident.

**490.5** (d) (ii) The admission agreement must be dated and signed by the operator, the resident and, if appropriate, another person acting as an agent for the resident.

**1001.8(f)(2)(i) (2)** Every operator shall execute with each resident a written residency agreement, in no less than twelve point type and written in plain language, which satisfies the requirements of this section. Such agreement shall:

**1001.8(f)(2)(i)** be dated and signed by the operator, the resident, resident's representative, and resident's legal representative, if any, and any other party to be charged under the agreement.



## Resident Funds and Valuables Personal Allowance Accounts

**Issue:** Commingling of PNA funds with other resident funds.

### **Interpretive Guidelines:**

Personal Needs Allowance and other resident funds can be co-mingled in one account provided all other regulatory requirements required by Title 18 NYCRR 487.6 for residents' personal funds are met. Residents funds must not be co-mingled with facility funds.

### **Regulations:**

**487.6** (a)(4) Personal allowance accounts and accounts for other resident funds shall be kept separate and distinct from each other and from any other account(s).

**488.6** (a)(5) Resident personal allowance accounts or other resident personal funds must not be mingled with the personal funds of the operator or the operating funds of the facility, or become an asset of the operator.

**490.6**(d)(2) Such funds (non- PNA) may not be mingled with any personal allowance funds maintained pursuant to subdivision (b) of this section.

## Personal Allowance Accounts – Recordkeeping

**Issue:** Computer generated recordkeeping system for resident PNA funds.

### **Conditions for Equivalency Approval:**

The substitution of a computer-generated system for the Department recommended Personal Allowance recordkeeping system is allowed provided that:

- all regulations pertaining to PNA required by Title 18 NYCRR 487.6 (b), (c), (d) are met; and
- there are back-up paper copies of all transactions.

### **Regulations:**

**487.6** (c) (11) No alternative system of recordkeeping for resident personal allowance accounts may be substituted for the above without the prior written consent of the department.

**488.6** (c) (11) No alternative system of recordkeeping for resident personal allowance accounts may be substituted for the above without the prior written consent of the department.

**490.6** (c) (11) No alternative system of recordkeeping of resident personal allowance accounts may be substituted for the system set forth in paragraphs (1) through (10) of this subdivision without the prior written consent of the department.

## Personal Care/ In –Room Tray Service / Food Service

**Issue:** Alternative meal plans.

### **Interpretive Guidelines:**

The operator must provide at a minimum three meals a day, served at regularly- scheduled times, or an alternative meal plan which meets certain conditions. Tray service may be offered as a supplemental service; Supplemental services or meal plan must be stated as such in the admission agreement and the cost for all plans must be clearly stated.

Surveyor Check list for surveying alternate meal plans:

- 1) Tray service is the choice of the resident.
- 2) Resident's physician provides a statement attesting to the resident's ability to safely consume meals without continuous supervision.
- 3) Resident is periodically re-assessed for the ability to safely consume meals in their room. As part of this assessment, and periodically thereafter, the resident will be encouraged to dine with other residents at mealtime.
- 4) Furniture appropriate for in-room dining is provided.
- 5) Resident's food intake, appearance and weight are monitored and recorded as dictated by change or regulation.
- 6) Proper procedures in sanitation, transport, temperature control, and contamination control are observed.
- 7) Sufficient staffing to ensure necessary supervision of both communal and tray service dinners is provided.
- 8) Operator provides adequate food service and housekeeping staff to ensure provision and replacement of such needed items as replacement utensils, beverage refills, condiments, second servings, etc; and timely/prompt clean-up of both dining rooms and resident rooms.
- 9) The residents receiving tray service are and remain appropriate for the adult care facility level of care.

Whether the operator provides the standard meal plan or an approved alternate (e.g., in-room tray service, two seatings for congregate meals), the operator is responsible for the following:

- supervising each resident to ensure that the resident maintains appropriate nutritional intake,
- all temperature and sanitation codes are maintained; and
- meals are available to meet the needs of all residents including sufficient quantity, preservation of flavor and appearance of food, and conservation of the nutritive value of food.

