Class 2 Residential Care Facilities
Policies, Procedures & Plans

Denise Cole, Supervisor
Licensure and Certification
Policy: a set of guidelines or rules that determine a course of action.

Procedure: series of actions conducted in a certain order or manner.
TJ Maxx Return Policy

If you're not satisfied with your purchase, return the merchandise accompanied by a register receipt within 30 days of purchase, for an exchange or refund. A 10 day period is required for a cash refund on check purchases. Returns with receipts over 30 days or without a receipt will receive store credit only.
Return Procedure:

Take merchandise with the receipt to the store within 30 days of purchase
Check receipt to verify date of purchase to determine refund status
No Receipt or over 30 days will be given store credit
Items paid by check will require a 10 day waiting period to receive cash refund
“Policy”

- Guiding principle
- “What” and/or “Why”

“Procedure” or “Plan”

- Step-by-step instructions
- How we accomplish
Don’t I have to be a professional policy writer to write policies, procedures, or plans?
I DON'T EVEN KNOW WHAT I'M DOING.
Policies & Procedures

• Guide day-to-day or emergency operations
• Set clear expectations
Slides throughout this presentation will include tips, suggestions, ideas regarding content in policies, procedures and plans.

There may be other elements YOU should include in YOUR facility’s policies, procedures and plans.

Some may not be appropriate for YOUR facility.
You do not want this work to be only about meeting regulations.

The goal is to create a safer environment, provide clear direction to staff, and reduce risk to residents, staff and owners.

Do not develop these documents, then forget about them. Keep them relevant. Update as needed. Share updates with staff, and residents as applicable.
Promoting Wellness and Recovery

5122-30-12 Safety
(I) Each facility shall have written emergency evacuation plan drawings showing routes to exits. The evacuation plan shall be legible, explained to each resident, and shall be posted, at a minimum, on each floor, in highly visible locations throughout the facility.
The plan should include arrows or other ways clearly showing the routes to each exit.

Plan must be explained to each resident - at admission or if there are changes to the plan - document it was explained on resident agreement or other form.

Plan shall be posted, at a minimum, on each floor - this includes the basement or attic.

Highly visible throughout the facility – not behind doors, papers on the bulletin board, etc.
(J) Each facility shall hold and provide documentation of an evacuation drill at least quarterly on each shift for all staff and residents. Drills shall be conducted at different and varying times of day and night, and shall be conducted utilizing different exit routes.
Written log of date of evacuation drills- month day and year

Documentation of staff and residents present at each drill

Documentation of time of day or night- AM or PM

Documentation of routes used to exit- front door, back door, etc.
(K) Each facility shall establish a disaster plan appropriate to the facility's location, which includes contingencies for such items as the loss of utility service or the immediate evacuation of residents. The facility shall determine the requirements for training and disaster drills based on the facility's disaster plan, except fire evacuation drills, and shall document the requirements and provision of training and drills.
Each facility shall establish a disaster plan appropriate to the facility's location

Include fire, tornado, other as applicable, e.g. flood or nuclear power plant

If you have more than one facility- need one for each if they are in different locations

Plan is specific to the facility location- ex. near a river or creek that floods, nuclear plant, city vs rural, etc.

Plan is specific to staffing

Plan is specific to type of residents
The plan shall include contingencies for such items as the loss of utility service – what will you do when there is loss of electric, gas or water?

The immediate evacuation of residents- how will you evacuate, where will you meet to ensure everyone is safe, where will residents go if the house is not safe or inhabitable? What will you do or who will you call? Do you have residents who need assistance?
(4) In a class two or three facility at least one staff person shall be available on or off the premises to residents twenty-four hours per day. In the event that no staff person is on the premises, residents shall be informed of how to locate staff, who shall be promptly available to provide appropriate and needed assistance to residents.

- Residents need to know procedure to locate staff immediately
- Staff need to be available promptly to come to the facility
5122-30-21 Staffing Requirements (A)

(6) In the event that no staff person is on the premises, the operator shall be responsible for ascertaining and ensuring that each resident is capable of self-preservation, and is knowledgeable about obtaining emergency assistance.

- Operator ensures residents are trained in Disaster Plan/Evacuation Procedures at time of admission and documented on resident agreement.