### **Regulations:**

**487.7 (e) (6)** Residents shall not be provided in-room tray services, except as may be necessary for a short-term illness.

**487.8 (e)(11)** Any food service system other than single-seating table service shall require prior written approval of the department.

**488.7 (c) (5)** (Residents must not be provided tray services except as may be necessary for a short-term illness.

**490.8 (b)** The operator must provide at a minimum: (1) three meals a day, served at regularly scheduled times, or an alternative meal plan which has the prior approval of the Department. Under an

approved alternate meal plan, a resident may purchase or prepare some of his/her own meals. However, whether the operator provides the standard meal plan or an approved alternate, the operator is responsible for supervising each resident to ensure that the resident maintains appropriate nutritional intake.

## **Electronic Medication Management and Documentation Systems**

**Issue:** Use of electronic medication systems to:

- (a) record, document and order resident medications
- (b) document resident medication assistance and/or refusal

**Interpretive Guidelines:** Use of an electronic medication management and documentation system is acceptable as long as the regulatory requirements under Title 18 NYCRR 487.7, 488.7 and 490.7 and, if applicable, 1001.10(i)(1-3) are met.

### **Regulations:**

**487.7(f)(12)(i-iii)** Recording for medications. (i) Information on the medication regimen of each resident shall be retained on file in a manner which assures both resident privacy and accessibility, for assistance and supervision or in time of emergency.

(ii) The following information shall be maintained for each resident:

- (a) the person's name;
- (b) identification of each medication;
- (c) the current dosage, frequency, time and route of each medication;
- (d) the physician's name for each prescribed medication;
- (e) the dates of each prescription change;
- (f) any contraindications noted by the physician;
- (g) the type of supervision and assistance, if any, needed by the resident; and
- (h) a record of assistance.

(iii) When a resident is assisted in taking medications, the name of the resident, the medication, the staff assisting and the date and time of assistance shall be recorded. Recording shall occur at the time of assistance to each resident. In no event, shall recording be done by a person who has not observed the taking of the dose.

**488.7(d)(4)(i-ii (a-g))** Recording for medications. (i) Information on the medication regimen of each resident must be retained on file in a manner which assures both resident privacy and accessibility for assistance or in time of emergency.

(ii) The following information must be maintained for each resident:

- (a) the person's name;
- (b) identification of each medication used by the resident;
- (c) the current dosage, frequency, time and route of each medication;
- (d) the physician's name for each prescribed medication;
- (e) the dates of each prescription change;
- (f) any contraindications noted by the physician; and
- (g) the type of assistance, if any, needed by the resident.

**490.7(d)(12)(xi)(a-c)** (xi) Recording for medications. (a) Information on the medication regimen of each resident must be retained on file in a manner which assures both resident privacy and accessibility for assistance and supervision or in time of emergency.

(b) The following information must be maintained for each resident:

- (i) the person's name;
- (ii) identification of each medication;
- (iii) the current dosage, frequency, time and route of each medication;
- (iv) the prescribing physician's name for each prescribed medication;
- (v) the dates of each prescription change;
- (vi) any contraindications noted by the physician;
- (vii) the type of supervision and assistance, if any, needed by the resident; and
- (viii) a record of assistance.

(c) When a resident is assisted in taking medication, the name of the resident, the medication, the staff assisting and the date and time of assistance must be recorded. Recording must occur at the time of assistance to each resident. In no event, may recording be done by a person who has not observed the taking of the dose.

## **1001.10(I)(1-3) Medication Management**

- (1) Medication acquisition, storage, disposal, and assistance with self-administration of medications shall be performed in conformance with the standards for such practice dictated by the facility's certification as either an adult home or enriched housing program, pursuant to section 487.7(f) or section 488.7(d) of Title 18 NYCRR respectively, and consistent with any and all operative guidance documents relating to medication services provided to facility residents issued by the Department.
- (2) The Operator shall develop policies and procedures for medical management in compliance with the requirements of section 29.7(1)(21)(ii)(b) of Title 8 NYCRR, sections 80.5 and 80.6 of this Title, section 487.7(f) or section 488.7(d) (depending on facility certification) of Title 18 NYCRR.
- (3) A medication assistance record shall be maintained for each resident to include, at a minimum, the diagnoses of the resident, all medications used by the resident, including both prescribed and over-the-counter medications, the indication for the medications prescribed, labels for medications that are dispensed as generic drugs labeled as such, any special directions for taking or storing medications, known allergies, and a picture of the resident or other electronic means to identify the resident.

### **Conditions for Equivalency Approval:**

- 1) The medication policies and procedures must be revised to reflect the use of the electronic system. The policies and procedures must be submitted to the Regional Office for review and approval.
- 2) A back-up system is in place with appropriate policies and procedures in the event that the electronic medication system becomes inoperable.
- 3) New York State Department of Health staff will have independent and unrestricted access to the electronic systems – active and back-up.
- 4) A paper or electronic Operations manual will be provided to the Department of Health Regional Office and available on site at the facility.
- 5) Documentation of staff training will be maintained by the facility and available for review upon request by Department of Health staff. Initial training records will be submitted to the Regional Office.

## Facility Records Off-site Storage

**Issue:** Maintenance of off-site record storage.

### **Conditions for Equivalency Approval:**

Off-site record storage is permitted under the following conditions:

- 1) Off-site records include no more than the following:
  - Food purchases
  - Resident payment accounts
  - Employee medical evaluations
  - Wage and payroll records
  - Financial records
  
- 2) Records stored off-site are made available on site to Department staff as soon after the request being made is practical, but in no instance more that two (2) hours thereafter, unless a greater interval is mutually agreed upon by both parties.

This includes Criminal History Record Check (CHRC) records. CHRC regulations state that such records shall be maintained in a manner that ensures the security of the information contained therein, but which also assures the Department of immediate and unrestricted access to such information upon its request, for the purpose of monitoring compliance with this Part.

### **Regulations:**

**487.10** (d) (2) Facility records. These records shall be maintained in the facility, unless written authorization is given by the Department for record retention in another location, and shall be available for review and inspection by Department staff and designees.

**488.10** (d) (2) Program records. Records must be maintained at the enriched housing program site unless written authorization is given by the department for record retention at another location. All records must be available for review and inspection by Department staff and designees.

**490.10** (d) (2) Such records must be maintained in the facility, unless written authorization is given by the department for record retention in another location, and must be available for review and inspection by staff of the Department or by designees of the Department.

## Mandated forms

**Issues:** Use of equivalent alternate forms and computer-generated forms for Department mandated forms.

### **Conditions for Equivalency Approval:**

Substitution of equivalent/alternate forms and computer-generated forms for Department mandated forms are permitted under the following conditions

- 1) The Regional Office has been notified about the alternate form and provided with a copy. The content may not be altered but the typeface and placing the form on letterhead. is permitted.

- 2) Utilization of computer-generated versions of all mandated Department forms or approved substituted forms are permitted provided that:
  - a) Computer versions submitted to the RO are identical in form and content to the mandated form or the approved substituted form, and
  - b) A hard copy of all current, required forms and records required by the Department are maintained and available on site at all times

## **Regulations:**

The department mandates utilization of the following forms (for Adult Homes, Enriched Housing Programs and Residences for Adults):

- (1) Personal Data Sheet DOH 4397 (DSS-2949).
- (2) Daily Census Record DOH-5176 (DSS-2900).
- (3) Incident Report DOH-5175 (DSS-3123).
- (4) Medical Evaluation DSS-3122
- (5) Inventory of Resident Property DOH-5194 (DSS 3027).
- (6) The following personal allowance account forms must be used unless prior written authorization for substitutions has been given by the Department:
  - (i) Statement of Offering DOH 5195 (DSS-2853).
  - (ii) Personal Allowance Summary DOH-5196 (DSS-2855).
  - (iii) Personal Allowance Ledger DOH-5193 (DSS-2854)

## **Water Temperature**

**Issue:** Water Temperature above 110 degrees (43 degrees Celsius).

## **Conditions for Equivalency Approval:**

The water temperature may be raised above 110 degrees Fahrenheit (43 degrees Celsius) provided that the following conditions are met:

- 1) The maximum water temperature allowed in resident areas is 120 degrees Fahrenheit (48 degrees Celsius).
- 2) Periodic logs of all water temperature readings must be maintained and immediate action taken should temperatures exceed 120 degrees Fahrenheit (48 degrees Celsius).
- 3) All current residents must receive advance notice and newly admitted residents must receive notice that their water temperature may reach up to 120 degrees Fahrenheit (48 degrees Celsius) with additional reminders as necessary.
- 4) The operator must provide assistance with bathing/showering as needed or requested, even if only precautionary due to the higher water temperatures.