- Operator ensures that residents are capable of self preservation - this means being able to leave the facility on their own without assistance.
5122-30-21 Staffing Requirements (A)

(7) Ensure that no resident shall be required or designated to supervise other residents, provide for the personal care or mental health service needs of other residents, or supervise any aspect of the operation or management of the facility

- Residents cannot be assigned to supervise or assist other residents in the evacuation of the facility

- Residents cannot be assigned to be responsible to execute the disaster plan - this is staff responsibility
5122-30-12 (K) Disaster Plan - Tornado

- Where is(are) the safe spot(s) in YOUR facility
- When do residents and staff need to go to the safe spot (tornado watch, tornado warning)
- Who is responsible to assure residents go to the safe spot (24 hour staffing, are residents mobile, residents’ cognitive awareness including effect of medication)
- What supplies needs to be brought to the safe spot, under what circumstances, and who is responsible to bring the supplies
- What about when staff are out of the facility with residents, e.g. driving to an appointment
- How long do residents and staff stay in the safe spot
"Hey can I copy your homework?"

"Yeah just make sure to change it a little"
Can’t I Just Search a Tornado Plan on the Internet and Use That?

- http://www.spc.noaa.gov/faq/tornado/safety.html
- https://www.fema.gov/media-library-data/1409003506195-52740fd2983079a211d041f7aea6b85d/how_to_prepare_tornado_033014_508.pdf
What are the primary and secondary exits in each area?

Who is responsible to call 911/fire department? When?

Who is responsible to assure residents exit the facility? (24 hour staffing, are residents mobile, residents’ cognitive awareness including effect of medication)

Where do residents and staff go outside, where should residents and staff meet

https://www.travelers.com/resources/home/fire-safety/how-to-create-a-fire-evacuation-plan
The Rehabilitation Center at Hollywood Hills

What if tornado, fire, flood, ice storm damage, makes facility or a portion of the facility unsafe to live in for a period of time

Immediate needs – safety first

Who can assist (depending on the nature of the disaster, local resources may be initially limited)

Where do you move residents, who is responsible for moving residents

Who is responsible for notifying family, guardians, case managers

Note: There is a requirement to submit a reportable incident to MHAS if residents need to spend at least one night elsewhere.
5122-30-12 (K) Disaster Plan – Loss of Utilities

- What utility
- How long is the utility anticipated to be out (does your local utility provider offer text alerts)
- What is it used for (Heat, lighting, cooking, water)
- What time of year is it (no heat or furnace when high/low temperature is 75/55 looks different than when it is 95/80 or 35/15)
- Who can assist
- How do you preserve what resources you have
5122-30-14
Sleeping and Living Space
(H) Adequate drawer and closet space shall be provided for each resident to store his/her own clothes and personal belongings. Storage space shall be in the bedroom of each facility serving adults and each adult shall have upon request an individual locked storage space provided by the facility freely available within the facility, with the exception of crisis stabilization units. Facilities serving children shall have some storage space in bedrooms, and additional storage of clothes and belongings may be in staff monitored areas of the facility.

Each facility shall develop a policy regarding the facility's access to the resident's locked storage space and inform the resident of this policy upon admission to the facility.
A statement that, except for provider agency managed payeeship programs when the provider agency is the operator of the class one facility, at no time shall the staff or operator of a facility assume payeeship for a resident's income, require income checks to be signed over to or be cashed by facility staff, nor in any manner establish controls over the handling of any resident's funds. This does not prevent a facility from providing a central locked storage for resident’s funds or other valuables. If a facility offers such storage, the residential agreement must specify whether the resident may access their property at any time, upon request, or a schedule of hours each day of the week during which a resident may access their property.
Where in the facility is the locked storage space located?

How do residents access the storage space? Do they have a key, combination lock, staff have to provide access?

When can they access the storage space?

What is the policy/procedure for the facility staff to access the storage space? Suspected drugs, weapon?
5122-30-22.1 Resident rights and grievance procedure for class two and class three

- The policy/procedures must be reasonable and cannot violate the client’s rights:

Client Rights must be protected:

(E)(5) The right to be treated at all times with courtesy and respect, and with consideration for personal dignity, autonomy and privacy.