## **Regulations:**

**487.11 (h)(11)** The water temperature at faucets for bathing, showering and handwashing must be capable of attaining a temperature of 95 degrees Fahrenheit (35 degrees Celsius) and must not attain a temperature in excess of 110 degrees Fahrenheit (43 degrees Celsius).

**488.11(e)** (9) The water temperature at faucets for bathing, showering, and handwashing must be capable of attaining a temperature of 95 degrees Fahrenheit (35 degrees Celsius) but must not attain a temperature in excess of 110 degrees Fahrenheit (43 degrees Celsius) where controllable by the operator.

**490.11(l)**(11) The water temperature at faucets for bathing, showering, and hand-washing must be capable of attaining a temperature of 95 degrees Fahrenheit (35 degrees Celsius) but must not attain a temperature in excess of 110 degrees Fahrenheit (43 degrees Celsius).

## **Furnishings and Equipment Bed substitution**

**Issue:** Substitution of bed with alternative furniture.

### **Interpretive Guidelines:**

Residents who request a substitution of alternate furniture i.e., recliner chair or a couch for a bed must have their physician concur with the request. The substitution should be appropriate and not hazardous; the resident should be able to use this alternate furniture safely and it must not constitute a restraint or limit freedom of movement. Additionally, it should not interfere with the safety, comfort and privacy of the roommate.

If at another time the resident requests a bed, the operator must replace the substituted furniture with a bed.

### **Regulations:**

**487.11** (i)(4)(i)(a)(b) Each operator shall furnish each resident with the following minimum bedroom equipment:

- (i) a standard single bed, well constructed, in good repair, and equipped with:
  - (a) clean springs maintained in good condition;
  - (b) a clean, comfortable, well-constructed mattress, standard in size for the bed;

**488.11(f)(4)** When not supplied by the resident, the operator must provide each resident with the following minimum household equipment:

- (i) a standard, single bed in good repair, a chair, a lamp;

**490.11(j)(4)** Each operator must furnish each resident with the following minimum bedroom equipment:

- (i) a standard, single bed, well-constructed, in good repair, and equipped with:
  - (a) clean springs maintained in good condition;
  - (b) a clean, comfortable, well-constructed mattress, standard in size for the bed;

## Admission Standards

## Resident Rights and Protections

## Space Requirements

**Issues:** Alternate use of space in the facility.

### **Conditions for Equivalency Approval:**

Use of certified space for overnight visitors may be used provided that the following conditions are met:

- 1) It is for occasional use only (a maximum of two weeks) not for routine or alternate use such as respite,
- 2) Only vacant certified rooms are used (no cots are to be set up, occupied rooms are not to be shared),
- 3) These vacant certified rooms are used by relatives or friends of current residents or persons associated with the operator or the facility
- 4) Use of this space for overnight guests does not interfere with the care, comfort, safety or programs of the residents,
- 5) A system is established for logging the presence of overnight visitors; this information must be available for staff in case of an emergency; and
- 6) Visitors must adhere to applicable regulation prohibitions, i.e., cooking equipment, smoking regulations and they must receive an orientation of the evacuation procedures.

### **Regulations:**

**487.11 (l) (1)** Space in a facility shall be used exclusively for the purposes set forth in this Part. An operator may request prior permission, in writing, to utilize space for other activities. The operator must demonstrate that the proposed use is not incompatible with the facility program, will not be detrimental to residents, and complies with applicable local codes. A request to use resident bedrooms for another purpose must include a request for an equal reduction in the certified capacity of the facility.