(E)(28) The right to personal property and possessions:
(a) The right of an adult resident to retain personal property and possessions.
5122-30-15 Housekeeping and Property Maintenance
(K) The facility shall develop a plan for responding to temperatures outside of the range specified in paragraph (I) of this rule. The plan shall include measures to be taken to assure the health, safety, and comfort of residents.
Monitoring Temperature

Monitoring residents

Use of air conditioners, fans, cold water, etc

Power/Utility outage- short term vs long term

Plan to go to another location

Contacting case manager/guardian
5122-30-19 Facility administration and management
(A) The residential facility shall assure appropriate polices and procedures regarding the administration and management of the facility including compliance with the requirements for licensure. This responsibility shall also include, but may not be limited to:

1. Arranging for necessary permits and inspections, and paying all fees and costs associated with inspections;
2. Daily monitoring and supervising staff to assure acceptable performance of assigned job duties and compliance with the requirements for licensure;
3. Participating in an appropriate and cooperative working relationship with the board or the department;
(A) The residential facility shall assure appropriate polices and procedures regarding the administration and management of the facility including compliance with the requirements for licensure. This responsibility shall also include, but may not be limited to:

(4) Reporting to the department any change regarding facility operation or use that relates to the requirements for licensure;
(5) For a class two or three facility, reporting to the department a current emergency contact telephone number for the operator and manager.
(6) Securing appropriate, alternative responsibility for the operation and staffing of the facility for planned or unplanned staff/operator absence;
(7) Consistently maintaining the finances necessary for the stable and safe operation of the facility;
(A) The residential facility shall assure appropriate polices and procedures regarding the administration and management of the facility including compliance with the requirements for licensure. This responsibility shall also include, but may not be limited to:

(8) Maintaining a stable and supportive environment for residents of the facility, through respect for the rights of residents, as well as sensitivity and responsiveness to resident's needs, preferences and culturally competent services and care; and

(9) Knowledge of and compliance with federal, state, and local laws concerning the ownership and operation of the facility, including, but not limited to zoning requirements or equal opportunity employment practices.
Not asked for on application

Does NOT require a specific written policy, procedure or plan to address the elements in (A)(1) – (A)(9)

Addresses need to have policies and procedures for your facility, i.e. how you run your business, staff expectations, who is responsible to assure certain tasks are completed.

If MHAS finds non-compliance in a certain related areas, do not be surprised if you there is discussion or findings in this area. Example: No staff in facility when facility is required to have staff. Explanation provided to MHAS is that the 2\textsuperscript{nd} shift staff had a flat tire on the way to work, and the 1\textsuperscript{st} shift staff left at the end of his/her shift. Q: What is the facility’s policy on staff absences, staff leaving when replacement staff do not show up, etc.?
5122-30-28 Medication
(F)(3) The residential facility shall develop and follow written procedures for the disposal of any prescribed medications that are no longer being used by the person for whom they were prescribed.

This shall include that disposal of prescribed medications is verified and recorded by two staff members of an independent external entity.

Records of medication destroyed by the facility shall be maintained for a minimum of three years or longer if required by law.
Medication Disposal Procedure

Step-by-step written instructions

➢ Who is responsible for the disposal?

➢ How is the medication disposed of? What is the process? Where do I take it or what do I do with it?

➢ When is medication disposed of?

➢ How is the disposal of the medication documented?
5122-30-22.1 Resident rights and grievance procedure for class two and class three
(A) The operator shall be responsible for assuring the compliance by the facility with all resident rights. Facility violations of resident rights shall be regarded as sufficient cause to institute proceedings to deny or revoke the facility's license.
In addition to the definitions appearing in rule 5122-30-03 of the Administrative Code, the following definitions apply to this rule:

1. "Grievance" means a written complaint initiated either verbally or in writing by a resident or by any other person or agency on behalf of a resident regarding denial or abuse of any resident's rights.

2. "Reasonable" means a standard for what is fair and appropriate under usual and ordinary circumstances.
Difference between a Grievance and a Complaint

Complaint: I like to take a bath and the facility only has showers.

Grievance: Staff search my room when I am not there, when I come home after going to the library, my dresser drawers are open and my door is unlocked, I lock it before I leave for the library.
(B) In addition to the definitions appearing in rule 5122-30-03 of the Administrative Code, the following definitions apply to this rule:

(3) "Resident rights advocate" means the residential facility staff, or a representative of the state long-term care ombudsman program, with responsibility for implementing the grievance procedure.
(C) Each facility shall have the following:

(1) Written resident rights policy that lists all of the resident rights identified in this rule;

(2) Written resident grievance procedure, written in a manner that residents can understand and which allows for reasonable accommodation for residents with disabilities;
(C) Each facility shall have the following:

(3) Policy for maintaining for at least three years from resolution, records of resident grievances that include, at a minimum, the following:
(a) Copy of the grievance;
(b) Documentation reflecting process used and resolution/remedy of the grievance; and,
(c) Documentation, if applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond twenty-one calendar days.
5122-30-22.1 (D)

(D) Posting of resident rights.