**490.11(m)(1)** Space in a facility must be used exclusively for the purposes set forth in this Part. An operator may request prior permission from the department, in writing, to utilize space for other activities. The operator must demonstrate that the proposed use is not incompatible with the program, will not be detrimental to residents and complies with applicable local codes. A request to use resident bedrooms for another purpose must include a request for an equal reduction in the certified capacity of the facility.

## Enriched Housing Program Definitions Age Requirements

**Issue:** Accepting residents who are under age 55.

### **Interpretive Guidelines:**

Enriched Housing Programs may accept applicants under age 55 when the Medical Evaluations indicate appropriateness for these services, where there is no negative impact on the health, safety and welfare of other program participants, and when both the applicants and



the operator anticipate success, age requirements should not be a barrier to admittance to an Enriched Housing Program. Additionally, no more than 25 percent of the residents may be under 65 years of age.

## **Regulation:**

**488.2 (b)** For the purposes of this Part an enriched housing program will be considered to be serving persons primarily 65 years of age or older if no more than 25 percent of the residents are under 65 years of age and each resident is at least 55 years of age.

## **Space Requirements for Enriched Housing Programs**

**Issue:** Provide microwave ovens instead of stoves in Enriched Housing Programs that do not have approved dementia units.

### **Conditions for Equivalency Approval:**

Enriched Housing Programs may substitute a microwave for a stove under the following conditions:

1. The operator must provide three congregate meals a day in those instances where there is no stove and only a microwave.
2. Space must be provided in each unit for food storage, i.e., snacks, breakfast foods, etc.
3. A stove/oven will be available in a common area for those residents who are capable of cooking safely and wish to cook.
4. Facility will conduct a resident assessment at least every 6 months regarding the resident's ability to use the microwave properly.
5. It is not a dementia unit.

## **Regulation:**

**488.11 (h)(5)** Suitable equipment for storing, preparing and serving foods in a sanitary manner must be in good operating condition in each individual or shared dwelling unit. This equipment must include a cooking stove or range with oven, a refrigerator with freezer of appropriate size and sufficient capacity for the number of occupants, a kitchen sink with hot and cold running water, which drains into an approved private or public system, and cabinets for storage of chinaware, food, and cleaning supplies. There must be adequate facilities and services for the sanitary disposal of food wastes and refuse, including facilities for temporary storage of garbage. Where required for the purpose of preparing and, or serving common meals, communal dining areas with sufficient space, a pleasant atmosphere, and sanitary conditions must be available within shared dwelling units or otherwise within the building.

## **Space Requirements for Enriched Housing Overnight Guests in Occupied Resident Rooms**

**Issue:** Allowing friends and family to stay overnight in occupied resident rooms.

**Interpretive Guidelines:** Residents who wish to have friends and family members stay in their room overnight must meet the following conditions:

### **Conditions for Equivalency Approval:**

# Index of Equivalencies

Use of certified space for overnight visitors staying in an occupied resident room may be used provided that the following conditions are met:

- 1) It is for occasional use only not for routine or alternate use such as respite,
- 2) Overnight guests are limited to no more than two adults. Individuals under the age of 18 must have supervision by a responsible adult who is not a resident or staff of the facility.
- 3) These certified rooms are used by relatives or friends of current residents.
- 4) Use of this space for overnight guests does not interfere with the care, comfort, safety or programs of the residents.
- 5) A system is established for logging the presence of overnight visitors; this information must be available for staff in case of an emergency.
- 6) Visitors must adhere to applicable regulation prohibitions, i.e., cooking equipment, smoking regulations and they must receive an orientation of the evacuation procedures.
- 7) The facility must take sufficient precautions to ensure the overnight guest does not interfere with the health, safety and welfare of any of the facility residents.
- 8) There is sufficient room for the overnight guests including adequate sleeping accommodations.
- 9) Only dwelling units that are not shared (other than by family members) are used.
- 10) The facility must submit a policy and procedure to identify how they will comply with the above conditions.

## **Regulation:**

**488.11(h)(6)** Individual and shared dwelling units must contain living, dining and sleeping areas which provide adequate space and comfortable, homelike surroundings. Adequate closet space for storing personal effects must be provided.