The resident rights policy, the grievance procedure, and the name of the resident rights advocate shall be posted in a conspicuous location that is readily accessible to all residents.
(F) Provision of client rights
(1) The provider shall explain and maintain documentation in the resident's record an explanation of rights to each person served prior to or when beginning residency.
(2) In a crisis or emergency situation, the provider may verbally advise the resident of at least the immediately pertinent rights only, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal. Full verbal explanation of the resident rights policy shall be provided at the first appropriate occasion, based upon the resident's functioning.
(F) Provision of client rights.

(3) Explanations of rights shall be in a manner appropriate for the person's understanding.
(G) All staff shall be trained on and follow the resident rights policy and resident grievance procedure. There shall be documentation in each employee's personnel file, including contract staff, volunteers and student interns that each staff member has received a copy of the resident rights policy and the resident grievance procedure and has agreed to abide by them.
(H) The resident rights advocate of a class two or three facility, or designee, shall:
(1) Be promptly accessible; and,
(2) Have their name, title, location, hours of availability, and telephone number included with the posting of resident rights as required by paragraph (D) of this rule.
(1) The resident grievance procedure shall have provisions for at least the following:
(1) Statement to whom the resident is to give the grievance;
(2) Designation of staff who will be available to assist a resident in filing of a grievance;
(3) Requirement that the grievance must be put into writing; the grievance may be made verbally and the resident rights advocate shall be responsible for preparing a written text of the grievance;
(4) Requirement that the written grievance must be dated and signed by the resident, the individual filing the grievance on behalf of the resident, or have an attestation by the resident rights advocate that the written grievance is a true and accurate representation of the resident's grievance;

Grievances may not be made anonymously, but grievance procedure shall provide method for confidential submission of grievance. Resident rights advocate shall keep such submissions and subsequent investigations confidential.
(I) The resident grievance procedure shall have provisions for at least the following:

(5) Requirement that the grievance include, if available, the date, approximate time, description of the incident and names of individuals involved in the incident or situation being grieved;

(6) Statement that the program will make a resolution decision on the grievance within twenty-one business days of receipt of the grievance. Any extenuating circumstances indicating that this time period will need to be extended must be documented in the grievance file and written notification given to the resident;
(I) The resident grievance procedure shall have provisions for at least the following:

(7) Statement that a resident has the option to file a grievance with outside organizations, that include, but are not limited to, the following, with the mailing address and telephone numbers for each stated:

(a) Applicable board for residents receiving mental health services;

(b) Ohio department of mental health and addiction services;
(I) The resident grievance procedure shall have provisions for at least the following:

(7) Statement that a resident has the option to file a grievance with outside organizations, that include, but are not limited to, the following, with the mailing address and telephone numbers for each stated:

(c) State long-term care facilities ombudsperson and the regional ombudsperson for the area in which the facility is located;
(d) Disability rights Ohio; or,
(e) U.S. department of health and human services, civil rights regional office in Chicago.
The resident grievance procedure shall have provisions for at least the following:

(8) Requirement that a written acknowledgment of receipt of the grievance be provided to each grievant. Such acknowledgment shall be provided within three business days from receipt of the grievance. The written acknowledgment shall include, but not be limited to, the following:

(a) Date grievance was received;
(b) Summary of grievance;
(c) Overview of grievance investigation process;
(d) Timetable for completion of investigation and notification of resolution; and,
(e) Treatment provider contact name, address and telephone number
1. Develop and post resident rights (OK to use the rights verbatim, or re-word, but keeping absolute same intent and meaning from rule language).
2. Identify resident rights advocate.
3. Develop and post grievance procedure.
4. Train existing staff, train future staff, and provide annual training.
5. Verbally explain rights to each new resident. Have copies available if resident requests.
6. Investigate grievances if applicable.
7. Maintain grievance documentation.
Promoting Wellness and Recovery

The Following Will be Reviewed, Time Permitting
5122-30-16 Incident reporting
(C) The operator shall develop an incident reporting system to include a mechanism for the review and analysis of all reportable incidents such that clinical and administrative activities are undertaken to identify, evaluate, and reduce risk to residents, staff, and visitors. The operator shall identify in policy other incidents to be reviewed.
What types of incidents might be common to your facility?
- Examples: resident falls, residents left unattended when MHAS policy does not require staffing but your facility policy does

What types of incidents might create a risk?
- Resident smoking in a bedroom, staff violates confidentiality
Ask yourself, how can I improve my facility, and reduce risk from reviewing this incident?

Example:
- Resident falls during patient transfers – is there a pattern (time of day/shift, staff, day of week, certain resident)
- From this, you may develop new training protocol for all staff, re-train an identified staff, terminate a staff, increase staffing on a certain shift, buy equipment to assist with transfers, determine that your facility can no longer meet a certain resident’s care needs, etc.
(H)(3) The operator shall notify the resident's parent, guardian or custodian, if applicable, within twenty-four hours of discovery of a reportable incident, and document such notification.

(a) Notification may be made by phone, mailing, faxing or e-mailing a copy of the incident form, or other means according to facility policy and procedures.

(b) When notification does not include sending a copy of the incident form, the facility must inform the parent, guardian or custodian, of his/her right to receive a copy, and forward a copy within twenty-four hours of receiving a request for a copy. The facility shall document compliance with the provisions of this paragraph.
Who is responsible for notification, e.g. the person working when the incident occurred or the person who discovered the incident, the manager, the owner, etc.?
Include requirement to notify within 24 hours of discovery

Is notification by phone (call or text), mail, fax, e-mail?

What if the first method is not available - e.g. Policy is to call & you do not have a working phone number for the guardian, do you mail, fax, e-mail?

If policy is to send text message, what is the procedure for gathering recipient cell phone number and ability to send/receive text?

What is your facility method of documenting the notification and informing recipient of right to request a copy?
5122-30-24 Resident Agreement
The following shall be specified in a resident agreement:

A copy of procedures to be used for the referral of a resident with mental illness for mental health evaluation and services and the role of the facility regarding the resident's receipt of appropriate services from mental health providers, as applicable if the facility accepts persons with mental illness for admission.
What is the process in your county, i.e. how do residents enter the mental health system? Does it depend on whether the resident has ever received past services?

Who is responsible for making the referral?

Does facility remind resident of appointments, schedule appointments for the resident, participate in treatment team meetings?
Don’t I have to be a professional policy writer to write policies and procedures?

This baby panda is cheering for you because you can do anything.
Where Can I Find All of the Rules?

1497-licensure-of-residential-facilities-5122-30
Where Can I Find All of the Rules?

[Image of a website with a section titled "Governor's Cabinet Opiate Action Team" and options such as "Regulations," "Screening Tools," and "Community Networks." There is also a link to a publication sign up and a where to get help section with a phone number provided.]
Where Can I Find All of the Rules?

Ohio Department of Mental Health & Addiction Services Rules

The Ohio Revised Code grants rule-making authority to the Ohio Department of Mental Health & Addiction Services to adopt new rules, and amend or rescind current rules. Rules become part of the Ohio Administrative Code, and are issued by the Department of Mental Health & Addiction Services in accordance with the authority to carry out provisions of the Ohio Revised Code. Rules adopted by the Department establish standards for private psychiatric hospitals, community mental health agencies, community psychiatric facilities, crisis centers, crisis centers in primary care settings, community mental health facilities, public psychiatric hospitals, crisis centers, and mental health boards of county commissioners.

If you would like more information on the Ohio Department of Mental Health & Addiction Services rule-making process, please see below.

- Rules
- Rules Process
  - Alcohol and Drug Addiction Programs (3710-3-11)
  - Public Hearings and Method of Notice (3712-1)
  - Government Health Psychiatric Medications, Etc. (3133-3)
  - Client Services: Paramedic (3122-9)
  - Waiting list for Alcohol and Drug Addiction Services (3711-8)
  - Management of Funds (3121-4)
  - Licenses of Residential Psychiatric Service Providers (3125-11)
  - Pre-admission Screening and Resident Review (3122-21)
  - Supplemental Services Fund (3122-23)
  - Certifying Community Mental Health Services or Addiction Services Providers (3122-25 to 3122-29)
  - Licenses of Residential Facilities (3712-23-00)

Successful Completion of Alcohol and Drug Addiction Programs in Outpatient Programs and Facilities (3112-31)
[Revised effective January 1, 2018]
Where Can I Find All of the Rules?

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Webinar Information

For future questions, each licensed facility has an assigned lead surveyor, who can answer questions.

A lead surveyor is assigned when MHAS receives an application.

For new facilities that are interested in the process of licensure, or to obtain contact information for your assigned surveyor, call (614) 752-8880.